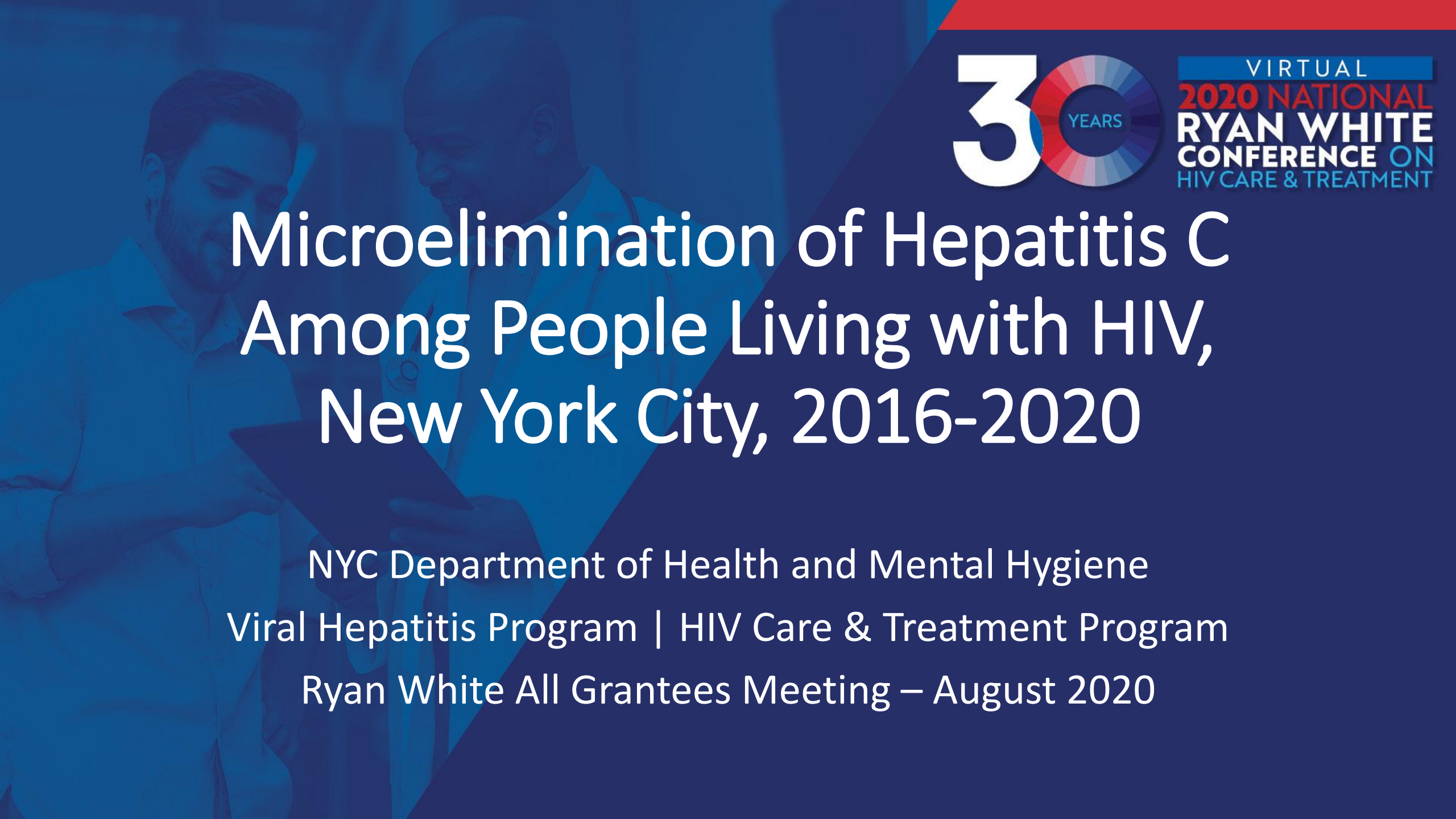


VIRTUAL 2020 NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

Microelimination of Hepatitis C Among People Living with HIV, New York City, 2016-2020

NYC Department of Health and Mental Hygiene
Viral Hepatitis Program | HIV Care & Treatment Program

Ryan White All Grantees Meeting – August 2020

Background

HIV and hepatitis C coinfection increases risk for development of serious liver disease, liver cancer, and premature death.*

People living with HIV and hepatitis C can be treated and cured of hepatitis C in less than 12 weeks with few side effects.

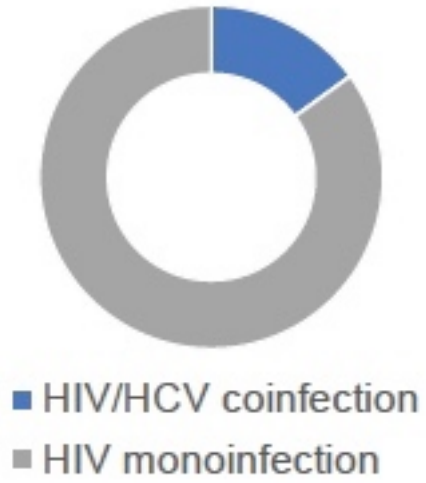
People who use alcohol and drugs, and people living with HIV who are not HIV virally suppressed, can be treated and cured of hepatitis C.

*Moore, M. Effect of Hepatocellular Carcinoma on Mortality Among Individuals With Hepatitis B or Hepatitis C Infection in New York City, 2001–2012, Drobnik, A. Deaths Among People With Hepatitis C in New York City, 2000-2011.

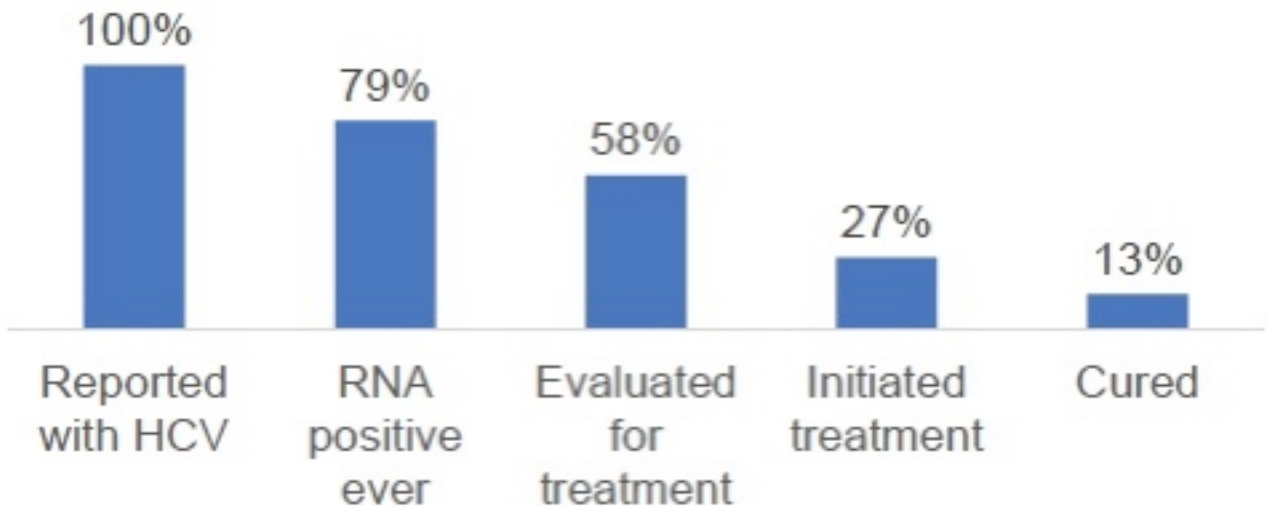
Hepatitis C (HCV) in People Living with HIV (PLWH), NYC 2015

NYC HIV/HCV Clinical Care Environment

- Excellent health insurance access for PLWH
- Few HCV medication coverage restrictions
- Few clinical prescriber restrictions
- Many experts in HIV/HCV care
- Robust HIV and HCV surveillance systems

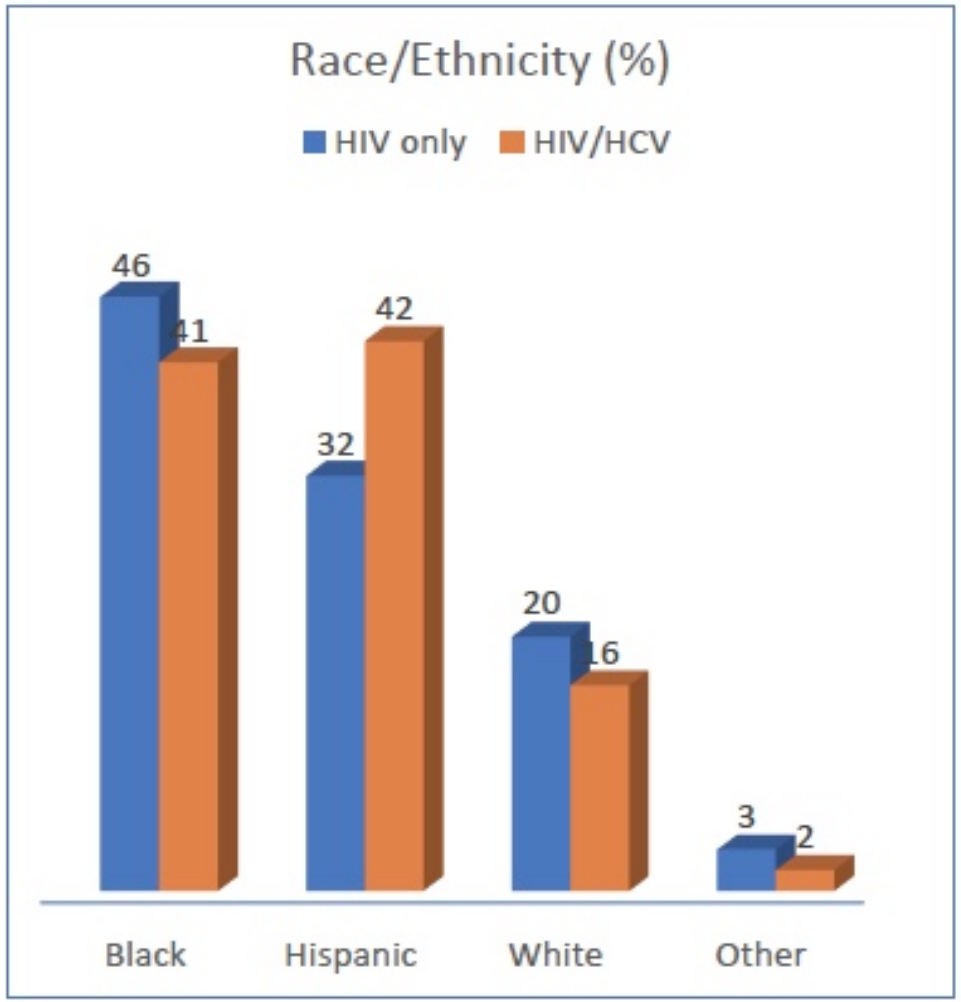


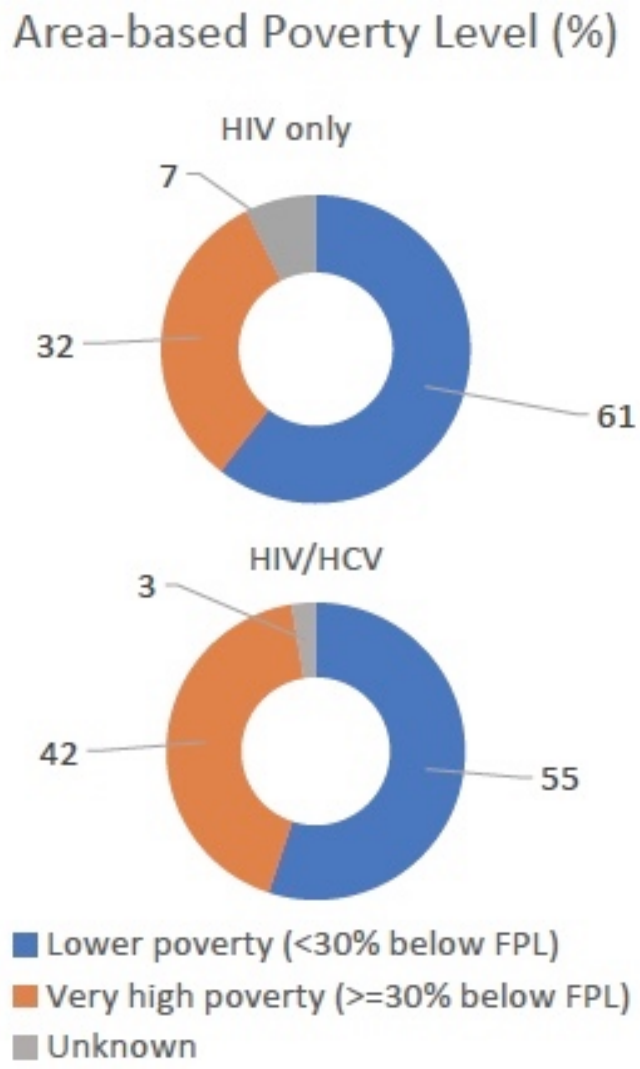
15% of 81,664 PLWH ever had HCV

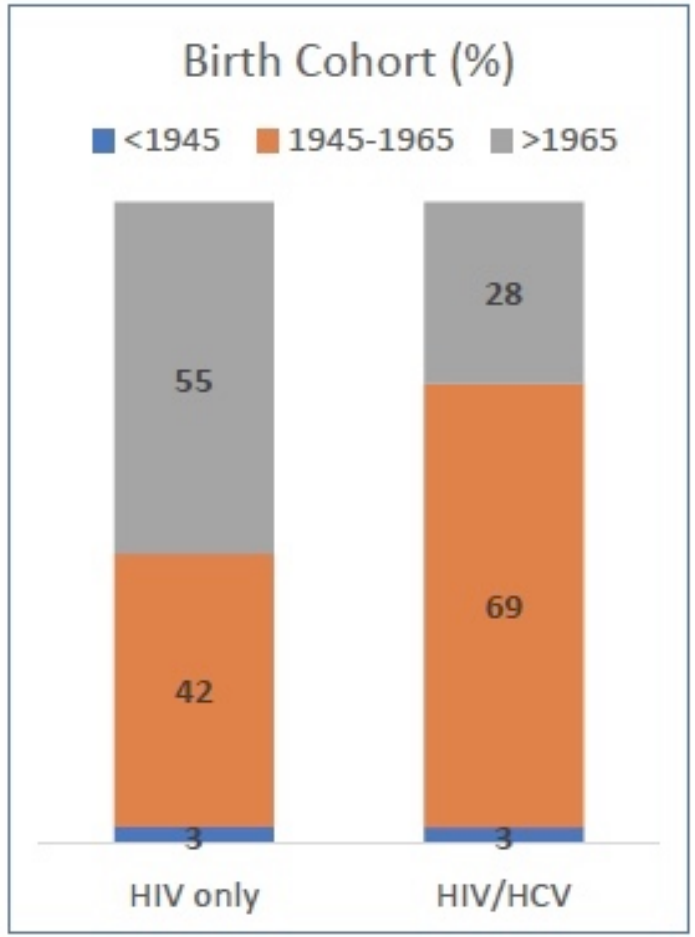


HCV Care Continuum for HIV/HCV Co-infected Individuals, NYC 2015

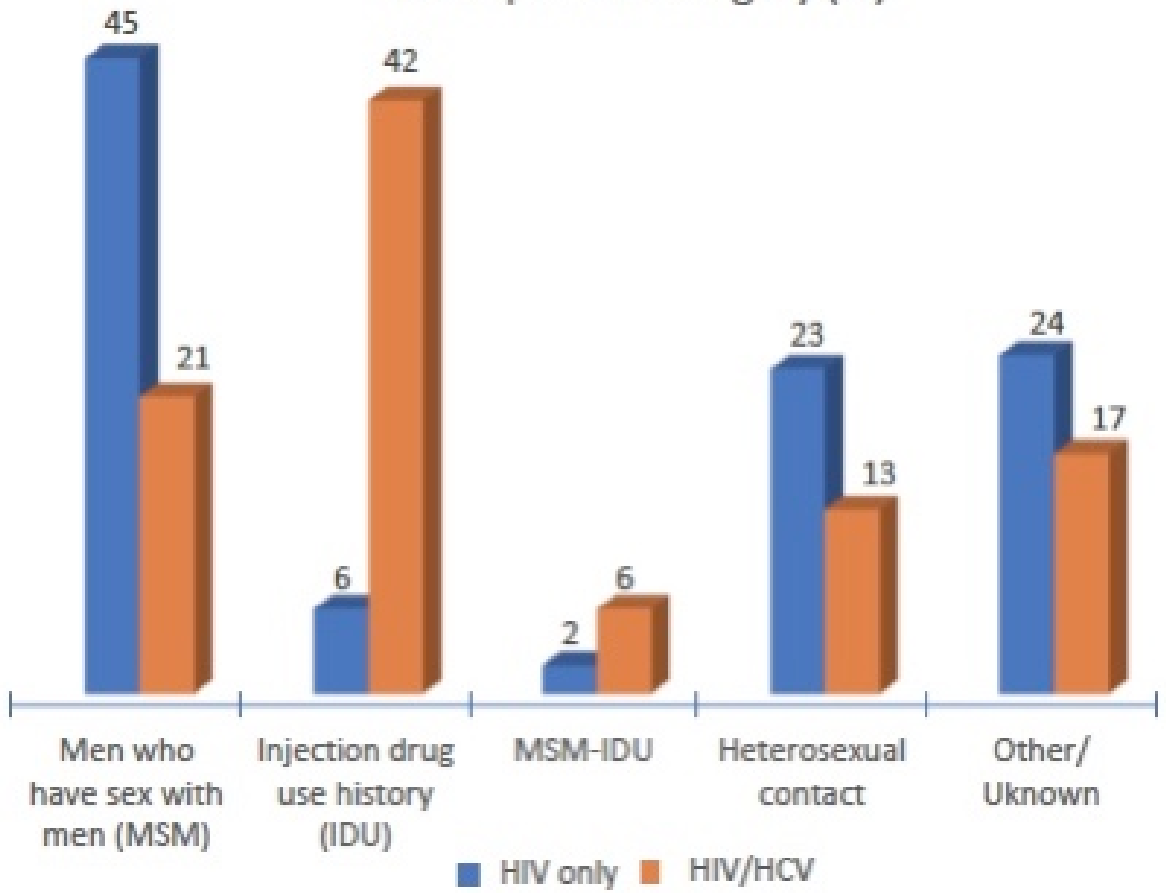
Characteristics of Co-infected Individuals in NYC

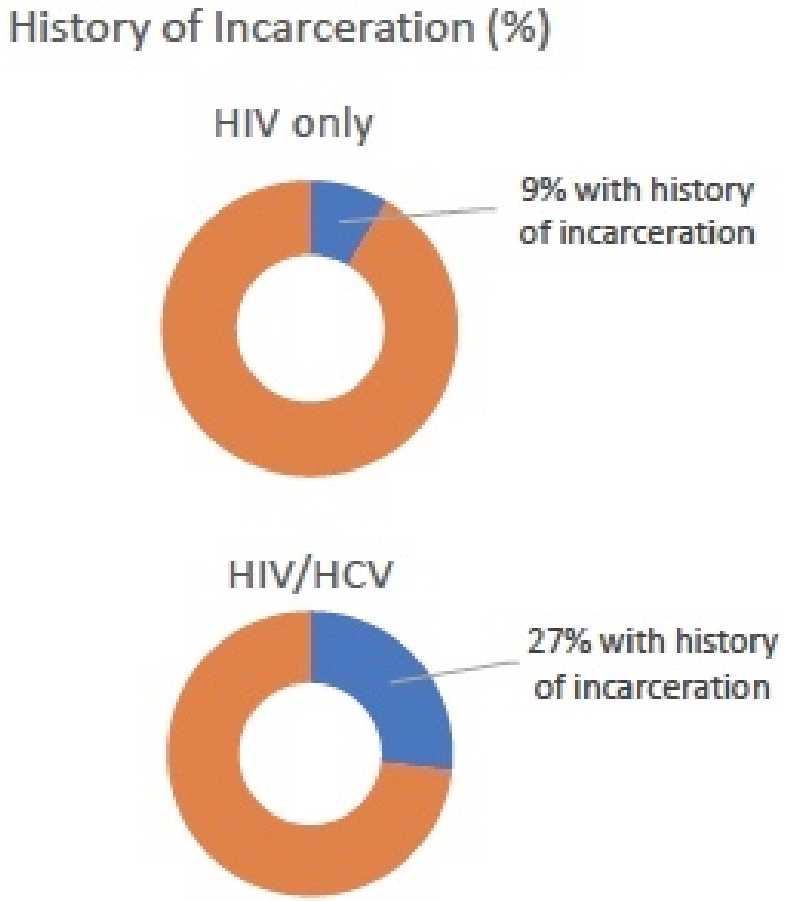






Characteristics of Co-infected Individuals in NYC





Project SUCCEED: Model

Analysis of Co-Infected Population through matching of HIV and HCV surveillance data

Provider Education & Training

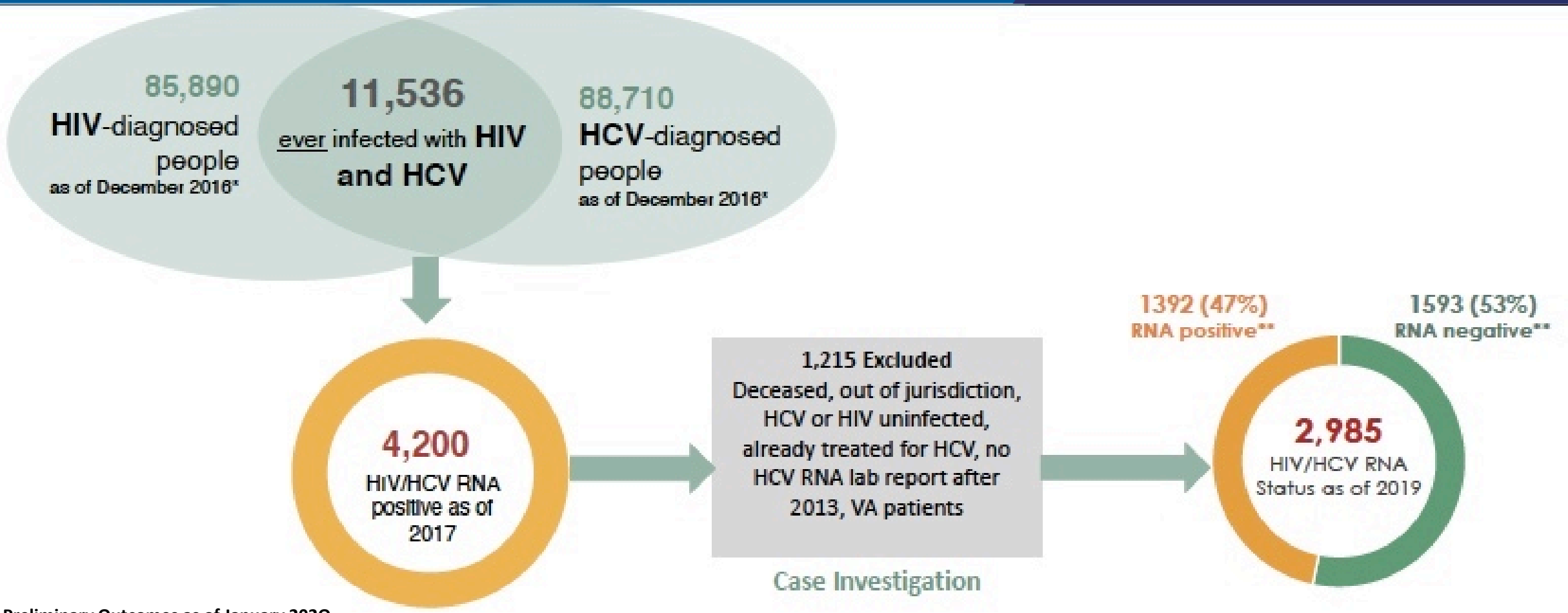
Clinical Practice Facilitation

Telephone Outreach & Linkage to Care

Objectives

- Match HIV and HCV surveillance data to identify currently co-infected patients
- Assess patient engagement in HIV and HCV care by facility
- Provide training and technical assistance to providers to promote HCV treatment in all PLWH
- Reach out directly to patients to navigate them to HCV treatment

Project SUCCEED Cohort Outcomes



Preliminary Outcomes as of January 202O

*To account for out-migration and deaths, the number of individuals considered to be diagnosed and living in NYC has been restricted to people who had at least one HCV or HIV lab test reported since 2014 and weren't known to have died prior to 2017.

**Result at the time of their last test, as of November 30, 2019.

DATA TO CARE TOOLKIT:
Hepatitis C Micro-elimination Among People Living With HIV

NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Provider Guidance

- Low threshold intervention to:
  - Increase awareness of latest HCV screening & treatment guidance for PLWH
  - Connect HIV providers to HCV care coordination resources

- Key messages:
  1. Test all PLWH for HCV at intake to care
  2. Retest people at risk annually
  3. Treat all coinfected patients
  4. Treat people who use drugs

Provider Guidance Tools

SUCCEED

Hepatitis C Screening and Treatment
Recommendations for People Living With HIV

Hep C Tests

Antibody Test
- Tests if ever exposed to Hep C
- **If positive:** a Hep C RNA test is needed to confirm infection

Hep C RNA Test (Viral Load or PCR)
- Tests if the virus is in the blood currently
- **If positive:** currently infected

NYS Hep C Treatment Coverage

2014 Medicaid Requirements
- Prescriber experience and training
- Patient readiness and adherence assessment
- Restrictions based on disease severity (restricted to advanced fibrosis)

2016 Changes:
- Medicaid removed disease severity criteria
- AIDS Drug Assistance Program (ADAP) covers some Hep C medications

Find Hep C Testing or Care
www.nyc.gov/health/HepC

Screening Recommendations[1]

Screen at intake with:
Antibody test

OR

RNA test, if:
- Possible recent infection
- CD4 count <100 cells/mm3
- If previously tested Hep C positive and cleared the virus, was cured, or is unsure what happened.

Re-screen every 12 months if at risk:
- Injection drug use
- History of incarceration
- Men who have sex with men
- Blood exposure

Treatment Recommendations[2]

All PLWH should be treated for Hep C
- Hep C regimens available for patients on most HIV regimens
- Almost everyone treated will be cured
- If treatment is delayed, liver disease progression should be monitored

Hep C treatment is safe, easy, and effective
- Oral medications
- Lasts about 3 months
- Few side effects

1 Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents Living with HIV. Department of Health and Human Services. Available at: https://aidsinfo.nih.gov/guidelines/html/1/adult-and-adolescent-arv/3/tests-for-initial-assessment-and-follow-up
2 AASLD-IDSA. Patients with HIV/HCV Coinfection. Recommendations for testing, managing, and treating hepatitis C. https://www.hcvguidelines.org/unique-populations/hiv-hcv. Accessed May 7, 2018

NYC Health
NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Oxiris Barbot, MD
Commissioner

January 2019

Dear Colleague:

People living with HIV and hepatitis C infection are at high risk for developing serious liver disease and liver cancer. Fortunately, antiviral medications can cure hepatitis C infection in the majority of patients living with HIV in 8 to 12 weeks with few side effects. Among 59,783 HIV-positive persons residing and receiving care in NYC in 2017, 12% had ever had an RNA-positive result reported for hepatitis C; of those, only 68% had initiated hepatitis C treatment.

The medical community has an unprecedented opportunity to prevent cirrhosis, end-stage liver disease, liver cancer, and death from hepatitis C infection through early identification and treatment.

To improve health outcomes of persons with HIV, the NYC Health Department recommends that providers:

1. **Test all HIV-positive individuals for hepatitis C at intake into care.** If there is no record of previous hepatitis C testing, test with antibody and reflex to RNA. If there is a history of hepatitis C infection, test for the presence of hepatitis C RNA.

2. **Retest HIV-positive individuals with ongoing risk for hepatitis C annually.** Individuals at risk include people who use drugs and men who have sex with men.

3. **Treat all co-infected patients for hepatitis C.** With support, almost all people can successfully complete hepatitis C treatment, including those who are actively using drugs or alcohol and those with untreated HIV.

There are many programs that specialize in treatment for people who use drugs and provide intensive supportive services such as directly observed therapy (DOT) throughout NYC. Contact Hep@health.nyc.gov or call our Hepatitis Navigation Warm-line **(917) 890-0834** for assistance helping your patients get treated and cured.

The Health Department encourages all infectious disease and primary care providers to learn how to treat hepatitis C infection. Review the resources below for information about free trainings available for clinical and allied health providers.

Sincerely,

Demetre Daskalakis, MD, MPH
Deputy Commissioner, Division of Disease Control

Recommendations for Hepatitis C Screening and Treatment in People Who Use Drugs in New York City

HEP FREE NYC

Test people who use drugs (PWUD) for Hep C at least annually

Test Type	Test result	
	If positive (+)	If negative (-)
Antibody Test: Use to test people who have never tested Hep C positive.	Confirm with RNA Test (Reflex RNA testing is ideal)	Retest in 12 months with antibody test
RNA Test: Use to test people who have ever tested Hep C positive.	Link to Hep C medical care	Retest in 12 months with RNA test

All PWUD with Hep C should be evaluated for treatment

- Hep C is treated with oral medications in 8–12 weeks with few side effects. See the algorithm for the management and cure of Hep C infection at www.bit.ly/simplified-hepc.
- Over 90% of PWUD with Hep C who are treated achieve a cure, less than 5% get reinfected.
- Curing Hep C prevents ongoing transmission to drug-sharing and sexual partners.
- Patient-centered care practices including Hep C patient navigation can help PWUD get care and complete treatment. To find a program in NYC, visit: www.nyc.gov/health/hepc

Health Insurance approves Hep C medications for PWUD

- In NYS, there are no Hep C medication restrictions based on sobriety, stage of liver disease or prescriber experience. People actively using drugs or alcohol can be treated.
- Specialty pharmacies can support the medication prior authorization process.
- If health insurance denies medication coverage due to drug use, contact the New York State Office of Health Insurance Programs omcmail@health.state.ny.us

Prevent Hep C and Overdose

- Link people to harm reduction and syringe service programs iduha.org/nyc-sep-map
- Link people to medication-assisted treatment, such as buprenorphine nyc.gov/nycwell
- Provide Naloxone nyc.gov/naloxone and prevention tips www.bit.ly/opioid-overdose-basics

Resources

- To find Hep C patient navigation programs and programs for uninsured in NYC, visit: nyc.gov/health/hepc
- Clinical Education Initiative (CEI) Hepatitis C and Drug User Health Center of Excellence: www.ceitraining.org
- American Association for the Study of Liver Disease - Identification and Management of Hepatitis C in People Who Inject Drugs: hcvguidelines.org/unique-populations/pwid
- For more information email: hep@health.nyc.gov

Provider Education and Training: Goals

- Increase providers knowledge about HCV screening, diagnostic testing, care and treatment
- Increase providers HCV care and treatment capacity within the jurisdiction
- Positively impact provider behavior around HCV screening, care and treatment of PLWH and people who use drugs

Clinical Training

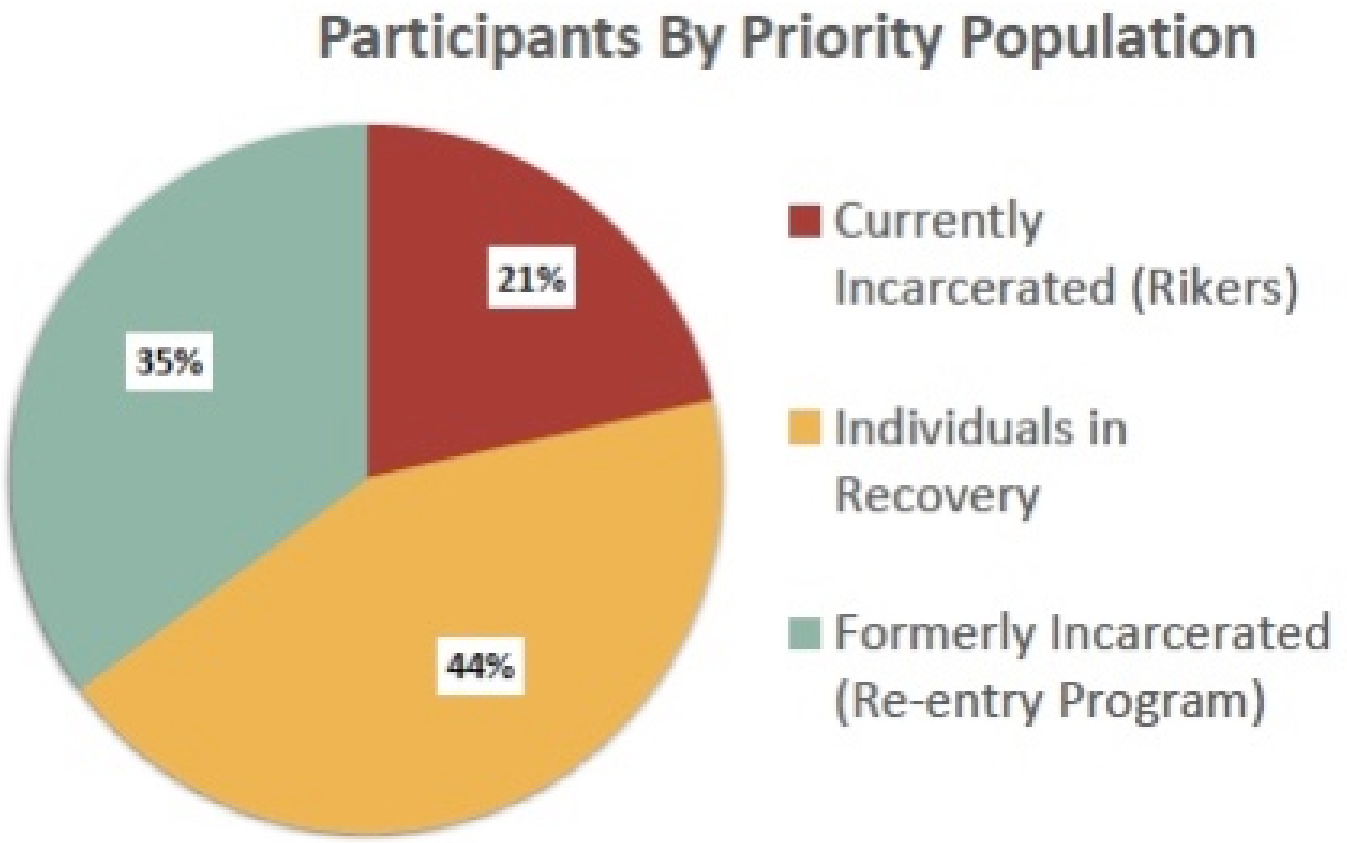
Training	Format	Participants
HCV Medication Coverage and Prior Authorization	2-hour Live Webinar or In-Person	158
HCV Clinical Care and Treatment Included HIV/HCV and HCV Treatment in People Who Use Drugs sessions	9 CME/CNE/CEU Live Webinar	199
Live Preceptorship in a Liver Clinic	4 CME/CNE In-Person	19

Hep C Patient Navigation Training

- Full-day in-person training for frontline workers
  - Overview of HCV and impact on PLWH
  - HCV navigation steps: outreach screening, RNA testing, linkage to care, retention in care, treatment readiness and adherence, reinfection prevention
  - Navigation approach and skills
  - Strategies for helping people who use drugs and those with mental health conditions
  - Curing HCV in PLWH
  - Resources
- 7 hours of CASAC Renewal credit
- **214 participants trained**

Hep C Basics Presentation for Communities at Risk

- **208 people trained**
  - 154 people at risk
  - 54 organization staff



Communities of Practice and Learning

- **NYC Hep C Task Force** – quarterly coalition meetings
  - **HIV/HCV Treatment Access Committee** – quarterly meetings to convene Project SUCCEED intervention partners
- **HCV Elimination in PLWH Symposiums** to discuss micro-elimination goals, objectives, activities and progress

Attended by representatives from health care facilities and community organizations serving high-burden populations

Clinical Practice Facilitation Projects

Formal agreements with highest burden facilities participated in a one-year project:

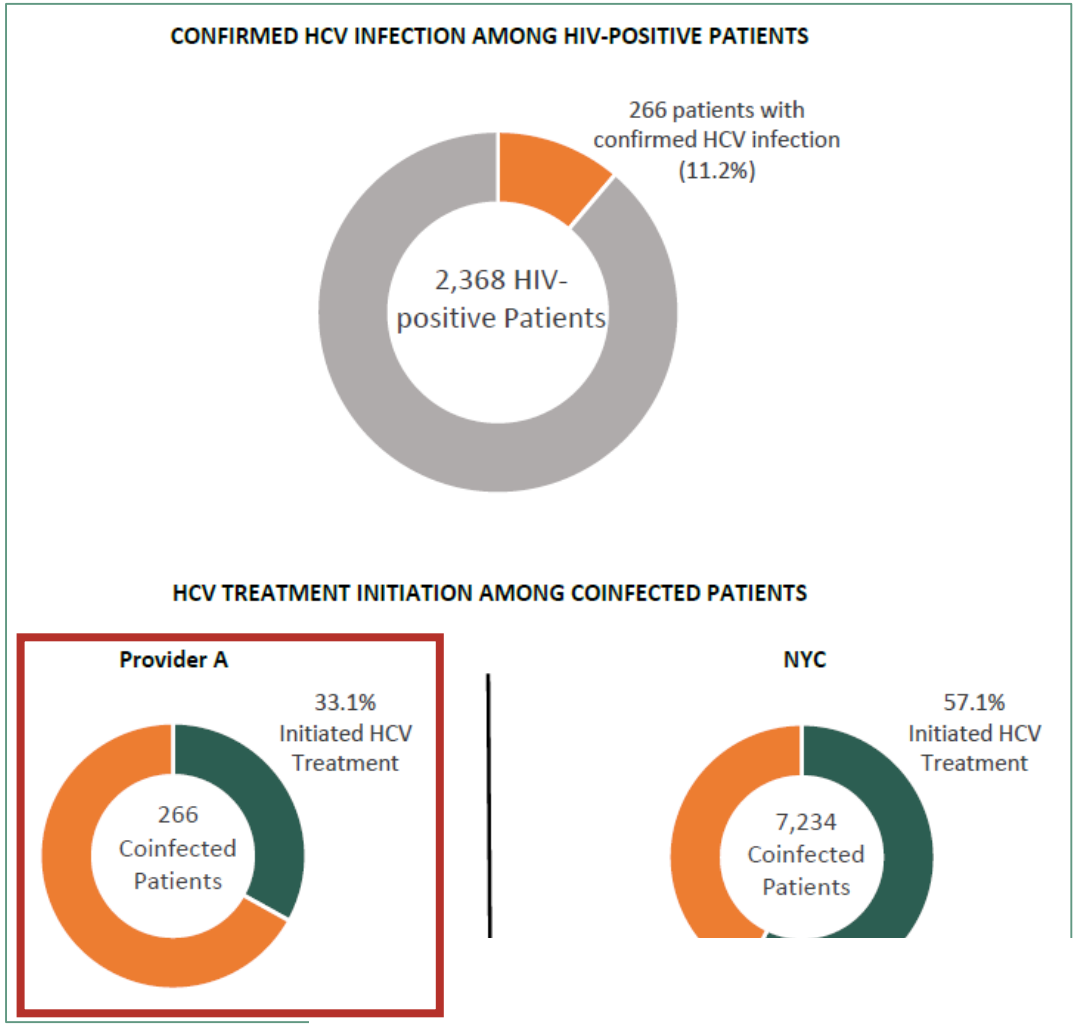
- **Electronic Health Record data review tool** to assess screening and treatment rates
- **HCV quality improvement (QI) project guidance** and support

Row	Measure	Interpretation	Number
1	Total adult patients with a visit [Ia] in the specified review period in your Health Center + a diagnosis of HIV [Ib]	*At-risk visits*	
2	From Row #1, number with documentation of a HCV antibody test order/result [IIa] or HCV RNA test order/result ever (prior to the end of the review period) [IIb]	-	
Proportion of HIV patients seen at health center ever tested for HCV		*row 2 ÷ row 1*	
3	Of Row #2, number with a positive HCV RNA test result or diagnosis of HCV in problem list/ICD 9/10 codes [III]	-	
4	Of Row #3, number whose most recent HCV RNA test result was positive [IV]	-	
5	Number of patients from Row #3 for whom HCV medication was prescribed/initiated treatment [V]	-	
Proportion of patients with HCV who initiated treatment		*row 5 ÷ row 3*	
[Ia] CPT codes for patient encounter during the reporting period: CPT codes 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215 or HCPCS codes (Medicare) G0402, G0438, G0439 (outpatient only) Inpatient CPT codes could include: 99221, 99222, 99223 (initial care), 99231, 99232, 99233 (subsequent care), or 99218, 99219, 99220 (observation initial care)			

HIV/HCV Dashboard

Facility specific surveillance-based dashboards, emailed to HIV health care facilities, showing:

- Proportion of PLWH established in HIV care at the facility who ever tested HCV RNA positive who had been treated for HCV



Mock Dashboard

HIV/HCV Patient Lists

Surveillance-based HIV/HCV RNA+ patient lists to support providers to:

- Review and promote HCV treatment
- Report patient disposition back to the Health Department

This section to be completed by Health Department						This section to be completed by facility after reviewing patient record			
NYC Health Dept ID	Last name	First name	Date of birth	Sex at birth	Most recent hepatitis C RNA test result*	Review outcome**	Treatment barriers**	Resources needed**	Notes
1234	John	Doe	MM/DD/YYYY	Male	Positive	Will outreach and link to hepatitis C care/treatment	Other adherence issues, Insurance	DOT	
12345	Jane	Doe		F	positive	Lost to follow up			

*Laboratory data reported to the NYC hepatitis C surveillance registry as of [date].

**Dropdown options

Outcome	Treatment Barriers	Resources Needed
• Previously treated and cured of hepatitis C • Currently being treated for hepatitis C • Will outreach and link to hepatitis C care/treatment • Lost to follow-up • Other (Please explain in notes)	Please list all that apply: • Insurance • Mental health • Previous difficulties with hepatitis C treatment • Substance use • Other adherence issues	Please list all that apply: • DOT • Patient navigation

Clinical Practice Facilitation Project Outcomes

- 9 high burden health care facilities committed to one-year projects
- 7 facilities submitted screening reports based on the EHR data review tool, 15% increase in screening from baseline to final
- All reviewed their facility specific HIV/HCV dashboard
- All reviewed surveillance-based patient list and returned patient disposition
- 7 conducted QI projects

Case study 1: Brightpoint Health FQHC

Community Health Center provider of integrated primary care, behavioral care, dental, and substance abuse services -- 70% of population served experience homelessness

Goals	• Develop EHR query report on HCV screening rate and number in need of HCV treatment • Increase staff capacity to outreach and link coinfected patients to care • Promote HCV treatment education and best practices
QI Activities	✓ Created weekly EHR query report through health informatics quality management ✓ Reviewed patient list weekly to identify those in need of treatment ✓ Provided quarterly HCV trainings for frontline staff
Outcomes	45% of patient on the coinfected list were linked to HCV care, treated and cured
Staff Responsible	Assistant Director for Business Operations: Senior Director, Grants Programs, HCV Navigator (funded through 340B)

Telephone Outreach and linkage to care

Viral Hepatitis Program developed a new telephone outreach and navigation program.

- Two navigators experienced in HCV conducted outreach
- New navigation data management system developed and incorporated into surveillance database (MAVEN)

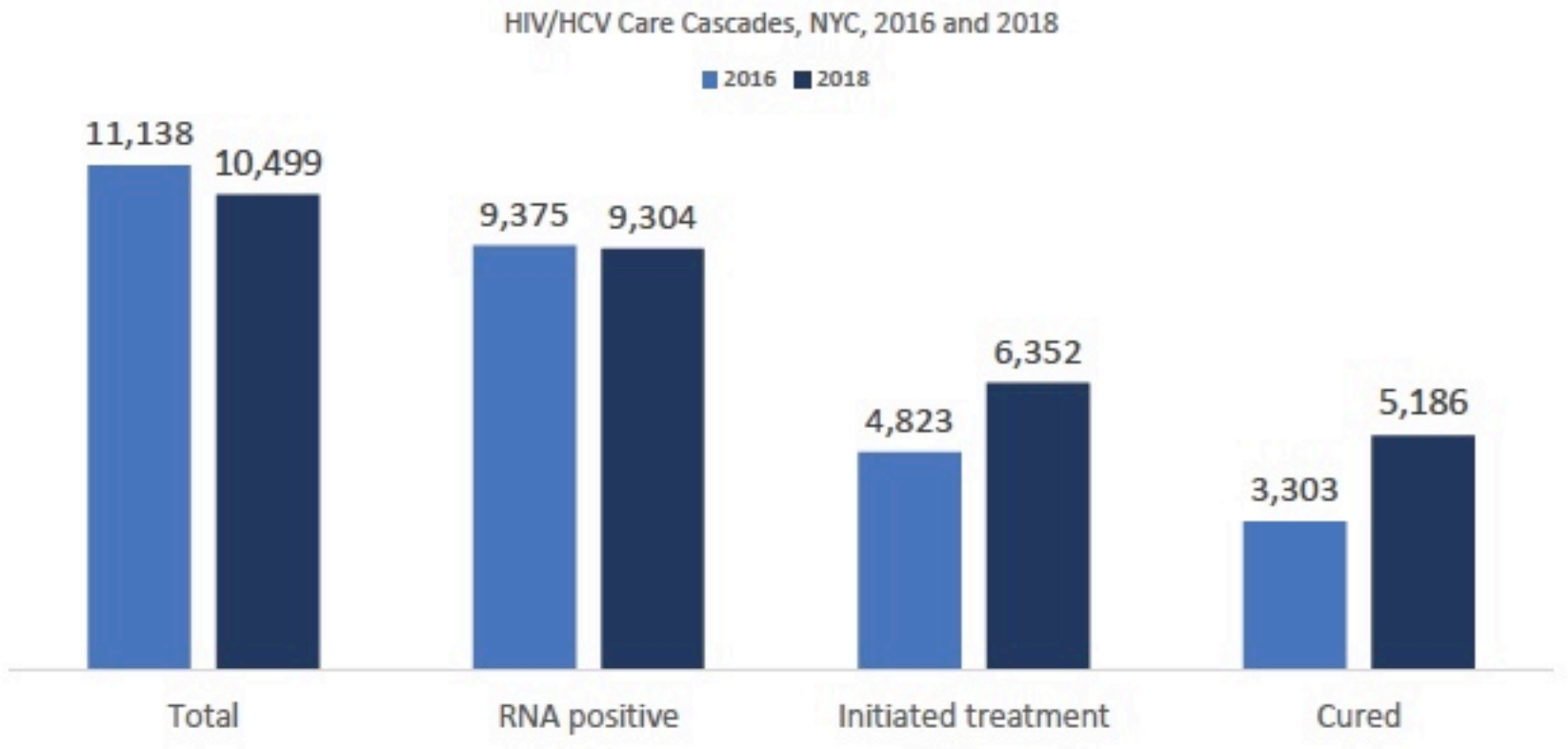
- 724 HIV/HCV co-infected patient were assigned to navigators for telephone outreach (June 2018 – December 2019)
  - 220 (30%) interviewed
  - 161 (73%) linked to care
  - 61 (38%) were HCV RNA negative and likely cured

Patient Case Study

Sustainability

- NYC Health Department has committed to:
  - Annual HIV and HCV surveillance match
  - Including in HCV treatment rate as an indicator on the HIV Care Continuum Dashboards
  - Clinical practice facilitation with high burden facilities
  - Telephone outreach and linkage to care

Monitoring Progress Towards Elimination



Stay Connected!

VIRTUAL 2020 NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

Contact:
HEP@HEALTH.NYC.GOV

Follow us:
@HEPFREENYC

HIV Undetectable, Hep C Cured!

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This initiative is funded through the U.S. Department of Health and Human Services (HHS) Secretary's Minority AIDS Initiative Funding (SMAIF) and administered through the Health Resources and Services Administration (HRSA)'s HIV/AIDS Bureau (HAB) through the Special Projects of National Significance (SPNS) Program (Grant number U90HA30517). This information and its conclusions are those of the authors and should not be construed as the official position or policy of HRSA or the U.S. Government. Responsibility for the content of this report rests solely with the named authors.

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