



**Department
of Health**

Impact of a state-level hepatitis C testing law on hepatitis C screening and linkage to care

December 15, 2016

NYS Hepatitis C Testing Law

- First state-level HCV testing law in the nation
- Effective January 1, 2014
- The HCV testing law was enacted
 - To increase HCV testing
 - To ensure timely HCV diagnosis and linkage to care

Key provisions of the law

- HCV screening test be offered to every individual born between 1945 and 1965 receiving
 - Health services as an inpatient of a hospital or
 - Services in a primary care setting or
 - Services from a physician, physician assistant, or nurse practitioner providing primary care regardless of setting type
- If an individual accepts the offer and the screening test is reactive, the health care provider must offer the individual follow-up health care or refer the individual to a health care provider who can provide follow-up health care
 - The follow-up health care must include a hepatitis C diagnostic test (i.e., HCV RNA test)
- Evaluation on the impact of the law and report to legislature by Jan 1, 2016

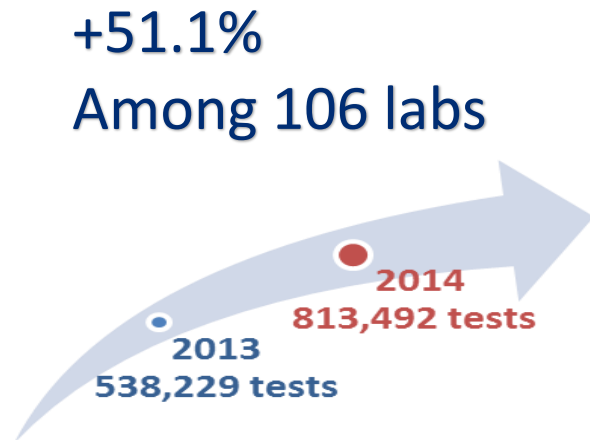
Multi-component evaluation

- Survey of laboratories (i.e., commercial, public health and hospital-based)
- Analysis of Behavioral Risk Factor Surveillance System survey results
- Analysis of NYS Medicaid data
- Analysis of New York City Department of Health and Mental Hygiene (NYCDOHMH) Primary Care Information Project (PCIP) data
 - NYC EHR data
- Analysis of NYS and NYC surveillance data
- Medical provider surveys
- Medical provider focus groups

Laboratory Survey

- Assess changes in the number of HCV screening tests from 163 laboratories holding permits to conduct HCV testing on specimens originating in NYS
 - Monthly HCV screening test volume data from 2013 to 2014 (24 months)
 - Specimens from only NYS residents
 - Persons born between 1945 & 1965
- Analytical sample = 106 (70.2%), including 28 labs (24.1%) that cannot report NYS specimens separately

Survey of Laboratories- Results



- Overall, the number of HCV screening tests increased 51.1% between 2013 & 2014
- Among the 78 labs that could provide NYS-specific data, the number of tests increased by 65.9%
- Among the 28 labs that could not report NYS data separately, the increase is 31.6%

NYS Behavioral Risk Factors Surveillance System(BRFSS)

- An annual CDC state-based telephone survey developed administered by NYSDOH
- Assess percentage of persons born between 1945 and 1965 who were offered and accepted a hepatitis C test when they received care across different health care settings
- HCV question added to the general module beginning in 2013:
 - Have you ever been tested for Hepatitis C (HCV)? Do not count tests you may have had as part of a blood donation.
- In 2014, questions specific to NYS Hepatitis C Testing Law included in the NYS-added module:
 - In the past 12 months have you received medical care at an inpatient unit of a hospital or from a primary care provider?
 - If yes, were you offered an HCV test?
 - If yes, did you accept the test?



NYS BRFSS- Results

- In 2014, 32.1% of NYS baby boomers have been tested for HCV, up from 25.4% in 2013
- The uptick represents an estimated increase of 270,000 baby boomers who have been tested for HCV
- Among baby boomers who received inpatient care at a hospital in the last 12 months, 17.1% reported being offered an HCV test, compared to 10.7% who received care from a primary care providers
- Overall, 71.2% of those offered an HCV test accepted the offer

NYC Primary Care Information Project (PCIP)

- Assess the impact of the law on HCV screening of baby boomers by PCIP practices in New York City
- NYC practice-level EHR data
 - 24 community health centers, 4 hospital outpatient clinics, and 345 independent practices
 - Located in underserved communities throughout NYC
 - HCV screening test orders documented in 2013 and 2014

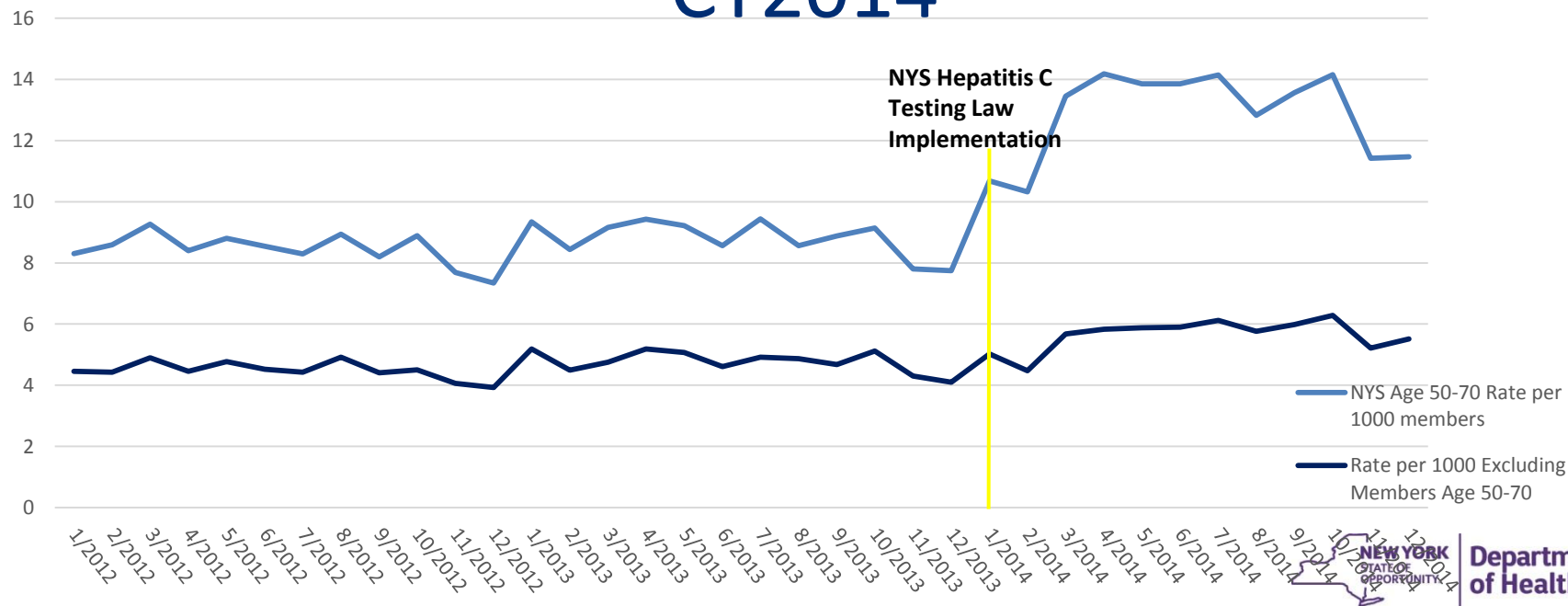
NYC Primary Care Information Project (PCIP)

	2013		2014	
	Total # patients born 1945-65	% screened for HCV	Total # patients born 1945-65	% screened for HCV
Community health centers(N=24)	67,963	8.10%	74,279	8.60%
Hospital outpatient clinics (N=4)	74,282	3.90%	84,393	8.40%
Independent practices (N=345)	248,667	4.20%	254,727	5.50%
Total	390,912	4.82%	413,399	6.65%

Rates of Hepatitis C Testing- NYS Medicaid Data

- Examined a 3-year period from January 2012 through December 2014
- Baby boomers receiving health services as an inpatient of a hospital or receiving primary care services
- Medicaid enrollees between the ages of 50 and 70 receiving paid services per month
- Procedure codes for HCV Testing
 - Hepatitis C Antibody or HCV Antibody Confirmatory(RIBA)
 - Procedure Codes 86803 & 86804

Rate per 1,000 NYS Medicaid Members Tested for Hepatitis C During CY2012-CY2014



Linkage to Care- NYS Medicaid data

- Examine the impact of the Hepatitis C Testing Law on the linkage to hepatitis C care in the NYS Medicaid population
- Medicaid billing data were used to create counts of the HCV testing by year for the entire Medicaid population two years before (2012, 2013) and one year after (2014) the law implementation
- Medicaid recipients considered to be active utilizers between the ages of 50 and 70 were included in this analysis
- A proxy was created for Linkage to Care:
 - Hepatitis C antibody screening test PLUS HCV RNA test in the same year

Linkage to Care- NYS Medicaid Population

Years of Service	Total linked to care	NYS (excluding NYC)	NYC
2012	13,898	3,255	10,643
2013	13,839	3,459	10,380
2014	18,614	5,286	13,328
Increase from 2013-2014	35%	53%	28%

Source: NYS Medicaid Data Warehouse

Linkage to Care –Surveillance Data

- Assess the proportion of newly diagnosed baby boomers with HCV who were linked to care within six months of their reactive HCV antibody tests
- NYS exclusive of NYC and NYC surveillance data
 - Baseline period (2011 – 2013); evaluation period (2014)
- A proxy was created to define Linkage to Care
 - Two or more positive HCV RNA tests performed OR
 - One positive HCV RNA test and a HCV genotype test performed within 6 months of the initial positive HCV antibody result.



Linkage to Care – Surveillance Data

	Baseline Average 2011-2013 (n)	Evaluation phase 2014 (n)	Relative change
NYS (excluding NYC)	24.1% (455)	33.7% (865)	+39.8%
NYC	19.5% (541)	21.7% (642)	+11.2%

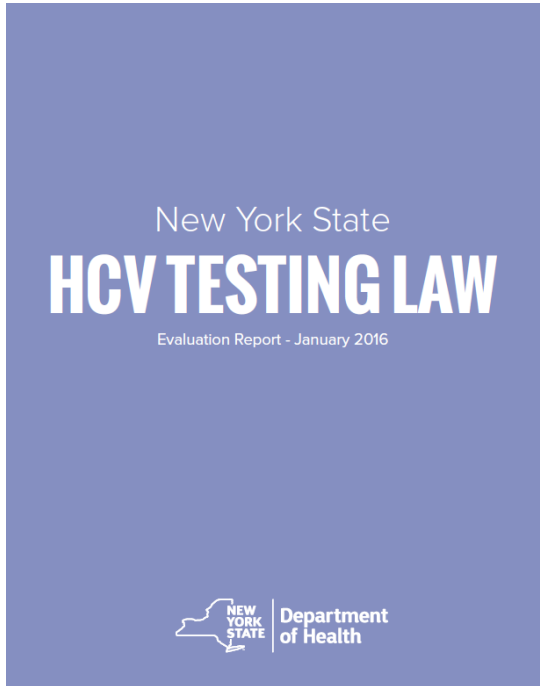
Conclusions

- Marked increases in the number of HCV screening tests and HCV screening rates in the first year following the enactment of the law
 - Observed increases were almost immediate after enactment of the law and remained steady over time at levels higher than the years before
- Smaller increases were noted in the number of people who accessed HCV care following a positive HCV test
 - Inherent limitations to the data used to evaluate this component restricted the ability to accurately assess the impact of the law on linkage to care
 - Limited capacity for HCV care & treatment, especially among HCV specialists, may have impacted timely linkage to care
 - Limited resources available to conduct active linkage to care activities, to ensure someone with a positive screening test gets linked to follow-up health care

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