

DOHMH HCV Policy Update

ITEMS

1. HCV Elimination Summit Update
2. New Policy Items
 - Pharmacist Rapid Testing
 - DAA coverage in Union Drug Plans for NYC Workers
 - Mandatory HCV RNA Confirmatory Testing in NYC

HCV Elimination Summit

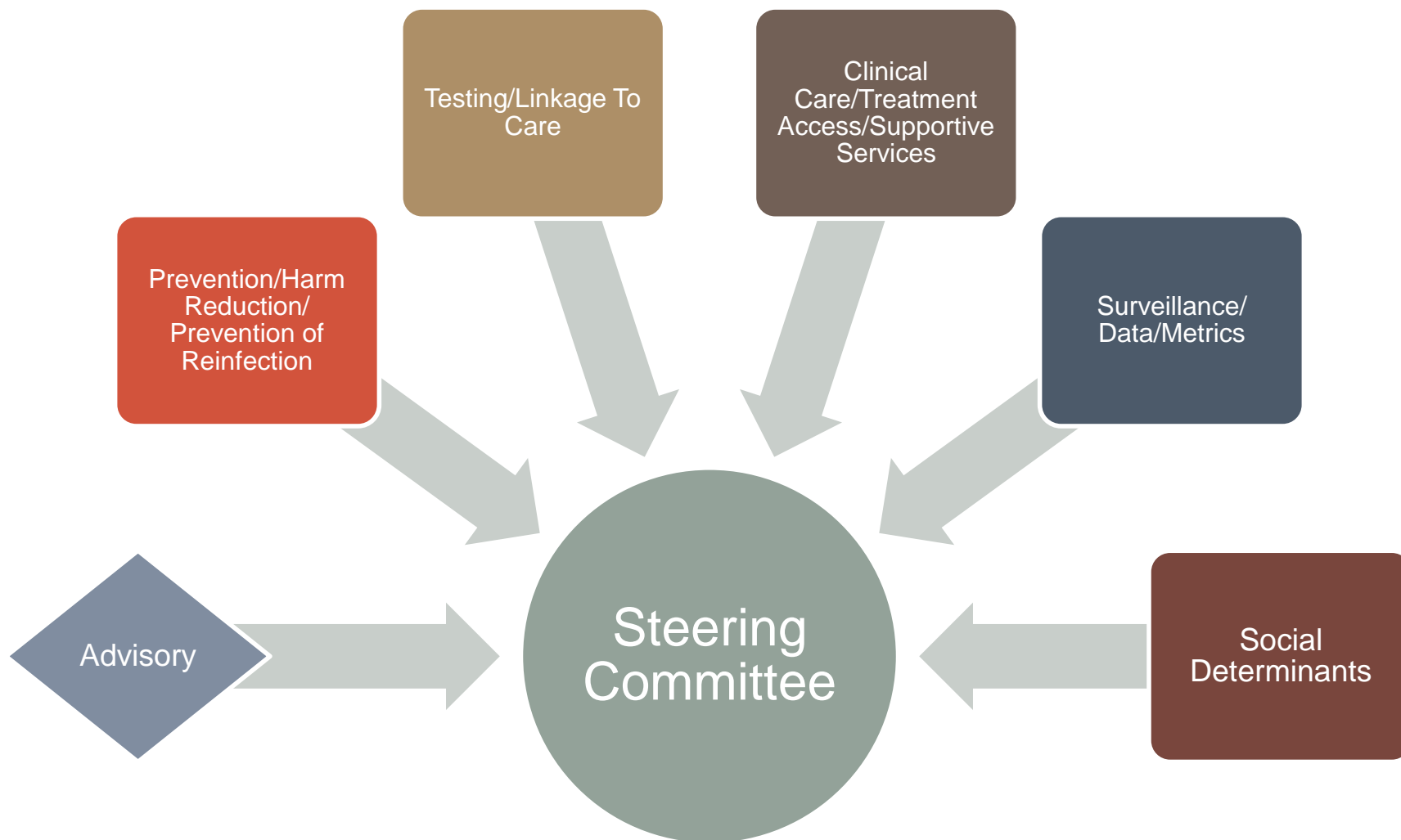
- **Purpose**

- To develop and implement a statewide strategy to eliminate hepatitis C infection

- **Objectives**

- To convene a diverse stakeholder meeting of policy-makers, HCV specialists and medical providers, payers, and community advocates.
- To review the gaps in HCV policies and programs.
- To present the findings and recommendations from the five working groups and produce a consensus document proposing a strategy for HCV elimination.
- To identify additional research, infrastructure and resources required to scale up HCV testing, prevention, care, supportive services, treatment, and address social determinants.

Structure



Timeline

2016	
March 1	NYS Coalition meeting on Eliminating HCV in NY
	Summit Planning Committee formed; begun meeting
August	NYS HCV Elimination Summit Concept Note drafted
	Steering Committee established
August 18	First Steering Committee meeting
October	Work Groups begun; drafted initial recommendations
November 28	Joint Steering Committee/Work Group meeting

Work Group Recommendations

Prevention

1. Health Literacy and Education
2. DOCCS HCV Prevention Services
3. Prevent the Onset of Drug Injection and HCV Infection among Young Opioid Users
4. Access to Medication-Assisted Therapy (Buprenorphine)
5. Enhancing Syringe Exchange Programs
6. Safer Injection/Consumption Facilities

Work Group Recommendations

Testing/Linkage to Care

1. Facilitate and/or ensure confirmatory testing
2. Expand Patient and Peer Navigation Programs
3. Expand training and other educational opportunities for medical providers, testing and linkage to care staff, and the public

Work Group Recommendations

Care and Treatment Access

1. Eliminate remaining restrictions on DAAs for all payers
2. Address patient barriers to treatment
3. Increase transparency about negotiated drug costs by payers
4. Special attention should be given incarcerated pops

Work Group Recommendations

Data and Metrics

1. Set realistic but ambitious targets for elimination
2. Systematically track and disseminate information on progress towards achieving the goals of the initiative
3. Strengthen surveillance systems

Work Group Recommendations

Social Determinants

1. Eliminate legal barriers for people who inject drugs
2. Increase funding for discharge planning and care coordination services following release from correctional settings
3. Implement culturally appropriate messaging to the multiple populations with higher HCV risk or prevalence

New York State Summit on HCV Elimination

Next Steps:

1. Recommendations will be prioritized, honed
2. Consensus document will be drafted prior to Summit
3. Summit planned for early Feb.
 - Most likely in Albany, but still considering NYC
 - Drive to get as many people in attendance as possible
 - Scheduling national speakers
 - NASTAD, CDC, Academy of Medicine, HRSA
 - Agenda not confirmed
4. Following Summit, main recommendations will be taken to Gov, Mayor for consideration
 - Statewide Task Force
 - Mayoral Task Force

Pharmacist POC Testing in NYS

Background:

- NYS CLIA regulation and Pharmacist Practice Act prohibit pharmacists from administering POC rapid tests
 - 44 states allow pharmacists to test under collaborative drug therapy management (CDTM) provisions
 - 7 states address POC testing in pharmacy practice acts, paving way for insurance reimbursement

Proposal:

1. Add pharmacists to the definition of qualified professionals who may be laboratory directors in CLIA law
 - limit to HCV and HIV rapid testing only
2. Expand scope of practice under Pharmacy Practice Act to allow pharmacist to administer CLIA-waived point of care testing

Pharmacist POC Testing in NYS

Next Steps:

1. Lobbyists meeting in Albany to advise on legislative approach
2. Statewide pharmacist meeting in January
 - Create advocacy coalition
 - Advise on draft legislation
3. Assemblyman Richard Gottfried (D – Manhattan) agreed to sponsor
 - Draft initial bill; deciding the appropriate approach to take
4. Considering demonstration project to assess uptake and feasibility; gather data

Access to HCV DAAs by City Employees

Background:

- Mayor's Office of Labor Relations:
 - ~340,000 city employees covered by ~ 65 union health plans
 - DC 37 is the largest, with over 121,000 members in over 1,000 job titles coordinated by about 60 local chapters
- Most Unions include a drug plan that is funded by union dues, managed by a pharmacy benefits manager (PBM)
 - Our research shows that most appear to include at least one DAA, except for DC 37

Access to HCV DAAs by City Employees

DC 37's Drug Plan

- Formulary only includes injectable interferon regimens
 - Rely on patient assistance programs for access to medically sound treatment
 - Will not formally deny their members HCV drugs, thereby preventing them from formally engaging in the appeals process
- Anecdotal evidence from providers and patients, as well as a published study from Susan Lee, PharmD (Northwell Health) show that DC 37 may be the only union drug plan that does not offer DAAs
 - Between 1/1/2015 and 10/1/2016, of 410 patients, 405 were approved for DAAs
 - The 5 who were denied were all in DC 37

Access to HCV DAAs by City Employees

Next Steps:

- Inquiry made to Mayor's Office of Labor Relations
 - Awaiting response
- Verbal inquiry made to Health and Security Plan rep
 - Told to write a letter to Union attorney

Mandatory HCV RNA Confirmatory Testing in NYC

Background:

- Commercial labs in NYS are currently reflexing HCV antibody tests to RNA confirmatory test
 - Quest, Lab Corp, etc.
 - Some hospitals are also reflexing antibody tests to RNA, but most are not, leaving too many patients without a complete HCV diagnosis

Proposal:

- Considering NYC Health Code change to mandate HCV confirmatory testing by medical facilities
 - Antibody tests will automatically “reflex” to an RNA test
 - Ensures the patient gets their diagnosis
- Discussing various scenarios with hospital laboratories and providers