



# Brooklyn Champions Meeting

January 12<sup>th</sup> 2017 | NY Methodist

# Welcome & Introductions

- Please share your:
  - Name
  - Organization
  - Role in HCV care



# Agenda

## 1. HEPCX UPDATES

- 2016 Hep C Surveillance in NYC
- Health Code Amendment: Reflex Testing
- Empire Liver Foundation Updates

## 2. PRESENTATION & DISCUSSION

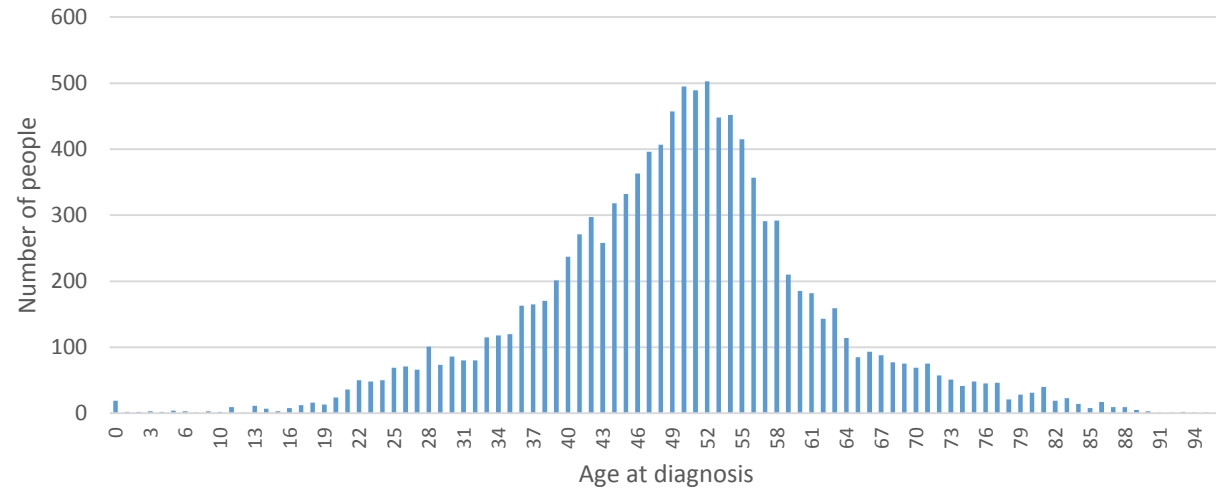
- Hepatitis C Services for HCV/HIV Co-Infected and HCV Mono-Infected Patients at STAR Health Center.
- Hep C Ad Campaign in Brooklyn
- Brooklyn Specific HCV Dashboard

# Young People Newly Diagnosed with Hep C in New York City

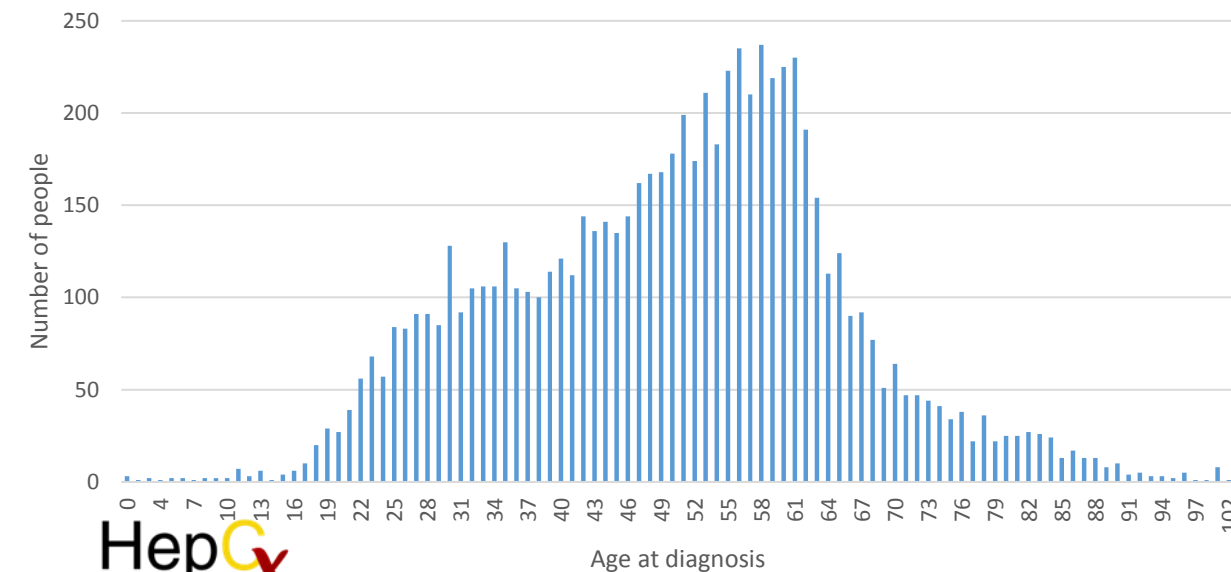
Ann Winters, MD  
Viral Hepatitis Program

# People Newly Reported with Chronic Hepatitis C in New York City by Age and Diagnosis Year

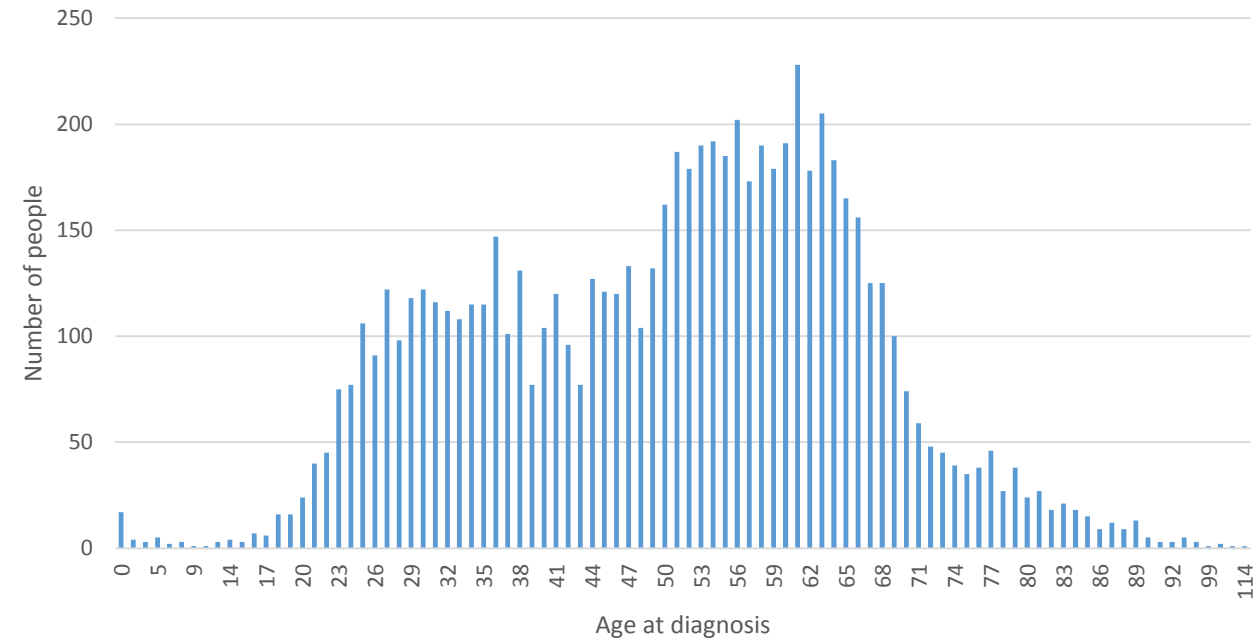
2005



2012



2015



Source: NYC Department of Health and Mental Hygiene, Bureau of Communicable Disease, Viral Hepatitis Program, Maven  
Data as of July 29, 2016, generated August 16, 2016

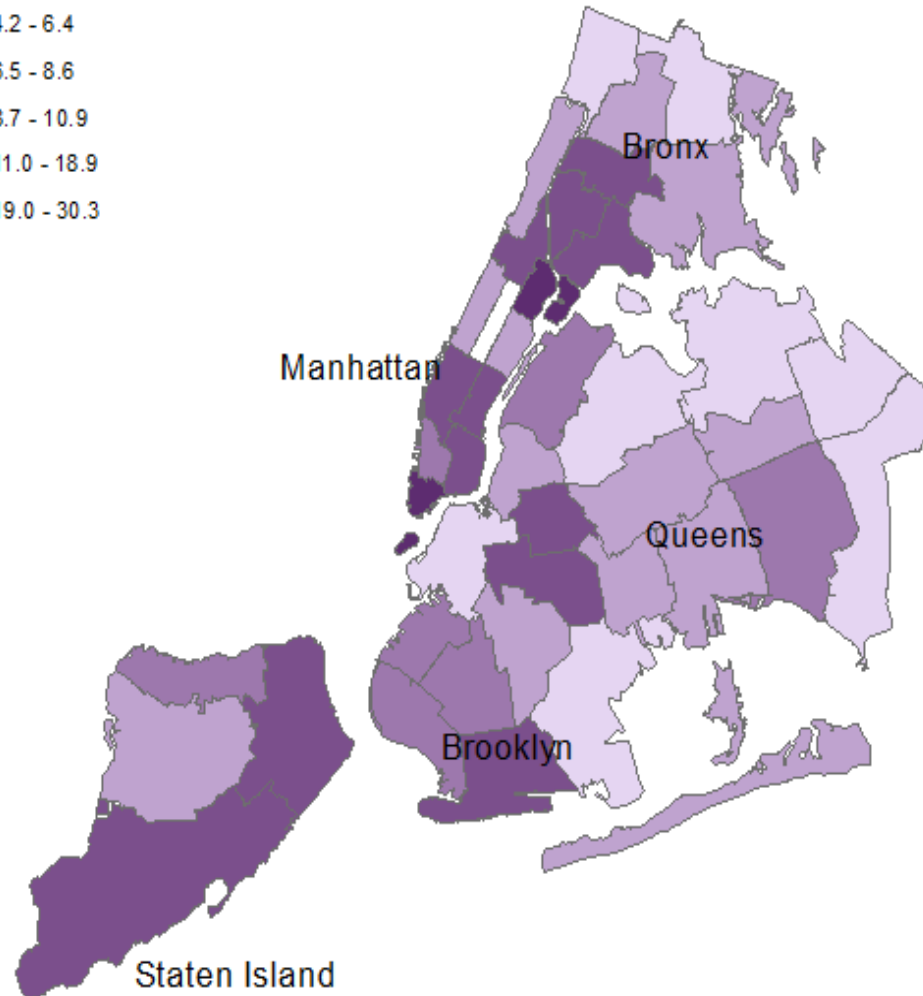
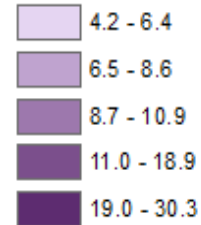
# People Newly Reported with Chronic Hepatitis C by Age Group, 2015

	Number	Percentage of each group	Rate per 100,000 people
Age at first report			
0-19	90	1.2	4.5
20-29	796	10.9	56.4
30-39	1,151	15.7	86.4
40-49	1,136	15.5	100.9
50-59	1,859	25.4	171.5
60-69	1,660	22.7	205.8
70-79	447	6.1	100.0
80+	189	2.6	64.4
Year of Birth			
1900-1944	592	8.1	86.7
1945-1965	3,638	49.7	186.7
1966-1983	2,032	27.7	94.5
1984-2015	1,066	14.6	28.7

# Chronic Hepatitis C Rates by United Hospital Fund Neighborhood, 2011-2015

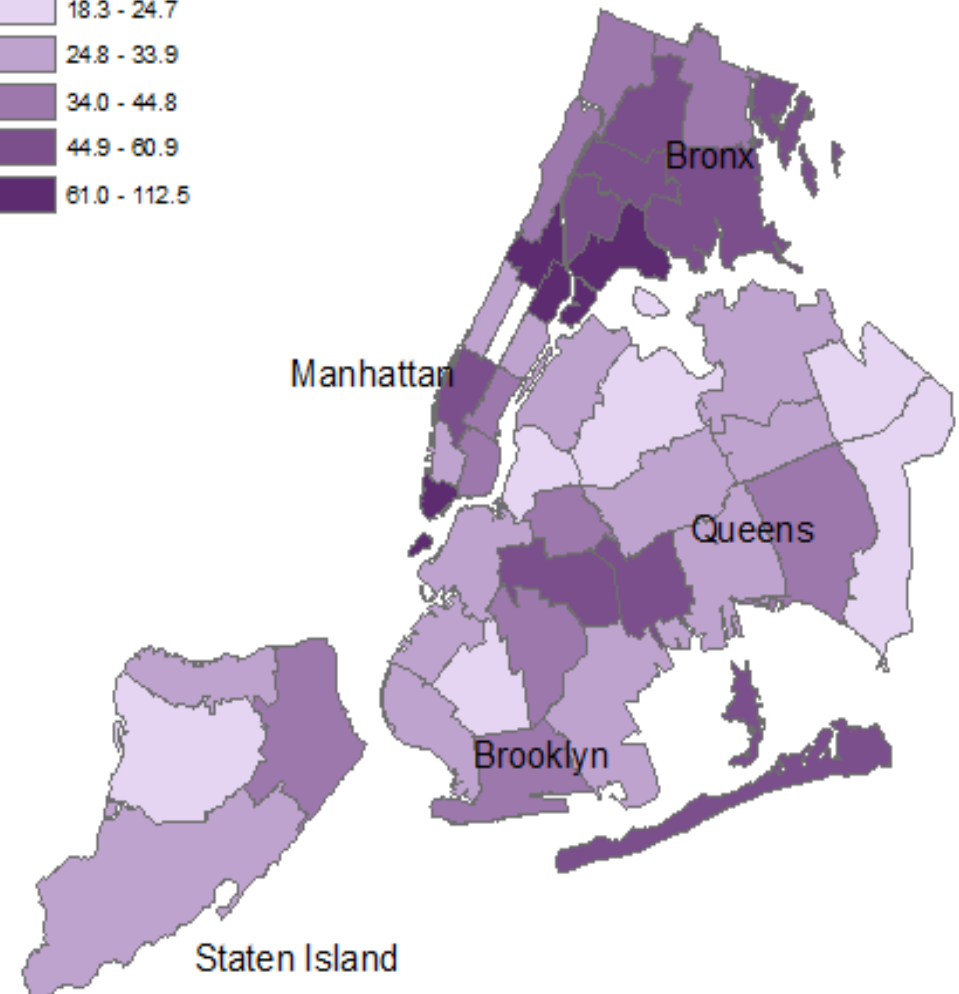
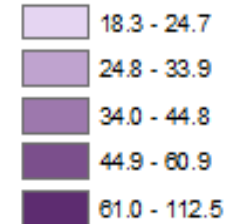
## 0-29 Year Olds

Average Annual UHF Rate per 100,000 People



## Baby Boomers

Average Annual UHF Rate per 100,000 People



# 18 to 29 Year Olds Newly Reported with HCV by Zip Code: ≥ 200% increase 2015-2016

UHF	Zip code at time of report	Total 2012-2016	2012	2013	2014	2015	2016	2015 to 2016 % increase
103 - Fordham - Bronx Park	10458	37	11	7	9	1	9	800%
103 - Fordham - Bronx Park	10468	25	2	4	4	3	12	300%
104 - Pelham - Throgs Neck	10472	27	10	4	3	2	8	300%
105 - Crotona - Tremont	10460	32	5	5	4	3	15	400%
201 - Greenpoint	11211	27	8	5	5	2	7	250%
202 - Downtown - Heights - Park	11217	12	1	2	2	1	6	500%
202 - Downtown - Heights - Park	11205	15	4	0	6	1	4	300%
204 - East New York	11207	46	8	8	6	6	18	200%
204 - East New York	11208	34	5	2	7	5	15	200%
206 - Borough Park	11219	24	4	2	4	3	11	267%
207 - East Flatbush - Flatbush	11203	42	6	9	5	5	17	240%
211 - Williamsburg - Bushwick	11249	17	4	2	3	2	6	200%
304 - Upper West Side	10024	15	2	3	2	1	7	600%
306 - Chelsea - Clinton	10036	32	5	3	7	3	14	367%
308 - Greenwich Village - Soho	10014	14	2	2	4	1	5	400%
309 - Union Square - Lower East	10009	39	9	8	12	2	8	300%
310 - Lower Manhattan	10005	9	1	1	1	1	5	400%
310 - Lower Manhattan	10038	13	3	2	4	1	3	200%
401 - Long Island City - Astoria	11101	9	3	2	0	1	3	200%
402 - West Queens	11377	19	3	5	1	1	9	800%
402 - West Queens	11373	21	4	4	3	2	8	300%
402 - West Queens	11370	12	2	2	4	1	3	200%
403 - Flushing - Clearview	11355	33	4	4	5	3	17	467%
405 - Ridgewood - Forest Hills	11375	22	6	7	0	1	8	700%
406 - Fresh Meadows	11367	14	2	3	5	1	3	200%
407 - Southwest Queens	11419	12	3	0	2	1	6	500%
407 - Southwest Queens	11414	7	0	0	1	1	5	400%
407 - Southwest Queens	11417	14	1	3	1	2	7	250%
407 - Southwest Queens	11421	10	2	2	2	1	3	200%
408 - Jamaica	11432	18	3	4	4	1	6	500%
409 - Southeast Queens	11004	4	0	0	0	1	3	200%
501 - Port Richmond	10302	15	3	1	6	1	4	300%
503 - Willowbrook	10314	38	5	7	10	2	14	600%
504 - South Beach - Tottenville	10308	13	0	3	4	1	5	400%
504 - South Beach - Tottenville	10306	32	4	6	6	4	12	200%



# Discussion: Hepatitis C in Youth

- Are you seeing young people (18-29) at risk for HCV in your clinical settings?
  - For screening
  - For confirmatory RNA testing
  - For treatment
- What can be done in your opinion to actively mitigate this?
  - Increase screening base: Risk factor screening? Universal screening? Rapid testing at ED?
- What are demographics and risk factors you identify during clinical encounters?

# 2016 Annual HCV Hospital Survey

## Preliminary results from 19 hospitals:

- **2 out of 5** baby boomer patients were screened for HCV in 2015
- **2 out of 5** patients known to be at risk for HCV were screened in 2015
- **10** hospitals have EMR baby boomer screening reminders *only* in certain departments. (**8** have alerts for entire hospital)
  - 1 in 2 said alerts improved screening for HCV infection
- **12** hospitals perform reflex testing (up **40%** from 2015 survey)
- At least **3,300** patients initiated treatment at 17 hospitals in 2015

# 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

# Discussion: Reflex testing

- What are barriers to mandatory HCV confirmatory (reflex) testing?
- Are you willing to be an advocate for reflex testing?
- What are your thoughts on holding a reflex testing panel at one of the upcoming HepCX meetings? Invite CMOs, Lab directors etc.
- Would your colleagues participate in a 10 week training via webinar? Why or why not?

# What is New in Provider Training?

## HCV GRAND ROUNDS

- At hospitals and health centers (Once a month at HepCX hospitals)

## NEW YORK STATE HCV PROVIDER CLASSIFICATION TRAINING – APRIL/MAY

- 10 CME web-based training series for providers
- NYS HCV provider classification under Medicaid
- Pre- registration open

## PRIOR AUTHORIZATION TRAININGS – FEBURARY/MARCH

- In-person & web-based training
- CME available

## ELF/HEPCURE TELE-EDUCATION WEBINARS

- Last Tuesday of each month 4:30pm-5:30pm
- ELF members lead monthly webinars
- CME available



Contact [meg.chappell@gmail.com](mailto:meg.chappell@gmail.com) to learn more about ELF's programs

# New York State HCV Provider Classification Training Topics

**Delivered via webinar series**

1. Pre-treatment assessment including meaning of liver tests, assessment of fibrosis and psychological assessment
2. Current HCV therapy by genotype
3. Side effects of therapy including RBV
4. Treatment of HIV/HCV with emphasis on DDI
5. Monitoring during and after treatment
6. Drug – drug interactions including PPI's
7. HCC screening
8. Overview of fibrosis staging including explanation of Child's Pugh and MELD scores
9. Role of resistance testing
10. Discussion of which patients should be referred to more experienced treater and which can be treated by a PCP

# PRESENTATION

# Hepatitis C Treatment at STAR Health Center

Elliot DeHaan, MD

Clinical Assistant Professor, Director HCV Services

Tracy Griffith, MHA

Program Manager HCV Services

STAR Health Center, SUNY Downstate Medical Center



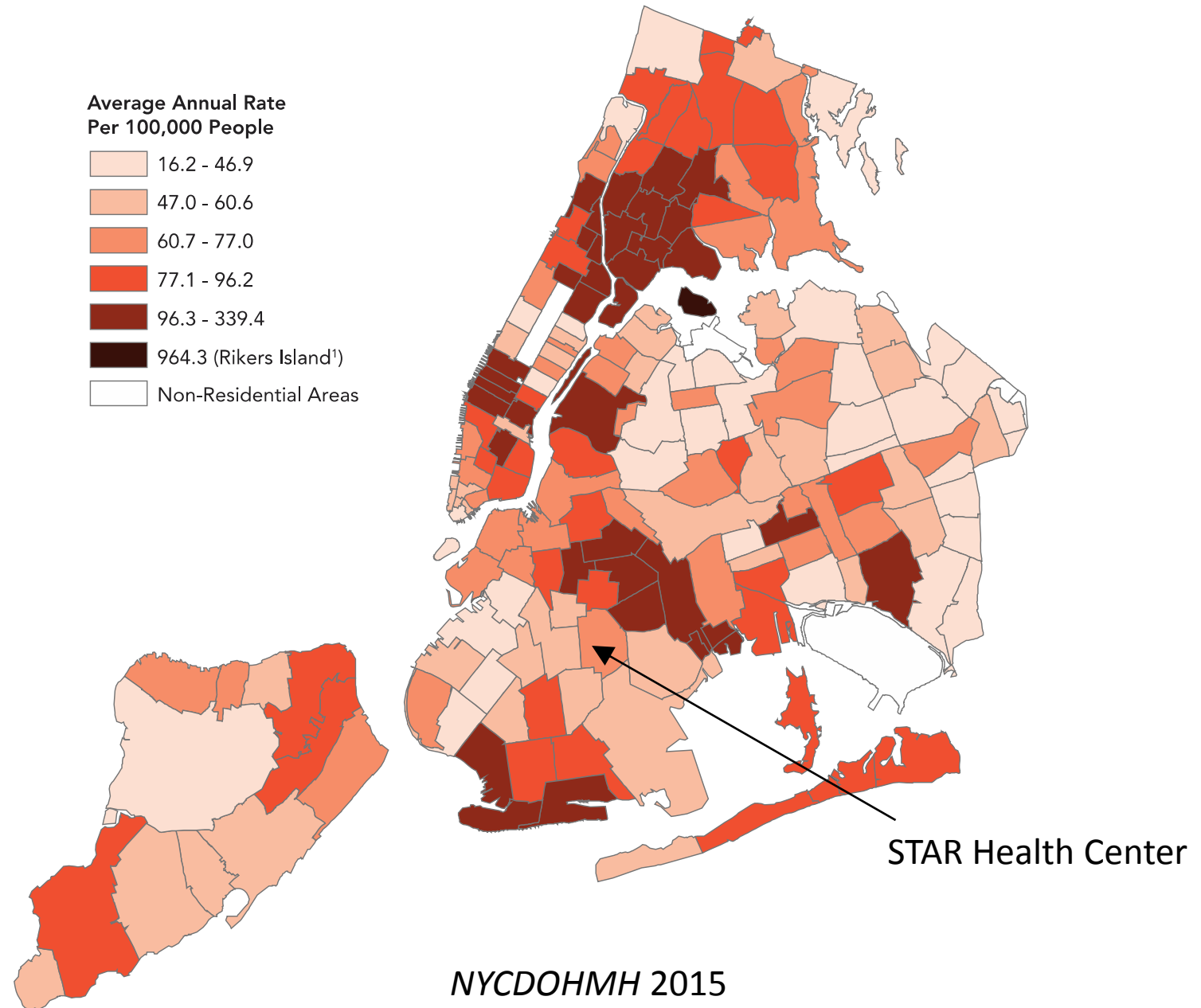
SUNY  
DOWNSTATE  
Medical Center



# HCV Epidemiology

Newly reported HCV cases in Brooklyn, 2015:  
2,009

All case reports in Brooklyn, 2012-2015:  
27,126 (28.1% cases in NYC)



# HCV treatment at STAR Health Center (SHC)

- SHC has provided primary care to HIV-infected persons since 1992
- HCV treatment started in 2000 with peg-IFN and ribavirin therapy, primarily to HCV/HIV co-infected individuals
- Therapy with IFN-free regimens began in May 2014
  - SOF+RBV
  - LDV/SOF
  - PrOD
  - SOF+DCV
  - EBR/GZR
  - VEL/SOF

# Evolution of HCV Programs at SHC

- April 2015-Present
  - *NYS DOH AIDS Institute* funding to treat HCV/HIV co-infected patients
- October 2016-Present
  - Expanded *NYS DOH AIDS Institute* funding to treat HCV mono-infected patients as well
  - HEP-CAP eligible, uninsured patients

# HCV Program Staff at STAR Health Center

- Director of HCV Services
- Program Manager
- Linkage-to-Care Specialist (Case Manager & Navigator)
- HCV Peer
- 4 medical providers (MDs)
- Internal Medicine residents, Infectious Disease fellows
- Monthly telemedicine conferencing with consulting hepatologist
  - Dr. Andrew Talal, SUNY-Buffalo
  - Review cases with advanced liver disease, relapse

# Buprenorphine Program

- Patients actively using opioids (regardless of HIV status) are given the option of starting buprenorphine-naloxone
- 4 MDs with active “X” numbers
- On-site, routine urine toxicology screening
  - Includes bup monitoring
- *SAMHSA* Harm Reduction Program
  - Provides ongoing substance use counseling to patients
  - Limited to HIV-infected patients

# Linkage to HCV Care and Treatment

- Intake and Assessment with LCS
- Depression Screen/ Substance Use Screen
  - PREP Screen Tool Assessment
- HCV Follow-up Lab Screening/Testing/ Confirmation
- HCV Education and Counseling
- Assessment of Barriers
- Service Plan Development and Assessment
- Coordination of Support Services
- Case Conference
- Peer Support Services
- Case Closure/Discharge

# Re-engagement in HCV Care and Treatment

- Care Re-Assessment
- Care Coordination
- Peer Support
- Substance Use Screen/Counseling
- Mental Health Screen
- Individual Counseling
- HCV General Education
- Case Conference

# Initial Hepatitis C Medical and Pre-Treatment Evaluation

- Initial Medical Assessment
- Comprehensive Medical History
- Physical Examination
- HCV Labs Order/Review
- Medication Overview
- Liver Imaging Studies
- Mental Health Assessment / Substance Abuse Assessment
  - PREP Screening Assessment Tool
- Nutrition Assessment
- Tobacco Use Counseling
- Treatment Education and Review



# Hepatitis C Treatment Monitoring

- Medical Visit Follow-up
- HCV Treatment Monitoring
- HCV Medication Assessment/Adherence
- HCV Lab Follow-up
- HCV Counseling
- Side Effect Management
- HCV RNA Lab Monitoring
- Smoking Cessation Counseling
- Depression Screen
- Substance Abuse Screen

# Hepatitis C Post-Treatment Evaluation

- HCV RNA Lab Review/ Follow-up/ Monitoring
- HCV Post-Treatment Exposure Education
- Substance Abuse Counseling
- Mental Health Assessment
- Limited Physical Exam
- HCV General Education
- Peer Support Services

# Example HCV/HIV case

- 40 year-old male with HIV-1 infection, CD4 282, 14%, viral load <20 copies/mL on EVG/COBI/FTC/TDF
  - Chronic HCV GT1a, 1.2 million IUs
  - F2A3 by Fibrotest®
  - Sexually acquired, MSM
- Switched to EVG/COBI/FTC/TAF
- Started on SOF/VEL (completed 1 month thus far)
- On q 3 month STI screening, site-directed
- Counseling on condom use

# Example HCV mono case

- 60 year-old male with prior hx of HCV GT2 cured with 6 months of PEG-IFN/RBV now presents with reinfection with HCV after IVD relapse, actively using now
  - Chronic HCV GT1a, 196K IUs
  - F2A3 by Fibrotest®
- Started on buprenorphine-naloxone, drug-free 6 months
- Started on 12 weeks SOF/LDV
- SVR, still doing well on buprenorphine-naloxone

# HCV/HIV Treatment, April 2015-Oct 2016

- 115 coinfecting patients enrolled, HCV Ab+
  - 7 patients HCV RNA –
  - 108 patients eligible for treatment
- 108 coinfecting patients assessed for HCV treatment
  - 65 patients completed treatment
  - 7 patients currently on treatment
  - 7 patients preparing for treatment (labs, PAs)
  - 10 patients deemed ineligible due to medical issues (HIV uncontrolled, renal, substance)
  - 6 patients refused/contemplative
  - 4 patients moved/transferred care
  - 6 lost to follow-up
  - 3 died prior to treatment initiation

# HCV/HIV Treatment, April 2015-Oct 2016

- 65 treated coinfecting patients
  - 53 had SVR documented
  - 9 had ETR, SVR result not available
    - 1 death unrelated to treatment
    - 3 too early
    - 5 trying to track down!
  - 3 relapsed
    - 1 cirrhotic patient (NS5A resistance documented post-treatment)
    - 1 non-cirrhotic (NS5A resistance documented post-treatment)
    - 1 renal-transplant (Resistance profile pending)

# HCV Mono Treatment, April 2015-Oct 2016

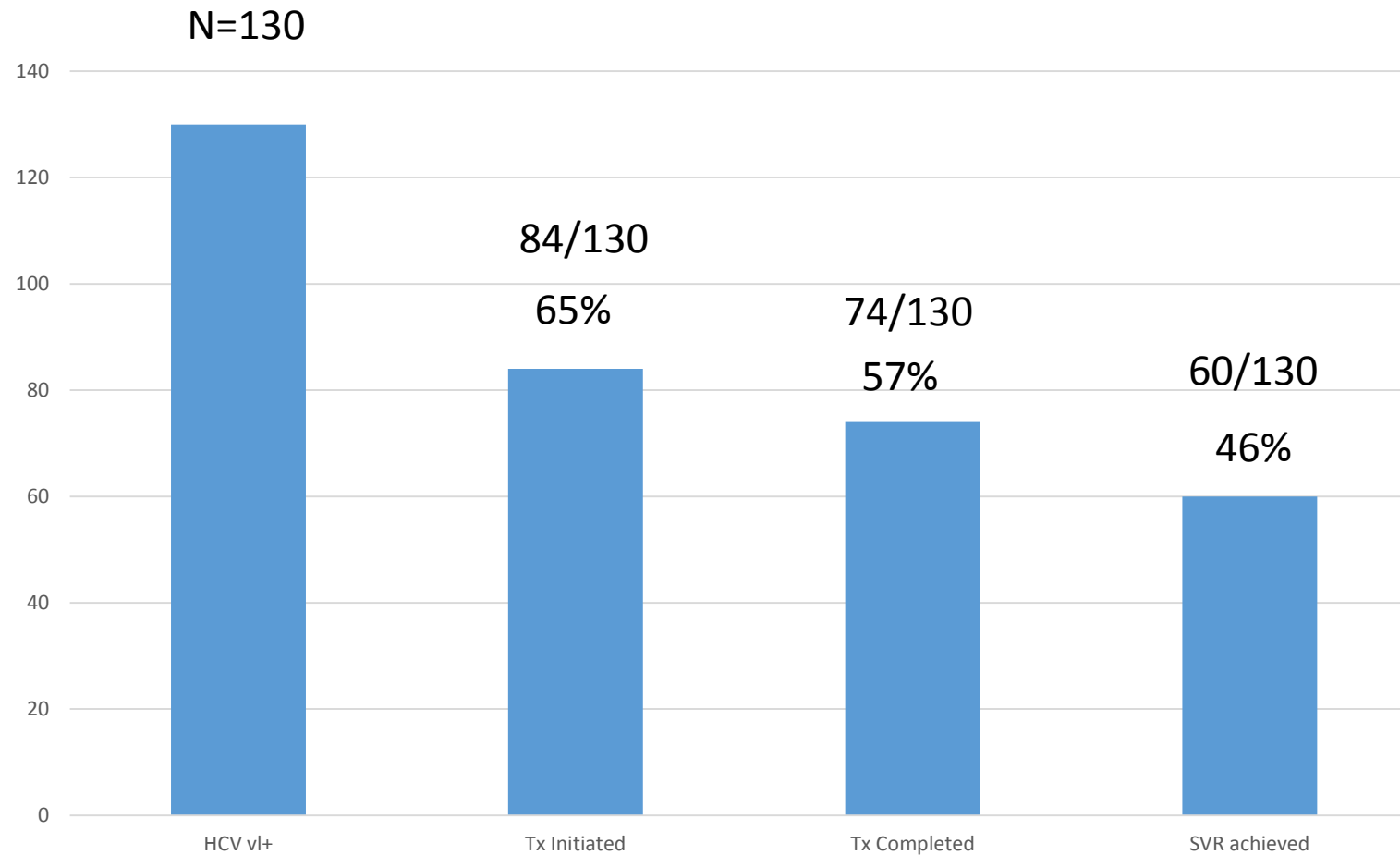
- 25 patients referred, HCV Ab+
  - 3 patients HCV RNA-
  - 22 patients eligible for treatment
- 22 monoinfected patients assessed for HCV treatment
  - 9 patients completed treatment
  - 3 patients currently on treatment
  - 3 patients preparing for treatment (labs, PAs)
  - 2 patients deemed ineligible due to medical issues (substance use)
  - 5 patients lost to follow-up

# HCV Mono Treatment, April 2015-Oct 2016

- 9 treated monoinfected patients
  - 7 had SVR documented
  - 2 had ETR, SVR result pending
    - 1 trying to track down
    - 1 too early



# HCV (co/mono) treatment cascade (modified)



# Quality Indicators

- Small feasibility pilot study, retrospective chart review of 59 patients enrolled in the HCV/HIV coinfection AI grant project, summer 2015 project of William Garrett, MS II
- Used *NYS AIDS Institute* quality indicators being developed
- After initial study, expanded to include all enrolled patients for year 1 of enrollment (April 1, 2015-March 31, 2016)

Quality Indicator	All Enrolled Patients	Patients Initiating Treatment
HCV RNA Testing Prior to Treatment	99% (111/112)	100% (52/52)
Alcohol Education – Part 1 (Standardized Assessment)	100% (112/112)	
Alcohol Education – Part 2 (Tailored Counseling)	100% (13/13)	
Substance Use Screening and Counseling	100% (112/112)	
Hepatitis A Virus Immunity Screening	98% (110/112)	
Hepatitis A Virus Immunization	63% (15/24)	
Hepatitis B Virus Immunity Screening	96% (108/112)	
Hepatitis B Virus Immunization	43% (26/61)	
Adherence Assessment & Counseling – Barriers Discussion		100% (52/52)
Genotype Testing Prior to Treatment	98% (110/112)	100% (52/52)
Adherence Assessment & Counseling During Treatment		100% (52/52)
RNA Monitoring After Treatment Initiation (Week 4)		96% (50/52)
Assessment of SVR After Treatment Completion (Week 12-30)		54% (28/52)

# Case Management/Linkage Services

- Insurance sign-up
  - ADAP
  - Hep-CAP
  - Medicaid/Medicare
  - Private insurance
- PA Process
  - Linkage-To-Care Specialist
  - Specialty Pharmacies
- Peer outreach

# Community Partnerships

- Brooklyn Free Clinic
- CAMBA
- Community Counseling & Mediation (CCM)
- Department of Corrections
- DOH/AI
- Family Service
- Phoenix House
- Vocal NY

# Ongoing Developments

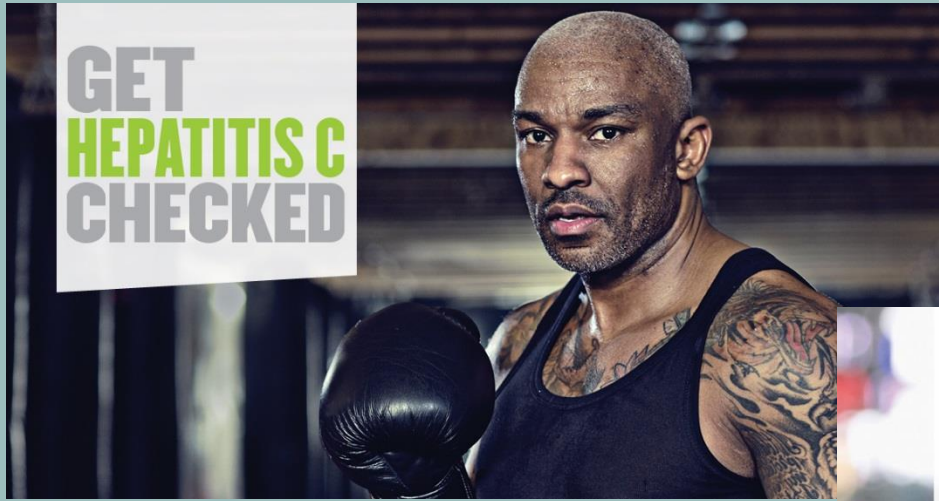
- Fibroscan<sup>®</sup> obtained (WIHS study), will be integrated into clinical care at the STAR Health Center
- Additional HCV clinic session added (starting February 2017), targeting mono-infected patients to expand capacity at STAR Health Center
- Use of rapid testing in the community to identify new HCV Ab+ individuals to connect to care

# Contact Information

- Tracy Griffith, MHA
  - Program Manager
  - [Tracey.Griffith@Downstate.edu](mailto:Tracey.Griffith@Downstate.edu)
  - (718) 270-1715 phone
- Elliot DeHaan, MD
  - Director HCV Services
  - [Elliot.DeHaan@Downstate.edu](mailto:Elliot.DeHaan@Downstate.edu)
  - (718) 270-2471 phone

Thank you!





# HEP C AD CAMPAIGN UPDATE

January 2017

# WHY ADS?

## HEP C KNOWLEDGE IN NYC

In a 2016 survey of 81 baby boomer patients in Bellevue's ER, what percentage of participants knew that hepatitis C can be cured?

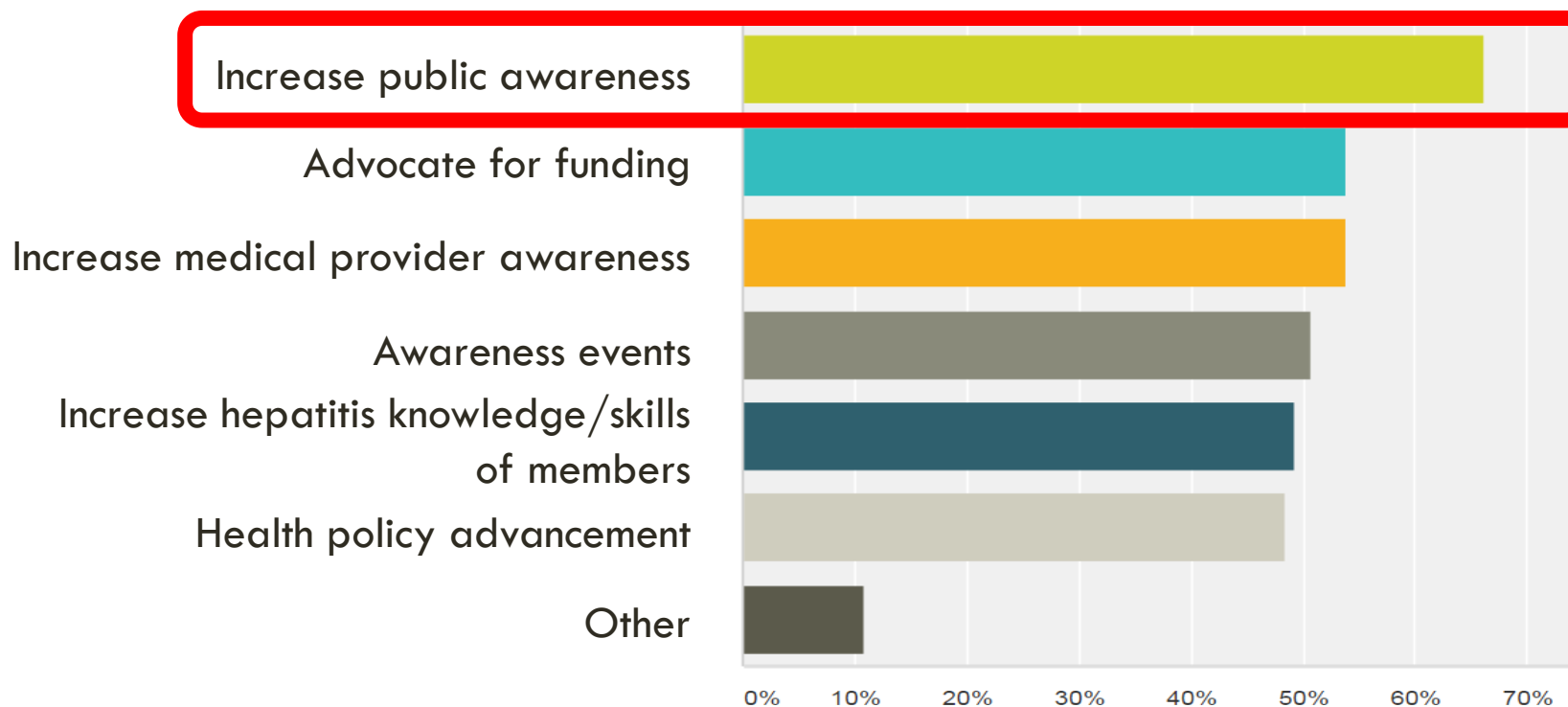
- 72%
- 63%
- 51%

Knowledge that "HCV can cause the liver to stop working" was significantly associated with acceptance of testing.

# WHY ADS?

## COMMUNITY PARTNER FEEDBACK

**What would be most useful for the Task Force/  
Coalition to focus on in 2015?**



# 2016 HEP C AD CAMPAIGN: GOALS

- Raise public awareness about hepatitis C and low and no-cost testing, care and treatment options in NYC
- Overcome hepatitis C-related stigma
- Inspire people living with hepatitis C to get tested and cured!

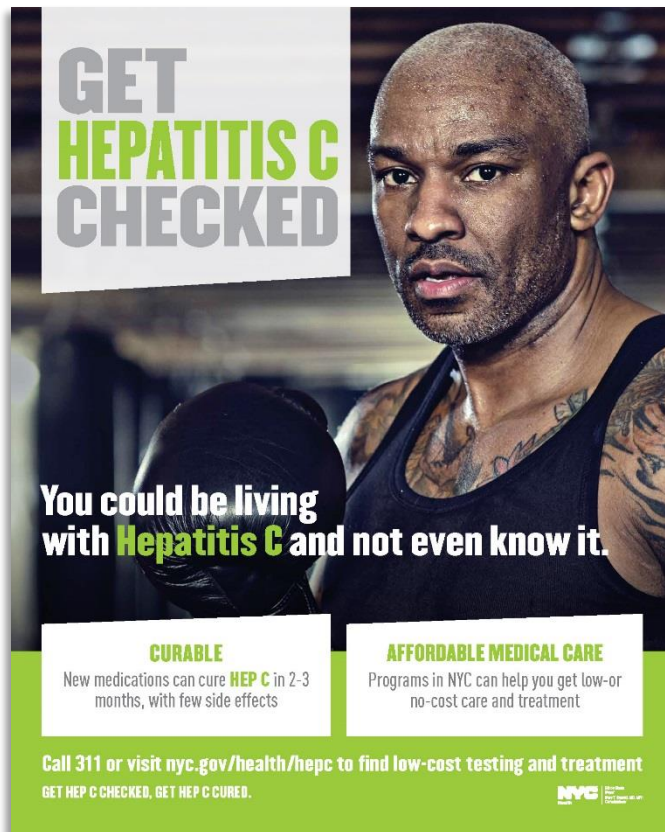
# DEVELOPING THE ADS: FOCUS GROUP FINDINGS

Two groups (English, Spanish) of baby boomers

## Vendor findings

1. Lack of symptoms was most compelling to participants - “many were fearful of the great unknown”
2. Taking action “before it’s too late” was an important message
3. Focus on curability and access to free and low cost care
4. Linking to cancer is particularly motivating

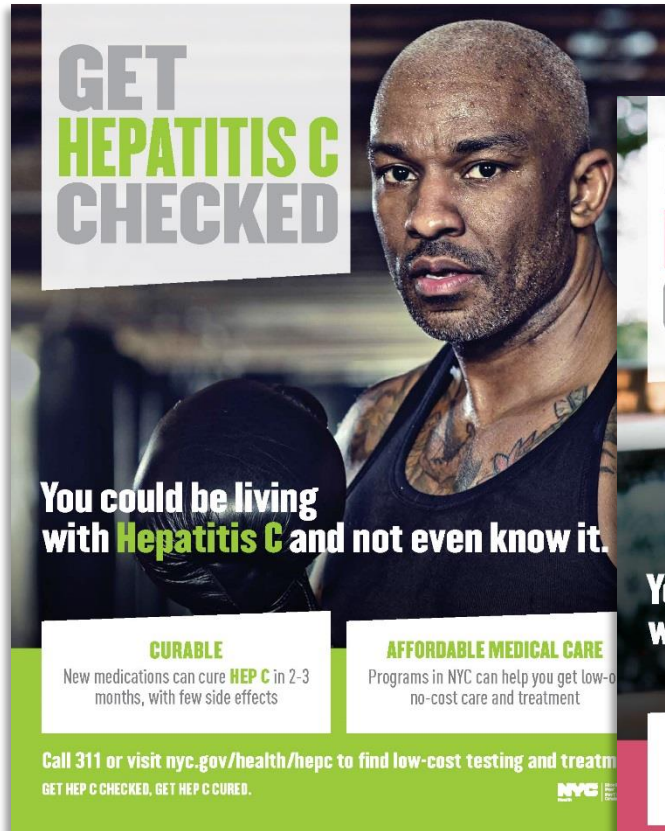
# FINAL ADS: “GET HEPATITIS C CHECKED”



- You could be living with hepatitis C and not even know it.
- **CURABLE:** New medications can cure Hep C in 2-3 months, with few side effects
- **AFFORDABLE MEDICAL CARE:** Programs in NYC can help you get low- or no-cost care and treatment.
- Call 311 or visit [nyc.gov/health/hepc](https://nyc.gov/health/hepc) to find low-cost testing and treatment



# FINAL ADS: “GET HEPATITIS C CHECKED”



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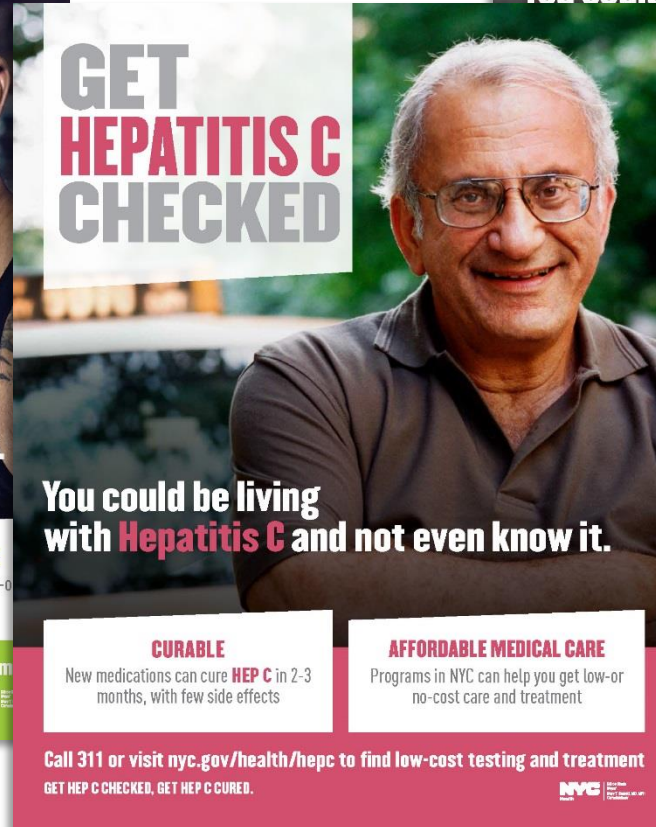
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GET HEP C CHECKED, GET HEP C CURED.

**NYC** Department of Health & Mental Hygiene



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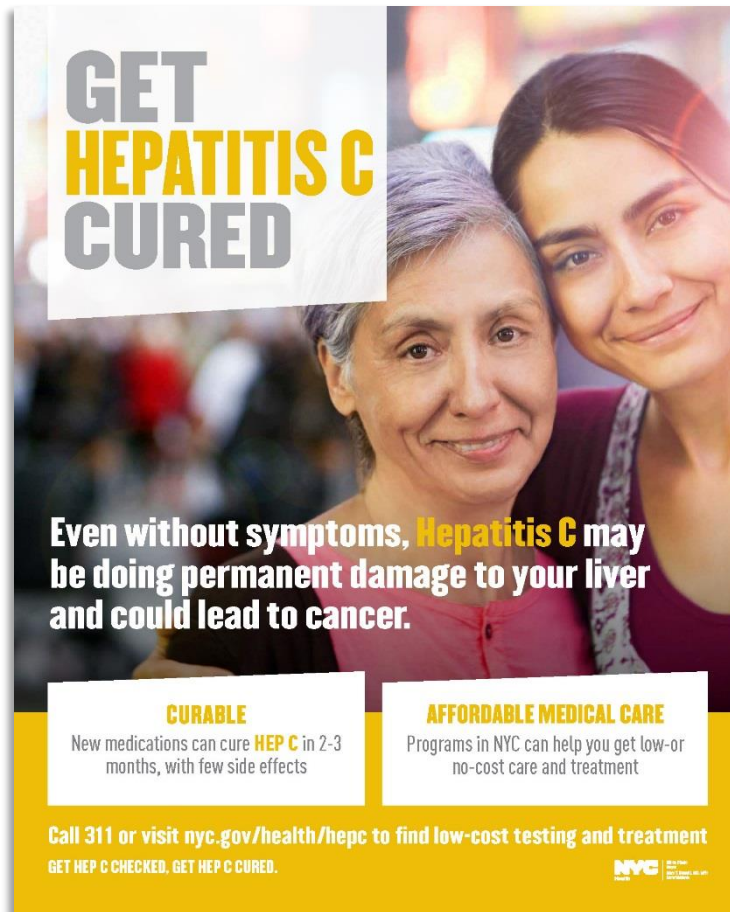
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## FINAL ADS: “GET HEPATITIS C CURED”



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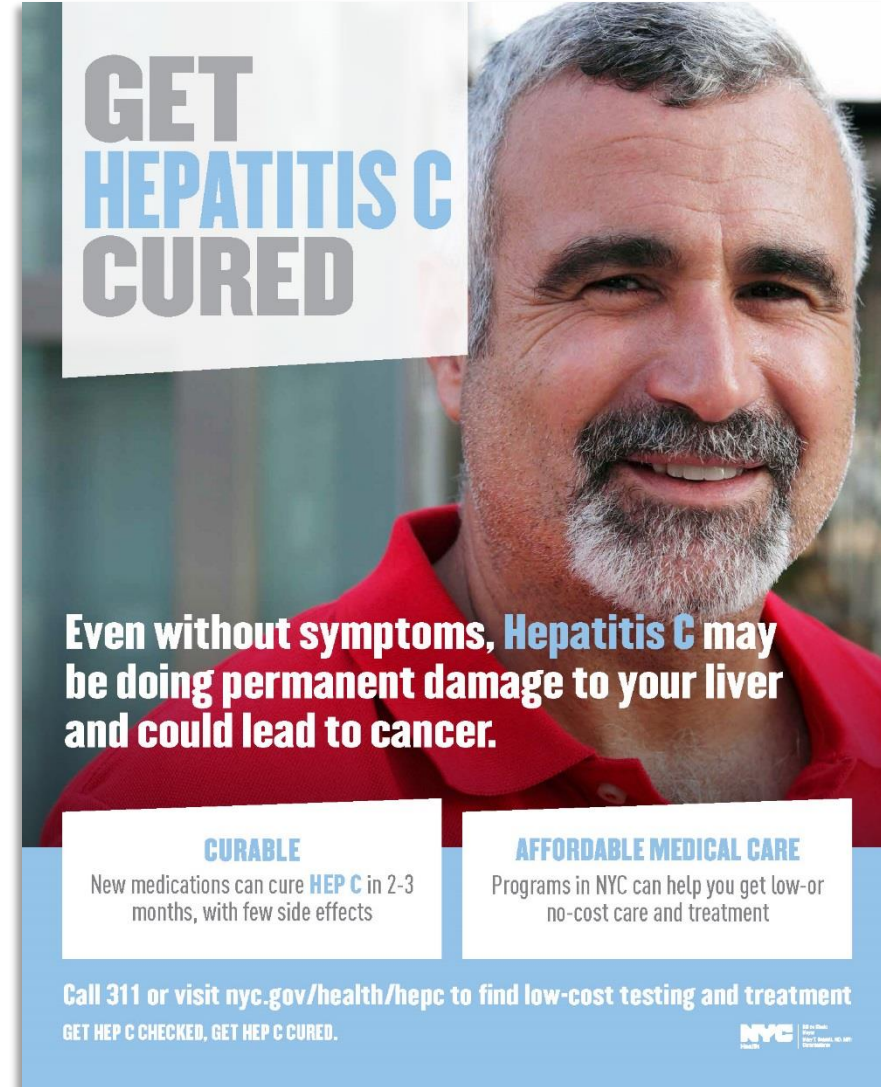
Even without symptoms, **Hepatitis C** may be doing permanent damage to your liver and could lead to cancer.

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# CALL TO ACTION:

“CALL 311 OR VISIT [NYC.GOV/HEALTH/HEPC](https://nyc.gov/health/hepc)”

The screenshot shows the NYC Health website's Hepatitis C page. The top navigation bar includes links for Home, About, Our Health (selected), Services, Providers, Data, and Business, along with a search bar. Below this is a secondary navigation bar with buttons for Health Topics, Neighborhood Health, Emergency Prep, and Publications. The main content area features a purple banner with the text "GET HEP C CHECKED, GET HEP C CURED." and a photo of three diverse individuals. To the left of the banner are social media share icons and a print button. Below the banner is a link to view the page in Spanish. The title "Hepatitis C" is displayed in large blue font, followed by a paragraph explaining the virus and its potential complications. At the bottom, a section states that Hep C can be cured and provides information about treatment and risks.

Home About **Our Health** Services Providers Data Business Search

Health Topics Neighborhood Health Emergency Prep Publications

f t g+ t e Share Print

**GET HEP C CHECKED, GET HEP C CURED.**

[\[ Ver esta página en español \]](#)

## Hepatitis C

Hepatitis C (Hep C or HCV) is a virus that is spread from one person to another through contact with the blood of an infected person. The majority of people living with Hep C are not aware of it because they don't have any symptoms. Even without symptoms, Hep C can cause **permanent damage to the liver** and could lead to cirrhosis, liver failure and liver cancer.

**Hep C can be cured!** Treatment for Hep C is usually one pill a day for a few months, with few side effects. Learn your **risks for Hep C**.

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## Find Low- or No-Cost Hep C Testing, Care and Treatment

Select your borough to find a Hep C testing, care and treatment center near you. These sites offer low- or no-cost Hep C testing, evaluation and medical care for patients with health insurance, as well as for those who are uninsured. Call or e-mail to make an appointment.

Brooklyn ▼

Brightpoint Health – Sterling Health Center\*

803 Sterling Place, Brooklyn, NY 11216

(855) 681-8700 ext. 3474 or 3476

[hepc@brightpointhealth.org](mailto:hepc@brightpointhealth.org)

SUNY Downstate Medical Center\*

450 Clarkson Avenue, Brooklyn, NY 11203

(718) 270-1715

Community Healthcare Network – CABS Health Center

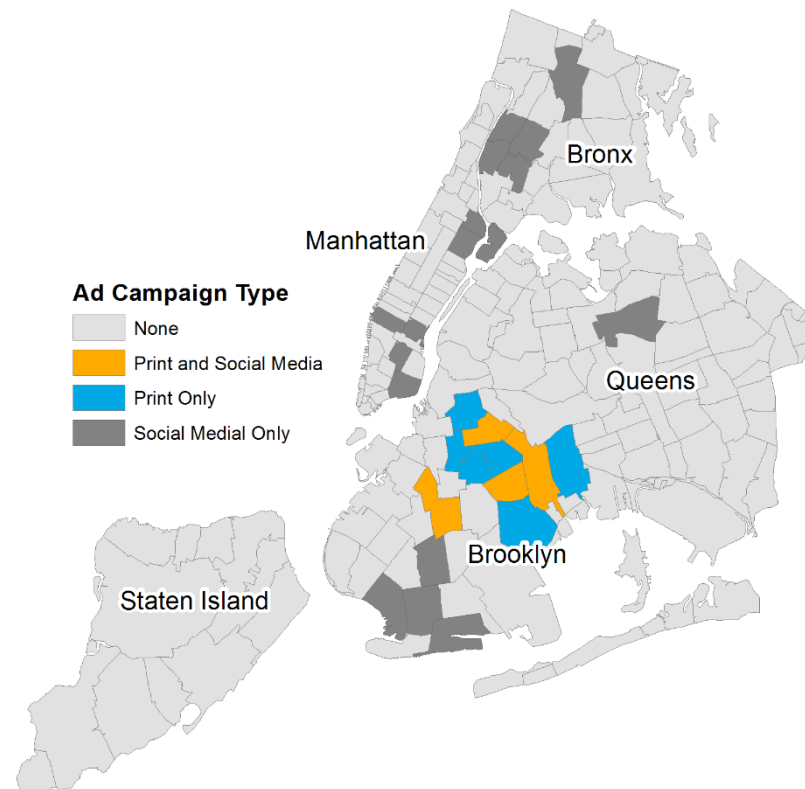
94-98 Manhattan Avenue, Brooklyn, NY 11206

(718) 486-4922

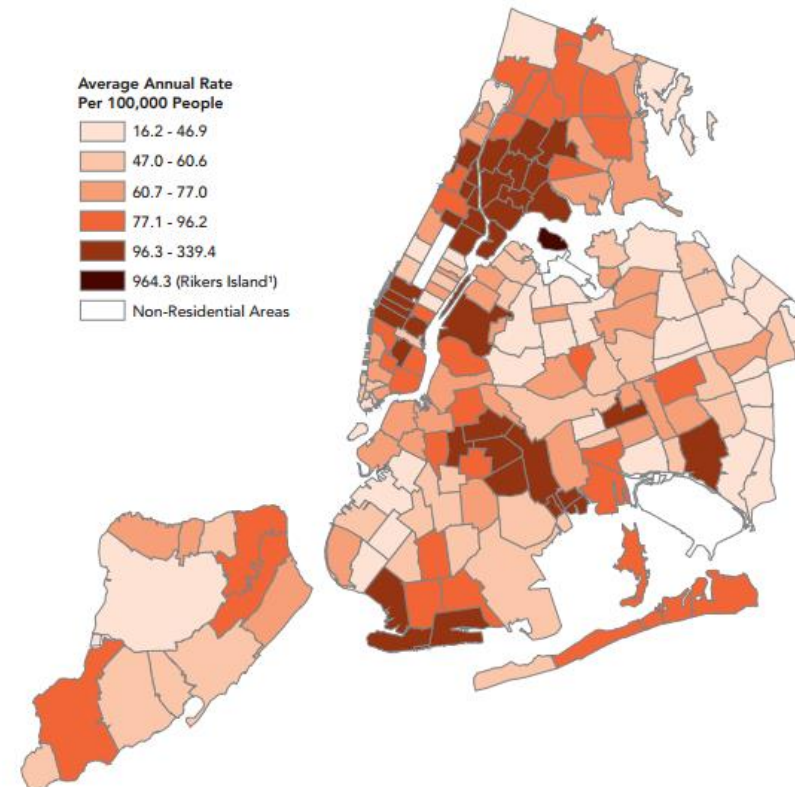
\*These sites offer Hep C evaluation and medical care for uninsured patients at no cost.

# AD PLACEMENT LOCATIONS

Zipcodes targeted by ads



Rate of newly reported Hep C cases per 100,000 people in 2014-15







# DIGITAL AD CAMPAIGN



# **AD CAMPAIGN EVALUATION**



# EVALUATION METRICS

Assess changes before, during and after campaign period:

- NYC Health Dept website visits
- Calls to 311 (NYC Health Dept)
- NYC Health Dept surveillance data
  - Number of newly diagnosed Hep C cases
  - Number of Hep C antibody tests
  - Number of Hep C RNA tests

By campaign type (outdoor, social media, both) and Brooklyn referral site

# CONCLUSION

- Hep C health promotion messaging should be focused on the lack of symptoms, curability of disease and access to free and low cost care
- Ads may help increase awareness of Hep C and related resources
- Ads can be part of a multifaceted approach to increasing Hep C testing and linkage to care



# HCV Dashboard

Tosin Ajayi, MD, MPH, MBA

*Network Clinical Coordinator, Viral Hepatitis Program*

# DASHBOARD TIMELINE

- ❖ COLLECT CONTACT DETAILS FOR HOSPITAL LEADERSHIP
- ❖ MAKE FINAL CHANGES TO 2015 DASHBOARD
- ❖ DRAFT FAQ PAGE

SEND FINALIZED DASHBOARD TO CHAMPIONS AND HOSPITAL LEADERSHIP

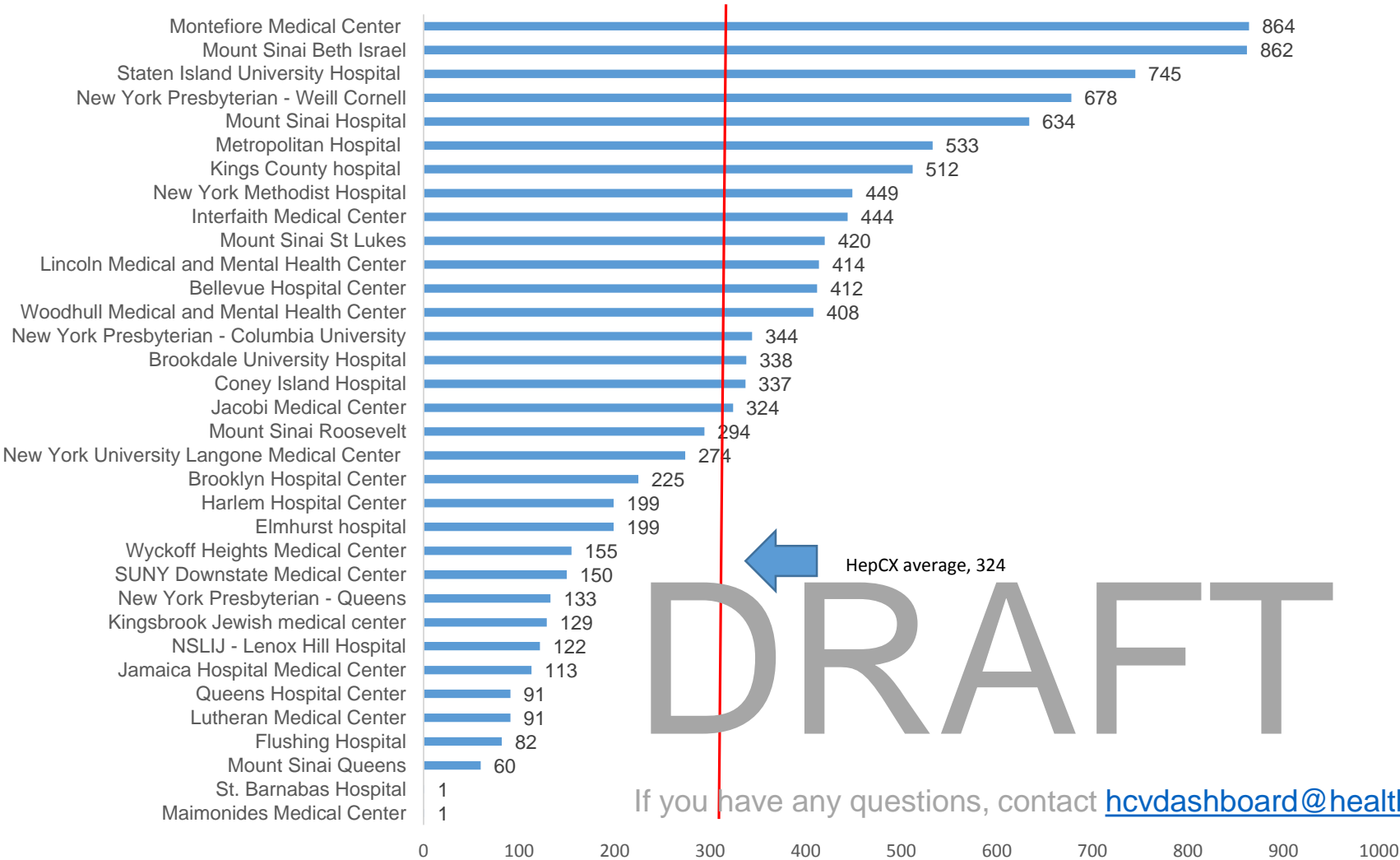
COLLECT FEEDBACK AND MAKE NECESSARY ADJUSTMENTS

PUBLISH ONLINE



# DRAFT

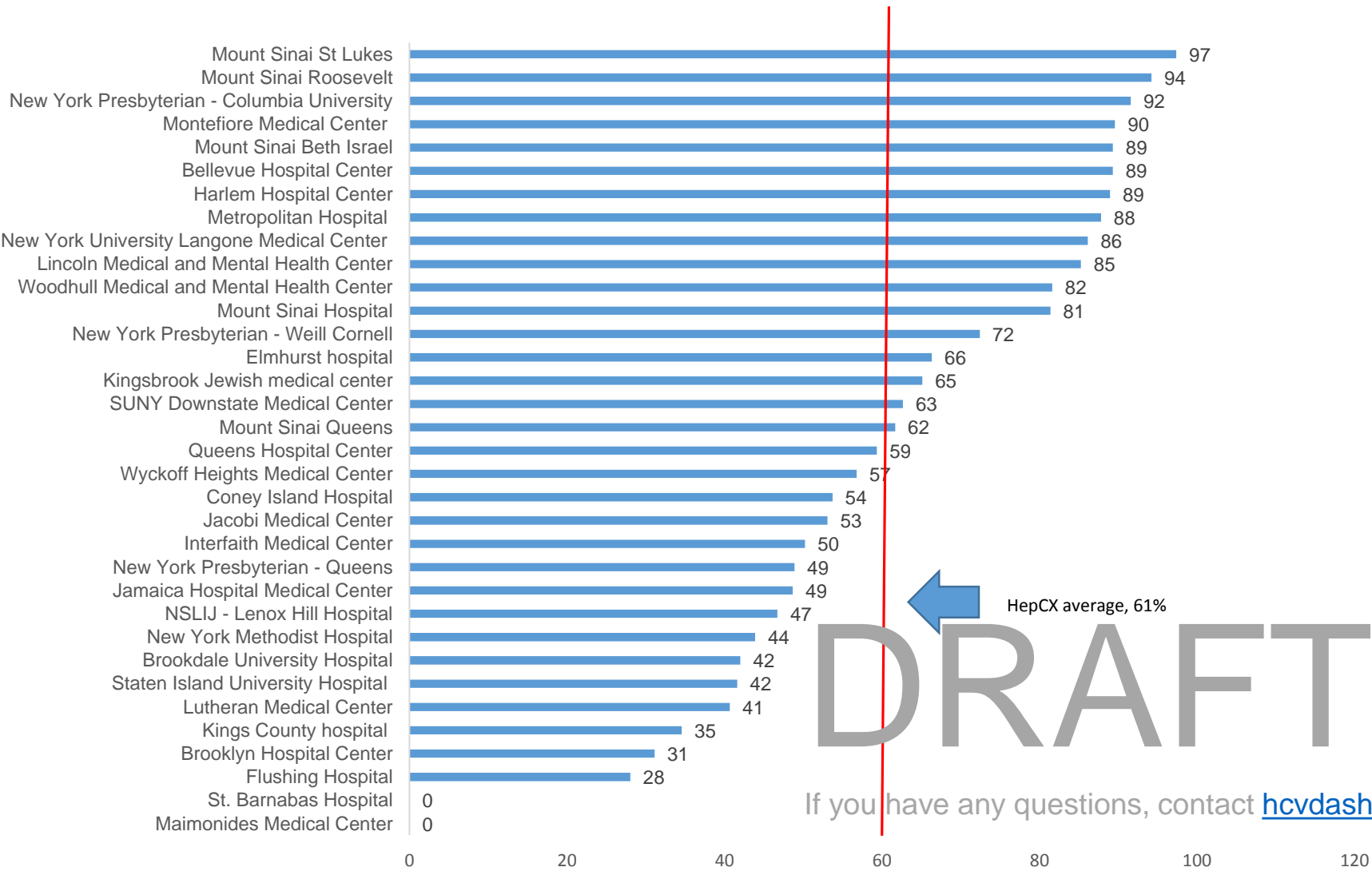
# Number of Patients Who Had a Positive HCV Antibody Test Ordered by the Hospital, Jan 2015-Dec 2015



DRAFT

If you have any questions, contact [hcvdashboard@health.nyc.gov](mailto:hcvdashboard@health.nyc.gov)

% Of Patients Who Had a Positive HCV Antibody Test Ordered by the Hospital and had an RNA Follow-up at SAME Hospital Within 6 Months of the Positive Antibody, Jan 2015-June 2016

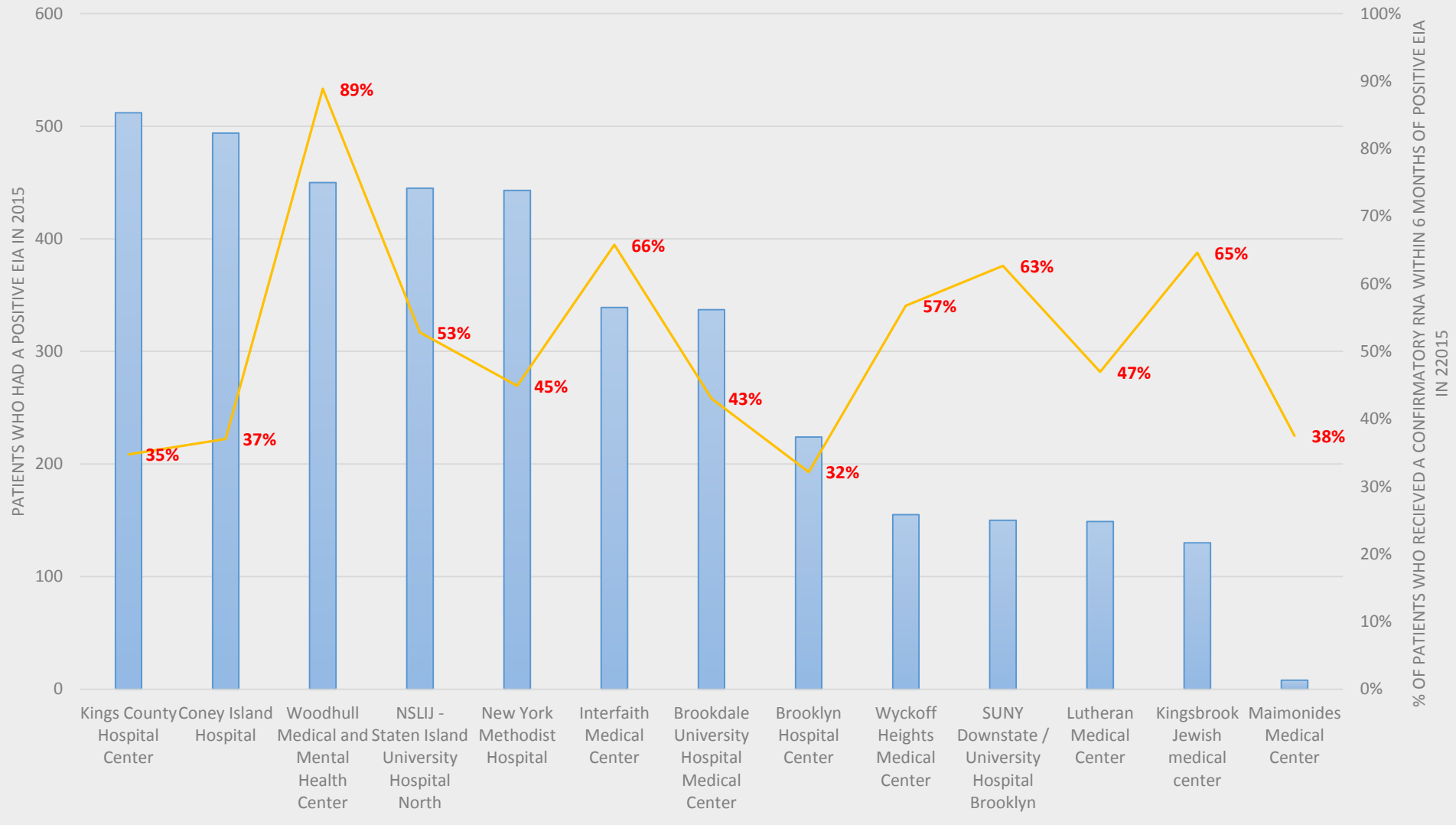


← HepCX average, 61%

DRAFT

If you have any questions, contact [hcvdashboard@health.nyc.gov](mailto:hcvdashboard@health.nyc.gov)

## Brooklyn HepCX Sites



# DISCUSSION