



# Leveraging Resources to Create a Comprehensive HCV Program

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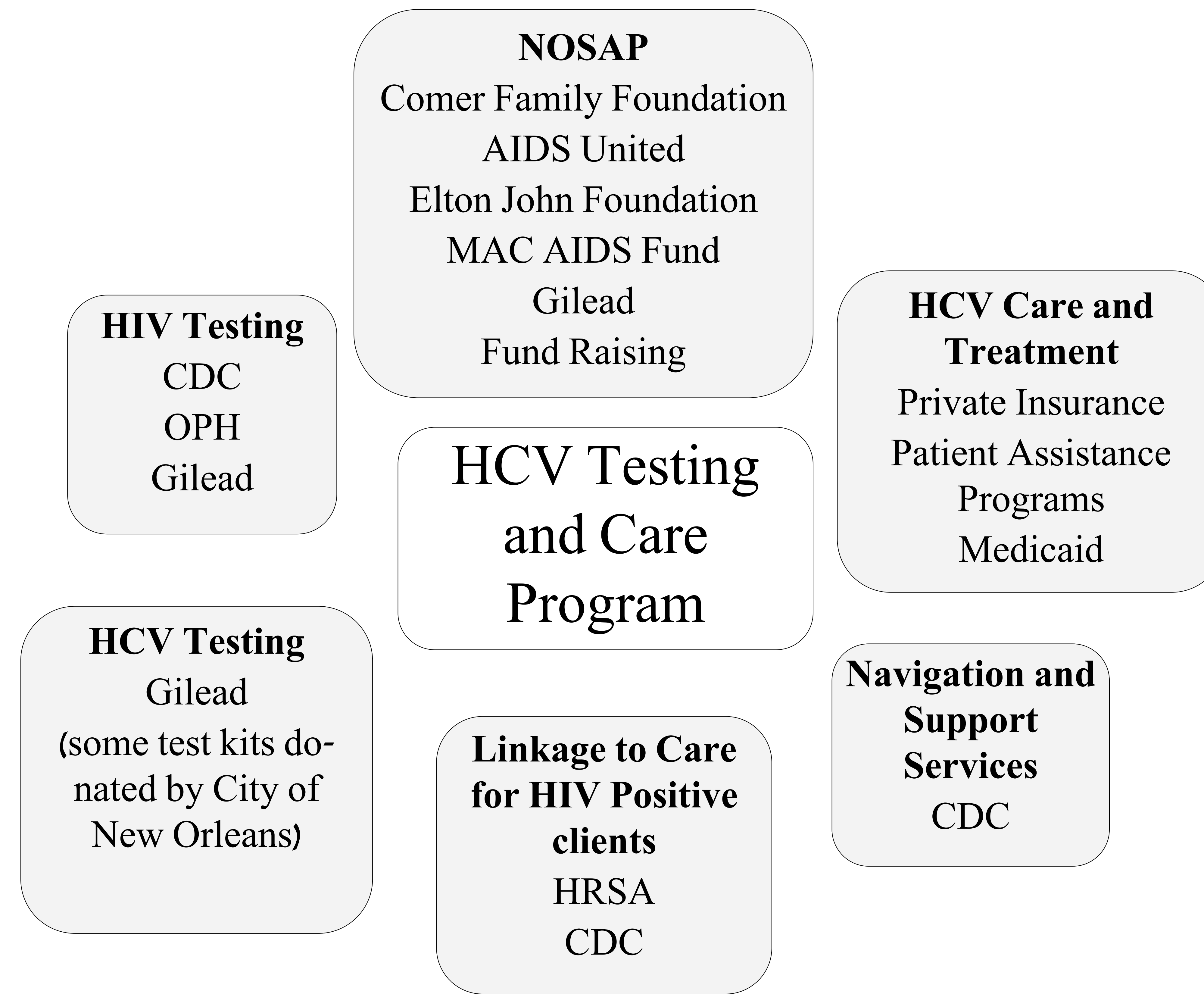


## Introduction

The CDC estimates that 60,000 people in Louisiana (1.3% of the population) are infected with hepatitis C. Of these people, 50,000 (85%) will go on to develop chronic hepatitis and 10,000 (17%) infected people will progress to cirrhosis which has a 25% fatality rate. Increasing attention has been given to Hepatitis C Virus (HCV) as testing technologies and therapies have become more accessible. The NO/AIDS Task Force d.b.a. CrescentCare, an AIDS Service Organization with over 30 years of experience providing comprehensive HIV prevention, education, care and treatment has recently become a Federally Qualified Health Center and now services clients with medical needs beyond HIV infection in the Greater New Orleans area. Furthermore, NO/AIDS began housing and overseeing operations of the New Orleans Syringe Access Program (NOSAP), Louisiana's only syringe exchange program. This program reaches many individuals who are at a heightened risk for HCV and HIV.

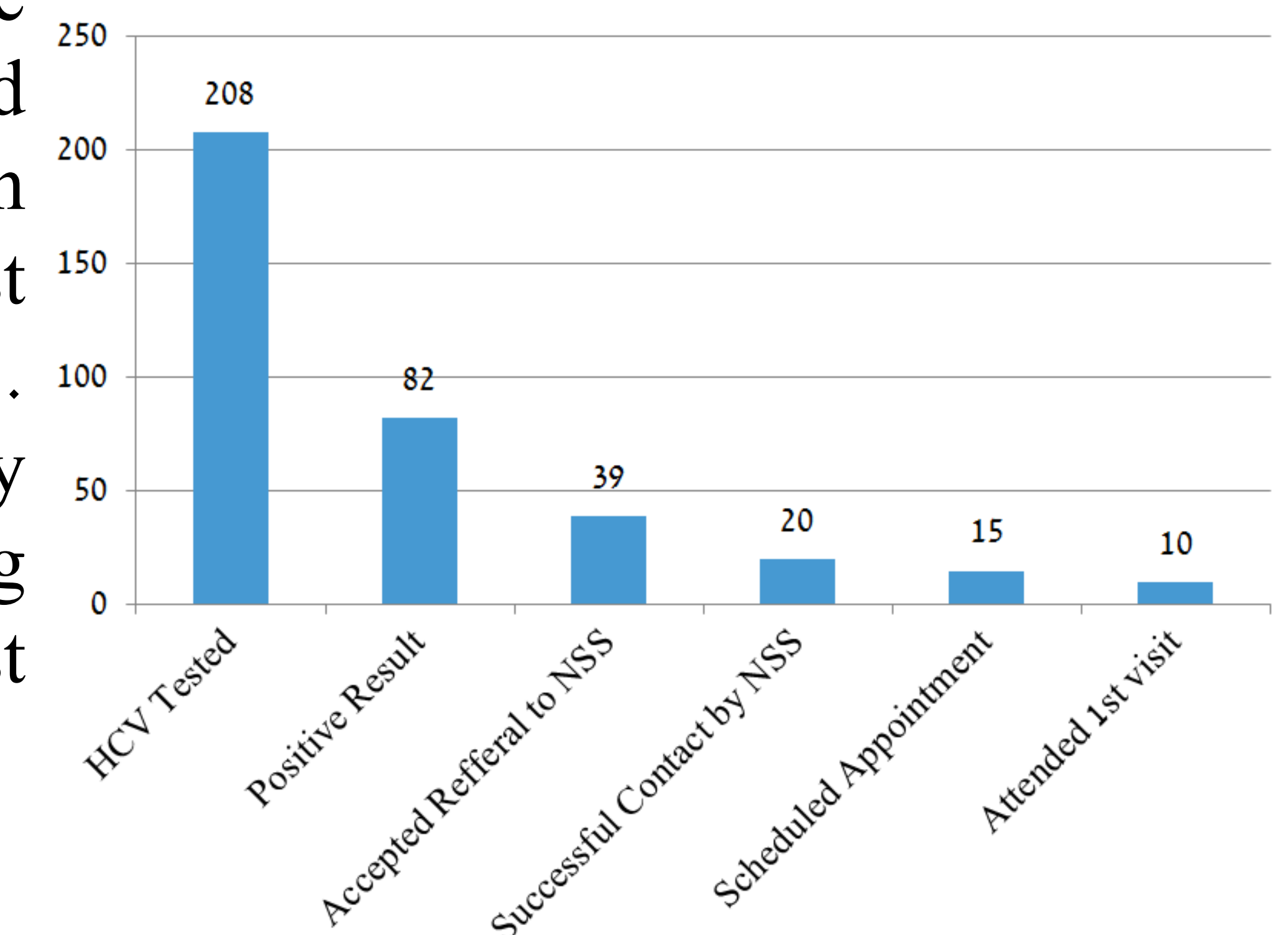
## Methods

Using a variety of funding sources, the agency has worked to create a continuum of care for HCV, mirroring that of HIV through Program Collaboration and Service Integration (PCSI) to remain relevant in the changing public health landscape. For instance, education, prevention and HIV testing are funded primarily through the Office of Public Health, the CDC, and Gilead. HCV testing is funded through a Community FOCUS grant from Gilead, which will also work with the IDU cycle of the National HIV Behavioral Surveillance program to provide rapid HCV test kits. Many of the HCV clients are tested through the New Orleans Syringe Access Program (NOSAP) which is funded through a handful of small community grants from the MAC AIDS Fund, the Elton John AIDS Foundation, and the Comer Family Foundation as well as agency donations. A patient navigator works with any HIV positive or co-infected clients to link them to Ryan White medical services when applicable and is funded by HRSA. Navigation and Support Services (NSS) are a tenet of High-Impact Prevention funded by the CDC, so the individual tasked with assisting higher-need clients to services works with all HCV identified clients for follow-up and linkage. The agency has provided incentives and bus-tokens to clients who successfully schedule and attend their initial enrollment appointment and follow-up visit at the FQHC as a way to mitigate some of the barriers experienced by clients when accessing HCV and general health services.



## Results

While still in its infancy, the model for linkage-to-care for HCV infected clients is evolving to mimic the comprehensive program for HIV positive individuals. The current HIV linkage-to-care rate is 92% (with over 100 positives identified annually). From the inception of HCV testing at NOSAP in September 2014 through the end of April, a total of 208 HCV rapid tests were performed with 82 reactive results delivered, or 41% of clients. Thirty-nine clients accepted a referral to NSS, 20 were successfully contacted, 15 scheduled an appointment at the FQHC clinic, and 12 have enrolled in care at their first appointments. There are many clients still awaiting their scheduled first appointment.



## Conclusions

Challenges exist in creating a comprehensive care system without the resources, infrastructure and safety-net of Ryan White funding. Furthermore, clients who are identified as HCV antibody-positive must enroll in care to receive follow-up testing and services. Without health insurance or knowledge of how to access the marketplace, clients often feel overwhelmed at the prospect of receiving HCV treatment. Using PCSI, working across departments, managing electronic medical records and sharing data will allow for program monitoring and feedback on successes and areas for improvement. As HCV treatment outcomes continue to improve and more medications become available, it is likely that successful linkage-to-care will follow suit.