



## **Project SUCCEED**

**Scaling up Co-Infection Care & Eliminating Ethnic Disparities**

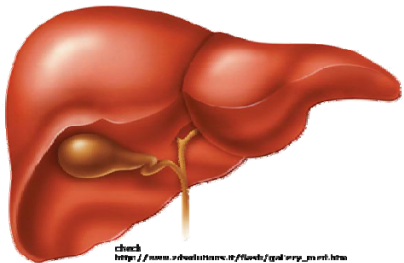
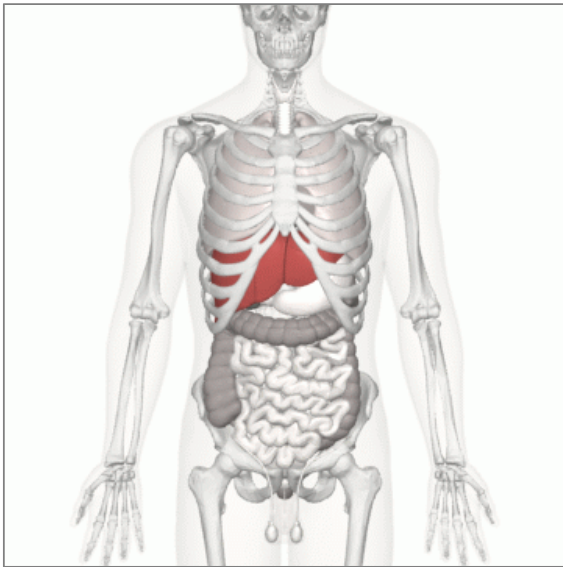
**13<sup>th</sup> Annual Iris House Women As the Face of AIDS Summit**

May 7th, 2018

## Project SUCCEED Team

- **Natalie Octave, MPH, CHES**  
Project Coordinator
- **Kizzi Belfon, MPH**  
HIV/HCV Surveillance and Evaluation Analyst
- **Alexis Brenes, BA**  
Health Care Access Specialist
- **Farma Pene, BA**  
Health Care Access Specialist
- **MaNtsetse Kgama, MPH**  
Project Manager
- **Amber Casey, MPH**  
Principal Investigator
- **Nirah Johnson, LCSW**  
Project Implementation Director
- **Kate Penrose, MS**  
Senior Analyst
- **Jessie Schwartz, RN, MPH**  
Clinical Coordinator

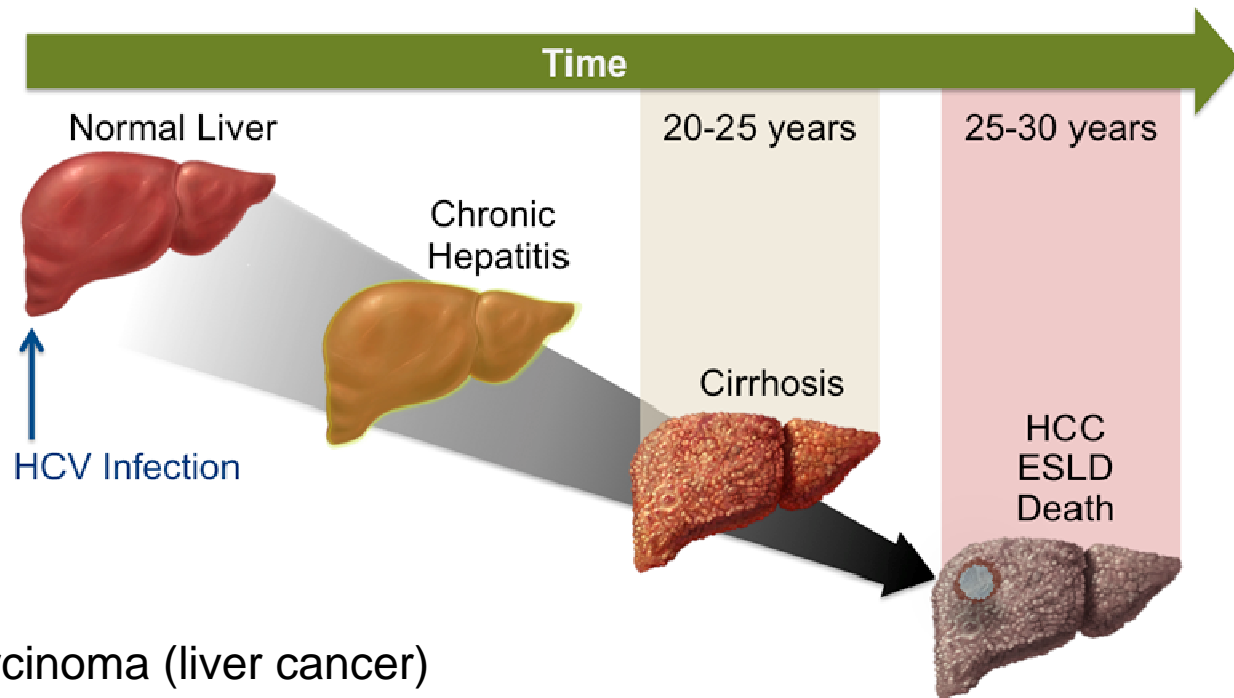
# Hepatitis C Basics



- Hepatitis means inflammation of the liver
- Hepatitis C (**Hep C** or HCV) is caused by a virus
  - Blood-born
- Infection can be **acute and temporary** only, or become **chronic life long** infection
- Can be treated and cured

# Hep C Liver Disease Progression

- Chronic Hep C can cause liver damage, cirrhosis, liver failure, and liver cancer
- About 25% of chronically infected people progress to serious liver disease over time



HCC = hepatocellular carcinoma (liver cancer)  
ESLD = end stage liver disease

## Hep C Tests

- Antibody Test
  - Tests if ever exposed to Hep C
  - About 25% chance of clearing the infection in the acute phase
  - If positive = needs the Hep C RNA test to confirm infection
- Hep C RNA (or PCR) Test
  - Tests if the virus is in the blood currently
  - If positive = infected
- All People Living with HIV should be screened for Hep C upon HIV diagnosis and annually if at risk

## Hep C Screening Recommendations for PLWHIV

- Screen **at entry into care** with an antibody test or
  - RNA test, if:
    - suspect recent infection,
    - CD4 count <100cells/mm<sup>3</sup>
    - Prior hepatitis C treatment
    - Past exposure, but cleared virus
- **And every 12 months** for those at risk, including:
  - Injection drug use
  - History of incarceration
  - Men who have unprotected sex with men
  - Blood exposure in unregulated setting

Source: 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>

## HIV and Hepatitis C Co-infection

- 1 out of 4 people living with HIV (PLWH) in the U.S. also have hepatitis C (Hep C) <sup>1</sup>
- HIV/Hep C coinfection more than triples the risk for liver disease, liver failure, and liver-related death <sup>1</sup>
- Curing Hep C in PLWH will help prevent liver disease and improve quality of life for co-infected people



1. Centers for Disease Control and Prevention (2017). *HIV and Viral Hepatitis* [Fact sheet]. Retrieved from <https://www.cdc.gov/hiv/pdf/library/factsheets/hiv-viral-hepatitis.pdf>

## HIV/Hep C in NYC\*

- At the end of 2016, there were 85,890 PLWH in NYC<sup>1</sup>
- Of these, 11,536 individuals have been co-infected (ever infected) with HIV and Hep C<sup>1,2</sup> representing:
  - 13% of all PLWH (People living with HIV)

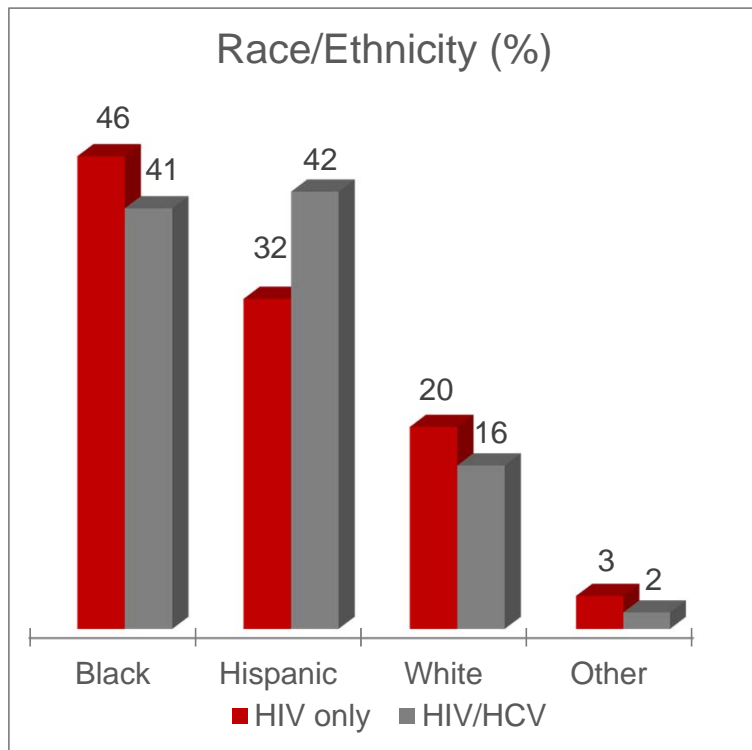
\*To better account for out-migration and deaths, the number of individuals considered to be diagnosed and living in NYC has been restricted to people who had at least one Hep C or HIV lab test reported since 2014 and weren't known to have died prior to the end of the year of interest.

1. New York City Department of Health and Mental Hygiene, HIV Epidemiology and Field Services Program, surveillance data as of March 31, 2017.

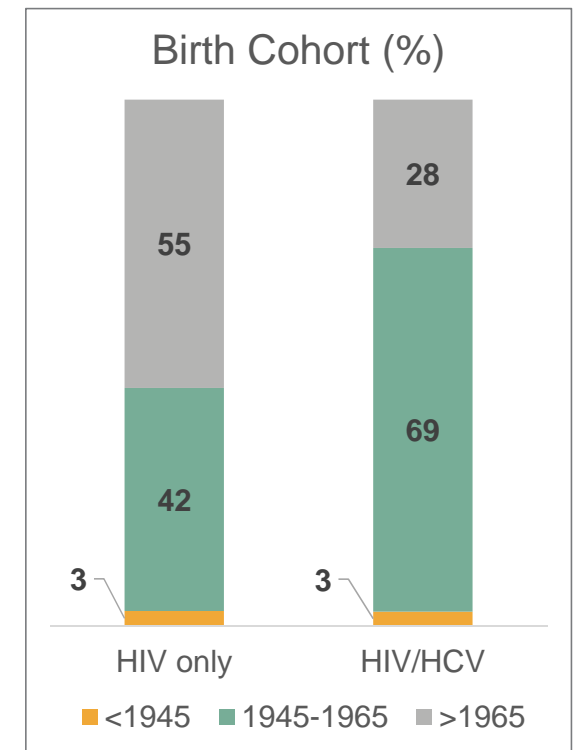
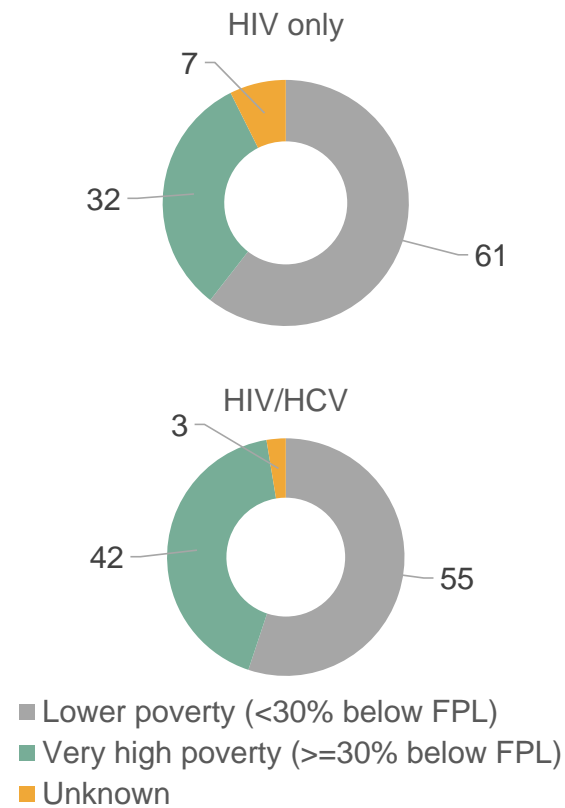
2. New York City Department of Health and Mental Hygiene, Viral Hepatitis Program, surveillance data as of May 15, 2017.



# Characteristics of Co-infected Individuals in NYC, 2016

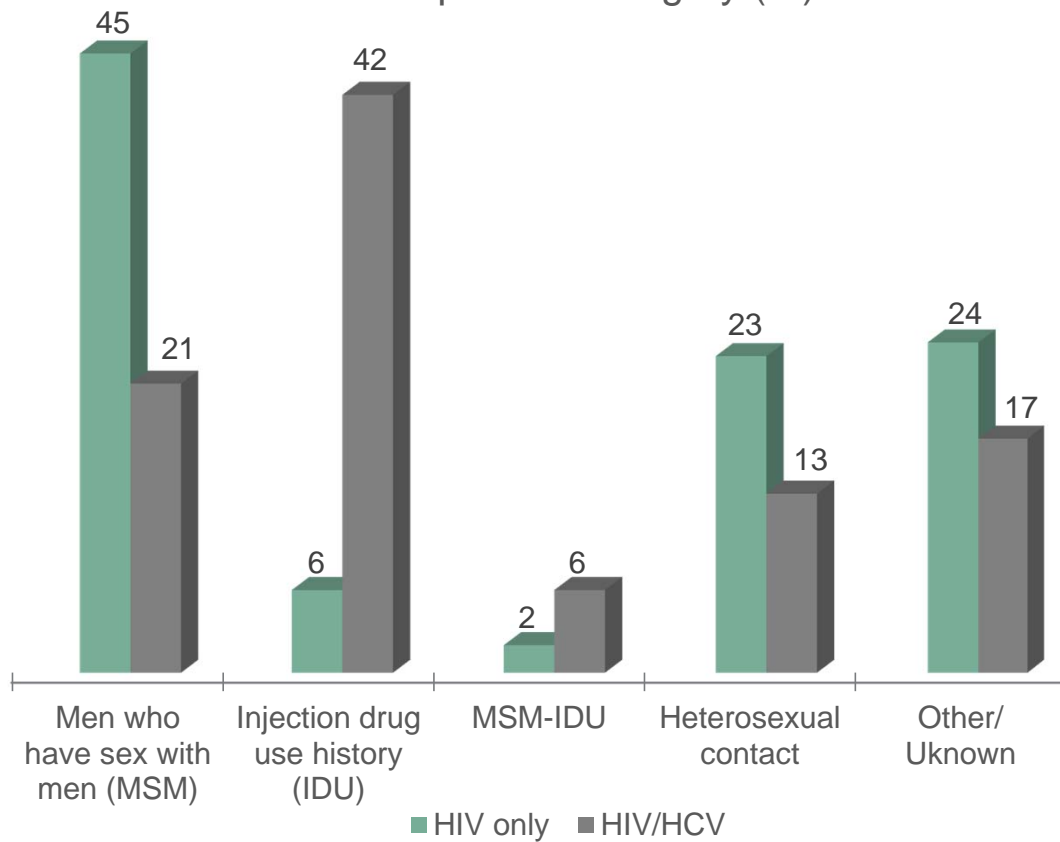


Area-based Poverty Level (%)

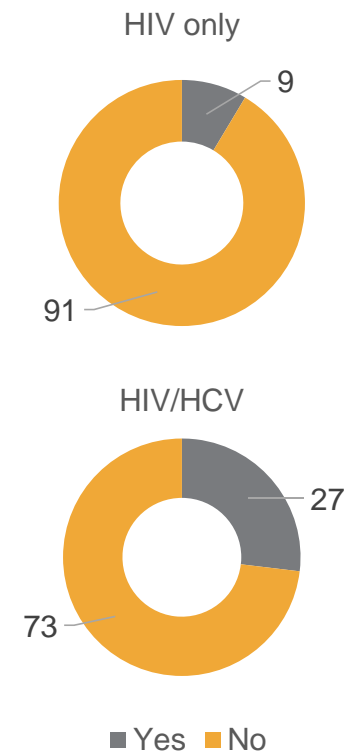


# Characteristics of Co-infected Individuals in NYC, 2016

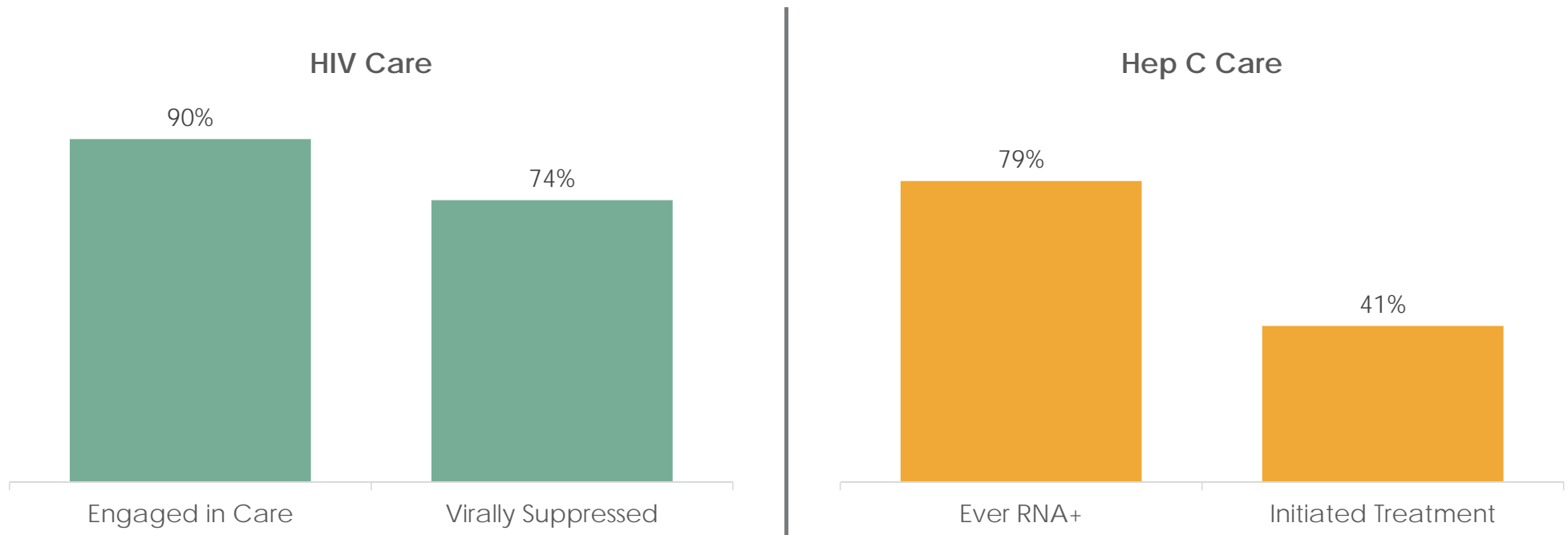
HIV Exposure Category (%)



History of Incarceration (%)

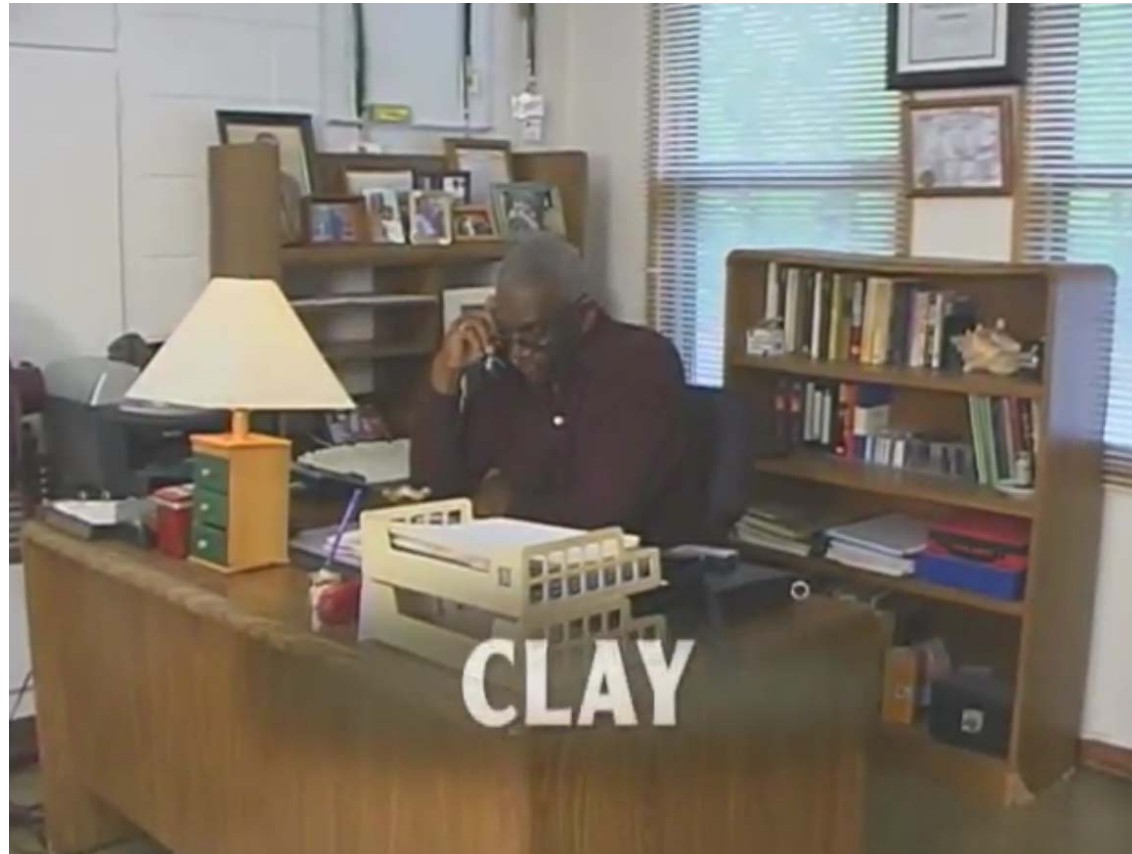


## HIV and Hep C Care Outcomes for Co-infected Individuals in NYC, 2016\*



\*To better 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 Hep C or HIV lab test reported since 2014 and weren't known to have died prior to the end of the year of interest.

## Patient Perspective



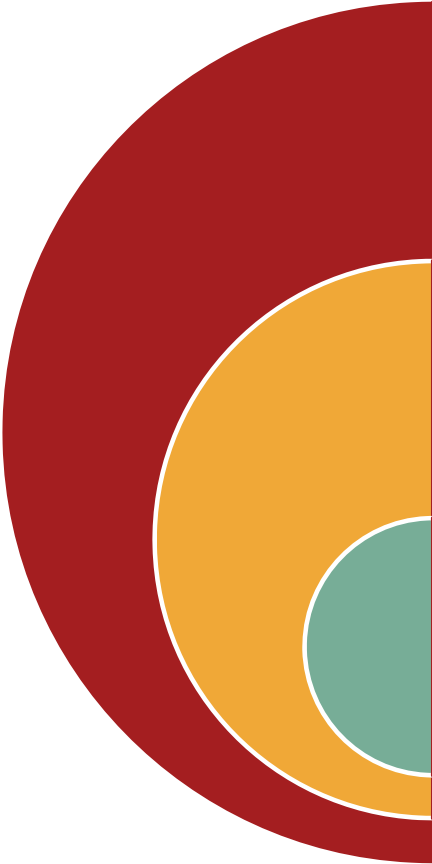
# Scaling-Up Co-Infection Care Eliminating Ethnic Disparities



## Goals and Objectives

- **Goal:** to eliminate Hep C amongst people living with HIV (PLWH) in NYC, and reduce racial/ethnic disparities in access and treatment
- **Objectives:**
  - Promote Hep C screening, rescreening, and diagnostic testing according to guidelines
  - Educate HIV patients about the risks of Hep C , and the benefits of cure
  - Increase HIV clinical and non-clinical provider Hep C knowledge and care management skills
  - Support organizations to identify, return to care, and treat all Hep C patients
  - Conduct case investigation and linkage to care for patients who can not be returned to care by an organization

# Project SUCCEED Approach



## Education & Training

- Clinical and non-clinical provider training
- Patient education
- Hep C Toolkit

## Practice Transformation

- Technical assistance
- Data monitoring
- Return to care support
- Community of Practice and Learning

## Case Investigation & Linkage to Care

- Provision of HIV/Hep C patient lists
- Direct outreach and linkage to care

# PROJECT IMPLEMENTATION

---

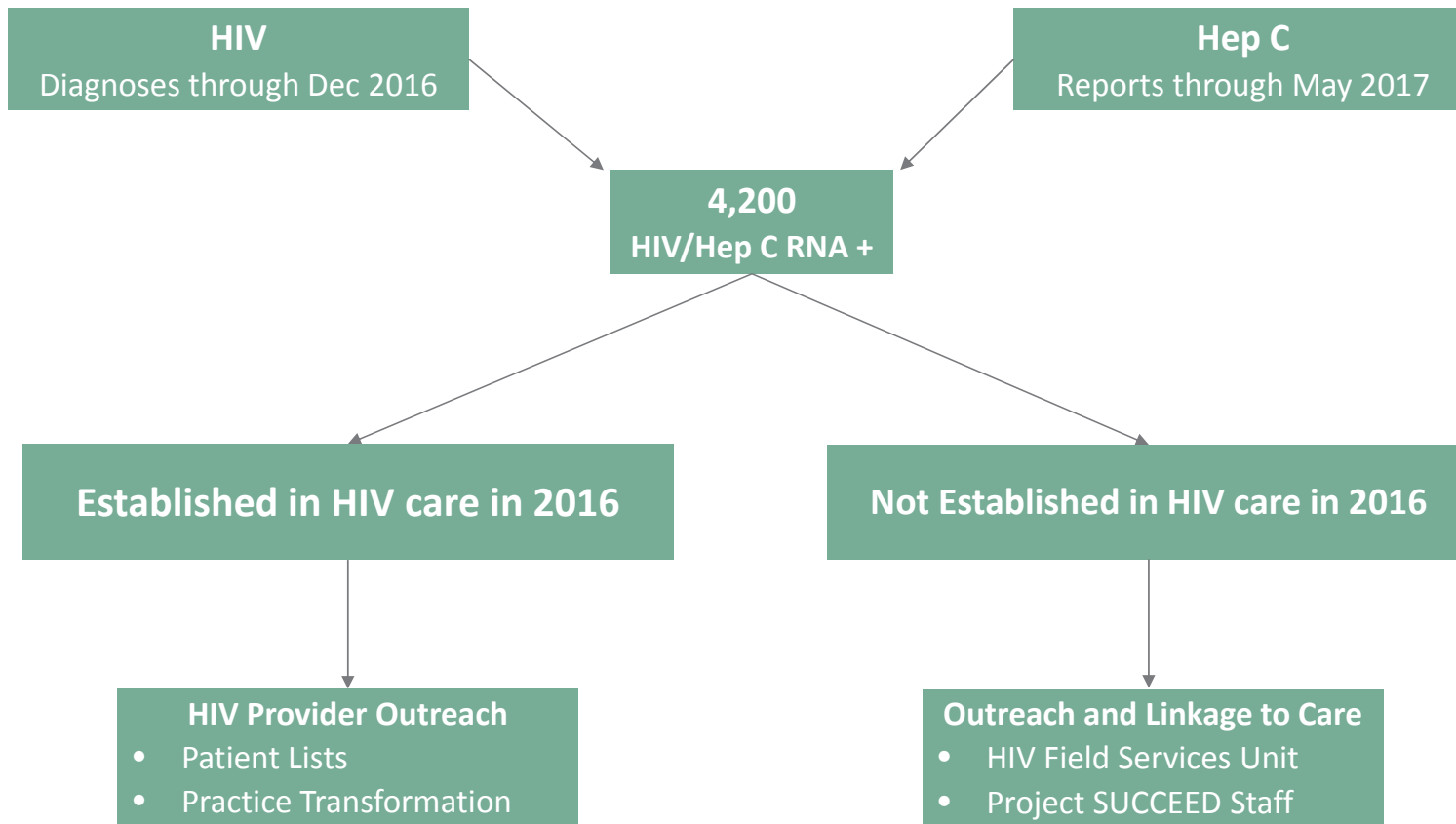


## HIV and Hep C Surveillance Match & Uses of Data

A match of the HIV and Hep C surveillance registries was conducted in May **2016** and May **2017**.

- The results of the match are used to:
  - Target organizations with the highest burden of disease
  - Develop “Hep C Status Report” dashboards for HIV clinical organizations
  - Generate Patient Lists for:
    - Provider return to care
    - Health Department linkage to care
  - Monitor SUCCEED progress

# Intervention Groups\*

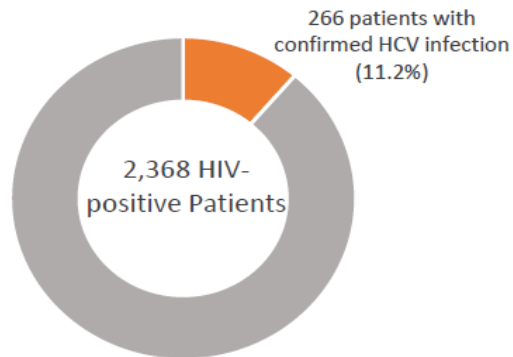


\*Data as of May 2017

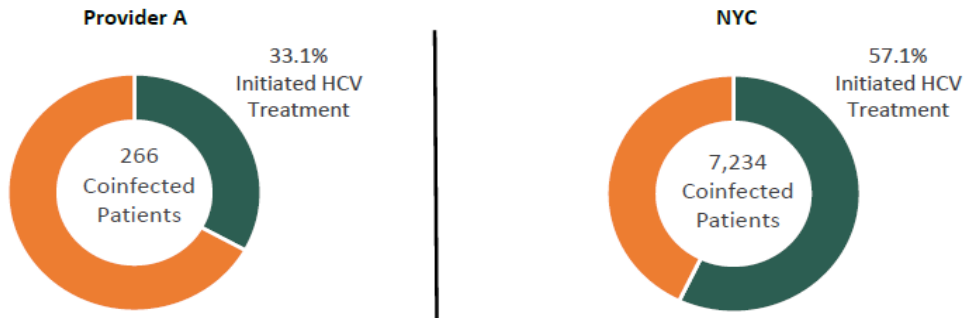
## Hepatitis C Status Report for HIV Care Providers, 2016

### PROVIDER A

#### CONFIRMED HCV INFECTION AMONG HIV-POSITIVE PATIENTS



#### HCV TREATMENT INITIATION AMONG COINFECTED PATIENTS



## Hepatitis C Status Report Dashboard

- Distributed in December 2017 to 47 HIV clinical organizations
  - $\geq 150$  patients in HIV care
  - $\geq 10$  HIV/Hep C positive
- Accompanied by *Dear Colleague* letter

# Patient Lists

- Distributed to 9 HIV clinical organizations as of April 2018
- Request for return of lists within one month, with patient disposition and needs

Health Department Data						Data from Site			
NYC Health Department ID	Last Name	First Name	Date of Birth	Sex at Birth	Most Recent HCV RNA Test Result*	Review Outcome	Treatment Barriers	Resources Needed	Notes
	John	Doe	7/13/1955	Male	Positive	Previously treated and cured of HCV Currently being treated for HCV Will outreach and link th HCV Care/Treatment Lost to Follow-up Other (Please explain in notes)	(e.g.: Insurance, Mental Health, Other Adherence Issues, Previous difficulties with HCV treatment, Substance Use - Please list all that apply)	(e.g.: DOT, Patient Navigation - Please list all that apply)	
						Will outreach and link to HCV Care/Treatment	Other Adherence Issues, Insurance	DOT	
						Previously treated and cured of HCV Currently being treated for HCV Will outreach and link to HCV Care/Treatment Lost to follow up Other (Please explain in notes)			

\*Laboratory data reported to the NYC HCV Surveillance Registry as of February 9, 2018.

Reminder: These data are for patient follow-up and monitoring purposes only. Before using these data for any other purposes, please contact Kate Penrose at kpenrose@health.nyc.gov or 347-396-7682

# TRAINING

---

For Clinical and Non-Clinical Providers and People at Risk

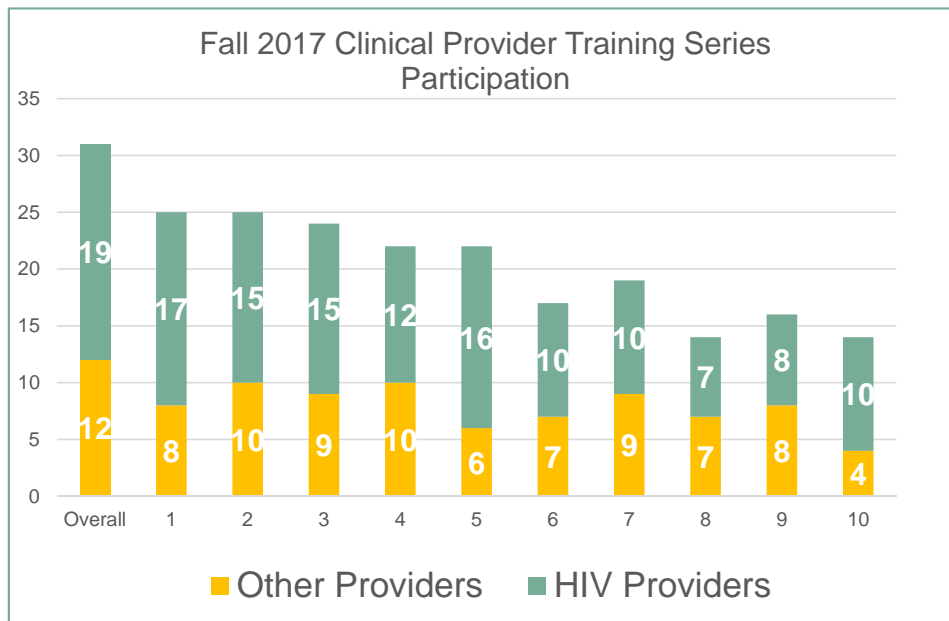
## Hep C Clinical Provider Training

- Developed in collaboration with the Empire Liver Foundation (ELF) association of liver specialists
- 10 CME accredited live webinar training for new providers interested in learning to treat Hep C.
  - Satisfies education requirement for the “NYS Medicaid Hep C Experience Provider Classification”\*
  - Can be taken in full or individual sessions
  - Offered free of charge
- Half day observational Preceptorship in a liver clinic

\* Classification is needed to authorize some health care providers to prescribe hepatitis C medications for Medicaid Fee for Service and some managed care plans

# Hep C Clinical Provider Training

- Fall 2017 Training Series
  - **31 participants**
  - MD, DO, PA, NP, RN and PharmD



## Topics

- Hep C Pre-Treatment Assessment
- Role of Resistance Testing
- Overview of Fibrosis
- Treatment by Genotype
- Side Effects of Drug-Drug Interactions
- Treatment of HIV/ Hep C Co-Infection
- Treating People with Mental Health Conditions and Substance Use
- Monitoring Prior, During, and After Treatment
- Management of Advanced Complicated Disease
- Hep C Medication Coverage and Prior Authorization

## Hep C Patient Navigation Training

- Full-day in-person training for frontline workers
  - Overview of Hep C and impact on PLWH
  - Hep C 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 (PWUD) and those with mental health conditions
  - Curing Hep C in PLWH
  - Resources
- 7 hours of CASAC credit
- **65 participants trained**



## Hep C Medication Coverage Training

- 2-hour in-person training, or 1-hour webinar training
- Provides instruction in the process for completing Hep C medication prior authorization in NYS
- Provides tips from successful providers to support medication coverage
- Provides resources for uninsured
- **52 clinical and non-clinical provider participants trained**

# Hep C Basics Training for Communities at Risk

- Presented in English or Spanish
  - CBOs, Rikers & re-entry programs, Faith-based organizations
- 1 hour presentation
- Pre/Post Hep C Knowledge assessment
- Target populations
  - PLWH
  - People who use drugs (PWUD)
  - People in Recovery
  - Frontline Hep C and HIV staff
  - Rikers Detainees
  - Formerly incarcerated
- Offer Linkage to Care Services after presentation

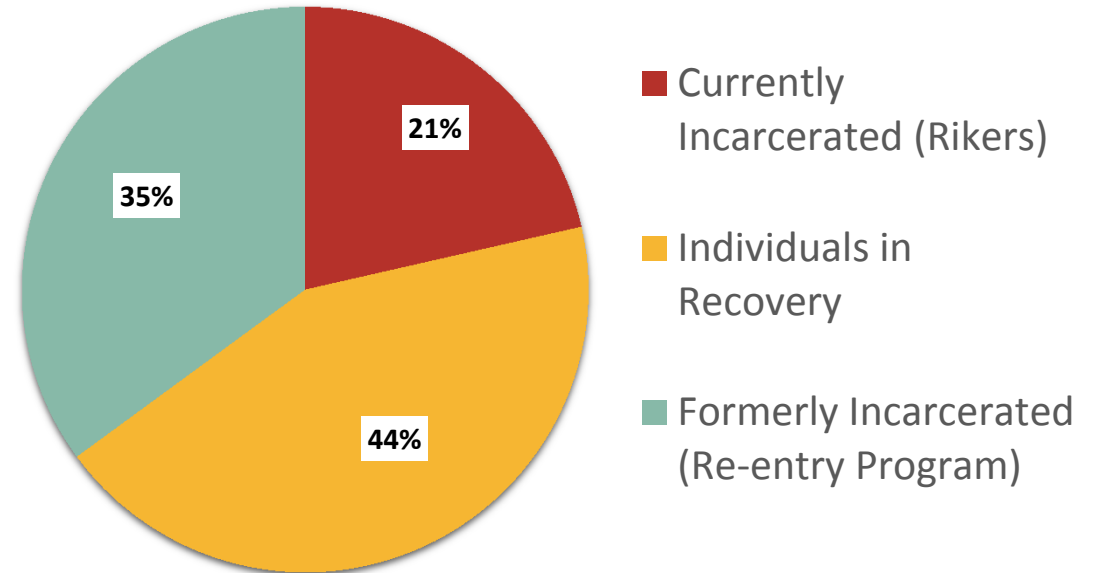
## Training Topics

- The Liver
- Hep C
  - Progression
  - Transmission
  - Risk factors
  - Two step testing process
- Treatment
- Prevention

## Hep C Basics Presentation for Communities at Risk

- 12 trainings completed
- **208 people trained**
  - 154 people at risk
  - 54 organization staff

Participants By Priority Population



# COMMUNITY OF PRACTICE AND LEARNING

---

Exploration, Resources, and Networking

## Community of Practice and Learning



- **NYC Hep C Task Force**

*“A Network Building Capacity to Prevent, Manage and Treat Hepatitis B & C in NYC”*

- **HIV/HCV Treatment Access Committee**

- Serves as Community Advisory Board
- Forum for networking and ongoing learning
- Promote Project SUCCEED Initiatives
- Quarterly meetings

# Hep C Toolkit: Print and Online

[www.HepFree.NYC/ProjectSUCCEED](http://www.HepFree.NYC/ProjectSUCCEED)

Public ▾ Providers Resources ▾ Opportunities ▾ HepCX ▾ Hep B Coalition ▾ Hep C Task Force ▾ 🔍

## Project SUCCEED | Hep C Toolkit

CALENDAR

JOIN US

### Recent Posts

- NYC Council Viral Hepatitis Initiative  
March 9, 2018
- Empire Liver Foundation | Hepatitis Clinical Training Program  
March 7, 2018
- Funding | Cancer Prevention & Early Detection Community Grants (Due 4/6/18)  
March 7, 2018
- Funding | Communities of Color Impacted by HIV, STD, & Hep C (Due 3/20/18)

Clinical Provider Resources   **Non-Clinical Provider Resources**   Patient Resources

**AETC National Curriculum | HIV/HCV Co-infection** – AIDS Education & Training Center  
*Includes topics on prevention, screening, diagnosis and treatment recommendations as well as barriers and other co-factors that may impede optimal treatment outcomes for co-infected people of color*

**Guide | The Basics of Living with Two Infections HIV & HCV** –Project Inform  
*Overview of both HIV and Hep C and what to expect when living with both infections including suggested support resources*

**Table | Interpretation of Hepatitis C Virus Test Results** – Center for Disease Control and Prevention (CDC)  
*Clear interpretations of Hep C test outcomes and guidance necessary action*

**Fast Facts | HIV and Viral Hepatitis** – CDC  
*General overview of Viral Hepatitis and HIV along with United States statistics related to coinfection*

# INTERVENTION SITES

---

Practice Transformation

## Intervention Site Recruitment Progress

- Site Selection Criteria
  - # and/or % of HIV/Hep C RNA positive patients left to treat
- Health Department conducted limited procurement, organizations completed application outlining commitments
- Two organizations committed to participating in the intervention



# Intervention Site Commitment

- **Appoint Project Manager**
- **Training**
  - **Clinical Provider** – at least one new HIV provider per site
    - Clinical provider training and preceptorship and Hep C Medication Coverage Training
  - **Non-Clinical Provider** – at least five HIV Service Providers per site, and their supervisor
    - Hep C Patient Navigation and Hep C Medication Coverage Training
- **Technical Assistance**
  - Three site visits to facilitate development and implementation of an Hep C service delivery improvement plan, documented through submission of report
  - Data monitoring – EHR or program data query reporting and surveillance based dashboards
- **Community of Practice and Learning participation**

# DIRECT PATIENT OUTREACH

---

## Direct to Patient Outreach

- Developed case management system in MAVEN surveillance system
- Piloted direct outreach protocols and procedures in Fall 2017
- Encouraging providers to make initial contact, will follow-up on:
  - Patients identified as lost to care from lists shared with providers
  - Patients not assigned to a target organization
- Will begin conducting outreach Spring 2018



## HCAS – Direct to Patient Outreach & TA

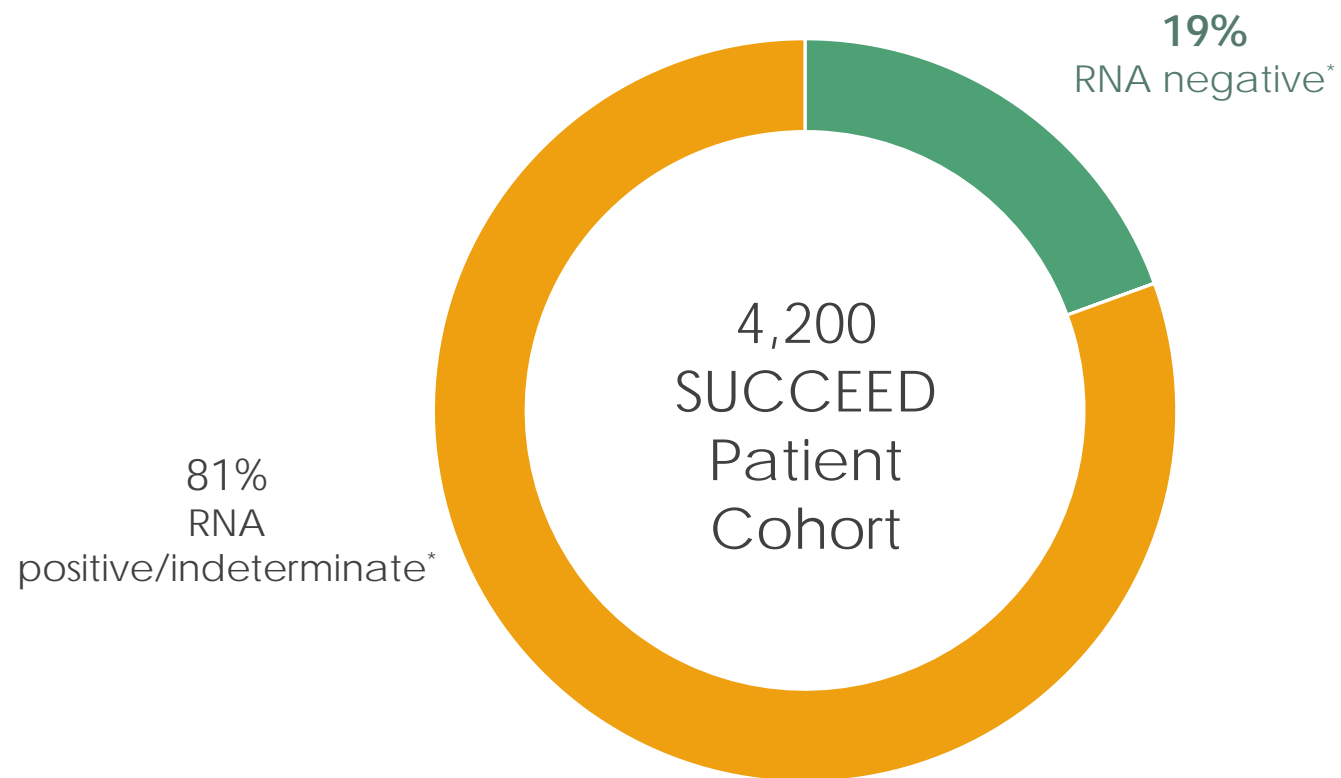
- **Direct Services**

- Provide linkage to testing and care (Cantonese, French, Mandarin, Spanish, Wolof)
- Help provide the best possible referrals to supportive services, health promotion, substance use counseling, medication authorization assistance and treatment readiness support
- Ensure that the patient is receiving adequate treatment adherence support, reinfection and preventative education

- **Technical Assistance**

- Provide training and support to service providers servicing high-risk populations (people who inject drugs, incarcerated, co-infected)

## Progress Towards Curing Hep C in PLWH, NYC



\*Result at the time of their last test, as of April 25, 2018.

# INTEGRATING HEP C SERVICES AT YOUR ORGANIZATION

---

# Raise HIV/Hep C Co-infection Awareness at Your Agency

- Hep C-related trainings for clinical and non-clinical staff
- Join the Hep Free Task Force
- Subscribe to Hep Free NYC e-newsletter



## Raise HIV/Hep C Co-infection Awareness, Cont'd

**Month of May - Hepatitis Awareness Month**



**May 15<sup>th</sup> - National Hispanic Awareness Hepatitis Day**



**May 17<sup>th</sup> - National HIV/HCV Co-infection Awareness Day**



**May 19<sup>th</sup> National Hepatitis Testing Day**

**July 25<sup>th</sup> - National African American Hepatitis C Action Day**





## Develop System to Identify HIV/Hep C Co-infected Population

- Identify Hep C point-person
- Set up alert in Electronic Medical Record or Management Information System to identify people in need of screening
- Management regularly review Hep C and HIV client rosters
- Request a patient list from the Health Department

## Add Hep C screening and re-screening to assessments

- PLWH
- Current/former injection drug users
- MSM
- Pregnant persons
- Persons with a history of incarceration

And finally...

**CELEBRATE PATIENT SUCCESS**

# QUESTIONS?



## Contact Us

Alexis Brenes [abrenes@health.nyc.gov](mailto:abrenes@health.nyc.gov)

Kizzi Belfon [kbelfon@health.nyc.gov](mailto:kbelfon@health.nyc.gov)

Natalie Octave [noctave@health.nyc.gov](mailto:noctave@health.nyc.gov)