HepCx

Hepatitis C Clinical Exchange Network

Fall 2015 Meeting

December 10th | American Cancer Society

NYC Health

Championing the Cure

Welcome & Introductions

1. **Name**
2. **Organization**
3. **HCV role**
4. **Primary goal for your hospital**

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Reminders

- ☑ Disclosures & CME instructions can be found in your folder
- ☑ PROPOSED NEW DATES for quarterly meetings
  1ST THURSDAY OF MONTH
  - *March 3rd*
  - *June 2nd*
  - *September 1st*
  - Clarify at closing
- ☑ Complete the feedback form and give to Viral Hepatitis staff

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Agenda

1. **Champion Plan**
   Fabienne Laraque, MD, MPH
   Medical Director, Viral Hepatitis Program
   NYC DOHMH

2. **Tools for Capacity……...Fabienne Laraque & Eric Rude**

3. **Hepatitis C Initiatives at Montefiore…..……...Shuchin Shukla**

4. **Systems Redesign in HCV Screening, Reflex Testing, Linkage to Care: The VA Experience……Ayse Aytaman**

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HCV Champion Plan

PHASE 1

A. Implement 1-4 EMR enhancements

1. **Birth cohort +/- risk alerts for screening**
2. **Make reflex RNA ordering possible in EMR and work w/ lab**
3. **Identify patients in need of services**
4. **Create data reports and dashboards for provider feedback**

B. Advocate

1. With hospital leadership for systems change (train staff, modify clinic flow)
2. For reducing medication cost
3. For reducing insurance restrictions
4. For funding (care coordination, med adherence support)

C. Develop Treatment Training and Toolkit

1. For providers new to HCV care
2. Pre-treatment evaluation
3. Prior authorization guide
4. Brief treatment guide based on AASLD recommendations

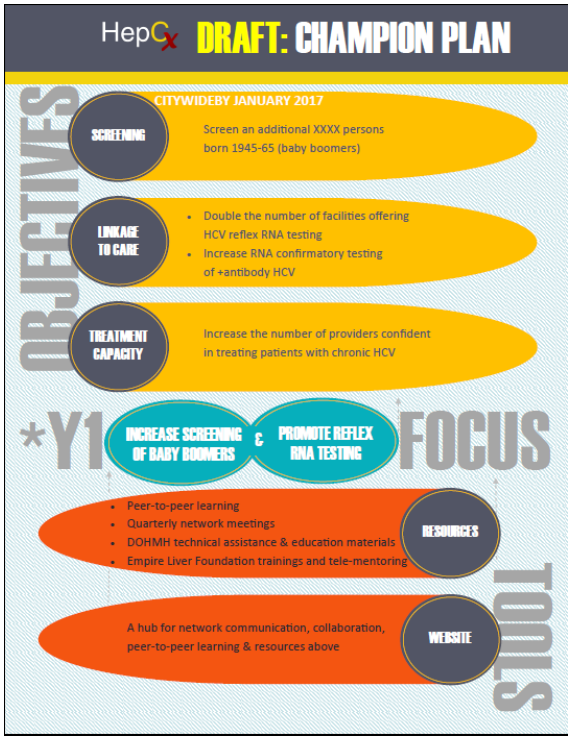
PHASE 2

A. Continue with next level EMR enhancements

B. Implement HCVQual

Champion Plan: Goals

(See DRAFT PLAN inside folder)



1. **Improve hospital capacity to provide HCV screening, diagnosis, linkage to care, and treatment in NYC.**
2. **Increase the number of qualified HCV clinical providers.**
3. **Reduce HCV health care systems barriers for HCV screening and treatment.**

Objectives Discussion:
Citywide by Jan 2017

1. **Screen an additional XXXX persons born 1945-65 (baby boomers)**
   - *36% ever offered HCV test, CHS*
   - *Goal? 50%?*

2. **Double the number of facilities offering HCV reflex RNA testing**
   - *5 hospitals have reflex RNA testing*

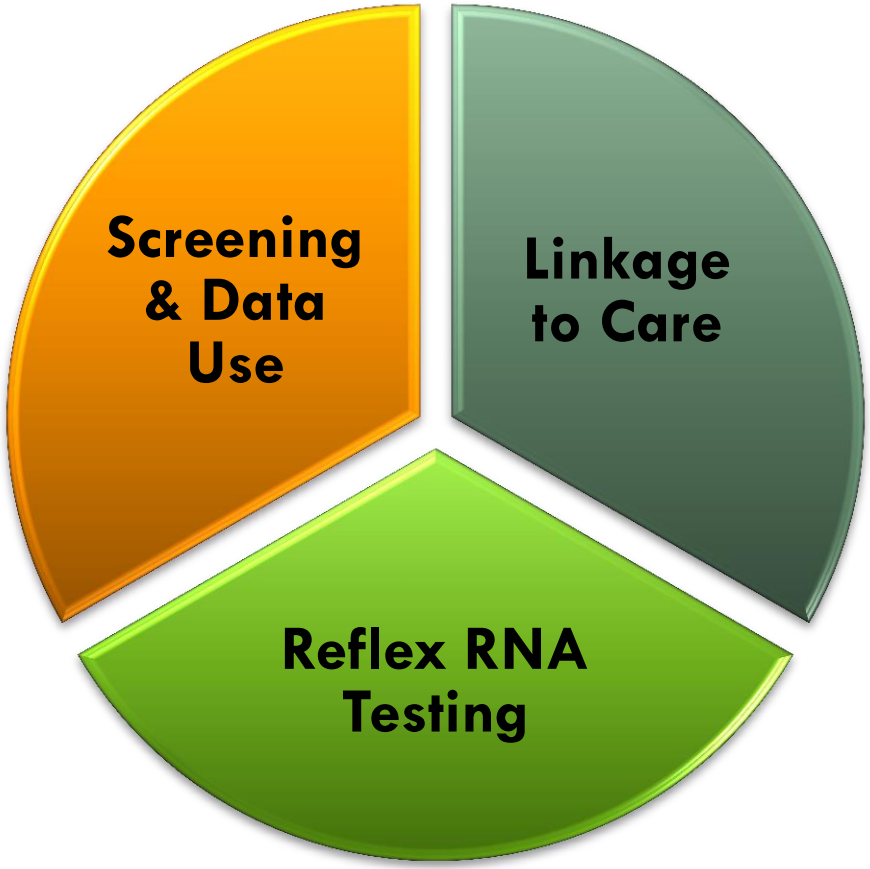
3. **Increase RNA confirmatory testing of + antibody HCV to XX%**
   - *53% in 2014 among persons newly reported with HCV who had RNA test result reported within 3 months of diagnosis*

4. **Increase the number of providers confident in treating patients with chronic HCV**
   - *How do we measure this?*

Best Practice: Use your EMR data

- Establish baseline
- Set goals
- Give feedback to individual clinics and providers
- Measure progress

Champion Plan: Three Part Design



Champion Plan: Hospital Assignment

FINALIZING YOUR PLAN: We want to work with each hospital to determine which plan fits your goals and needs.

Factors that can be useful in assigning plan

- ❑ Baby boomer screening rates
- ❑ Existence of EMR alert
- ❑ Reflex RNA testing
- ❑ RNA confirmatory rates

REQUEST: Provide clinic names associated with your hospital

13 Champions provided their list. Thank you.

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Champion Plan: RNA rates

The table below shows hepatitis C antibody and RNA data for patients with a positive antibody result reported NYC DOHMH from Jan 2014-Aug 2015. Patients can have many positive antibody tests reported to DOH, thus only the first positive antibody from the hospital from Jan 2014 - Aug 2015 is analyzed here

Ordering Facility	Patients with a positive antibody result from the hospital between Jan 2014-Aug 2015	Patients with a positive antibody result, had an RNA followup at ANY FACILITY at any point after the positive antibody		Patients with a positive antibody result, had an RNA followup at SAME HOSPITAL AS ANTIBODY TEST at any point after the positive antibody		Patients with a positive antibody result, had an RNA followup at ANY FACILITY within 3 months of the positive antibody		Patients with a positive antibody result, had an RNA followup at SAME HOSPITAL AS ANTIBODY TEST within 3 months of the positive antibody	
	Number	Number	%	Number	%	Number	%	Number	%
Bellevue Hospital Center	905	833	92	422	47	763	84	414	46
Bronx Lebanon*	* Bronx Lebanon doesn't calculate s/co for hepatitis C EIA tests, thus any EIA test results are not able to be imported.								
Brookdale University Hospital	367	233	63	118	32	198	54	116	32
Brooklyn Hospital Center	403	356	88	118	29	317	79	109	27
Coney Island Hospital	942	818	87	538	57	771	82	525	56

NOTE: The facility level data in MAVEN is not standardized, therefore not every reported hepatitis C testing from the hopsitals in the table above are captured in the data. The facility data was standardized as much as possible using SAS coding. However, it is impossible to clean all the different variations of the ordering facility that come in to MAVEN that can represent the hospitals or its outpatient clinics. Data doesnt include all negative RNAs, as that became reportable in July 2014. Green highlighted facilites provided outpatient clinic name to DOH

Champion Plan: Components

1 Utilize Toolkit

1. Disseminate and promote the *Screening & Linkage to Care* toolkit
2. Refer providers to hepcx.nyc for additional training opportunities and resources

2 Data Pull & Analysis

1. Work with IT to pull screening data from EMR
2. Analyze data and work with team to set benchmarks and improvement plan
3. Share progress with clinics and individual providers

Champion Plan: Components

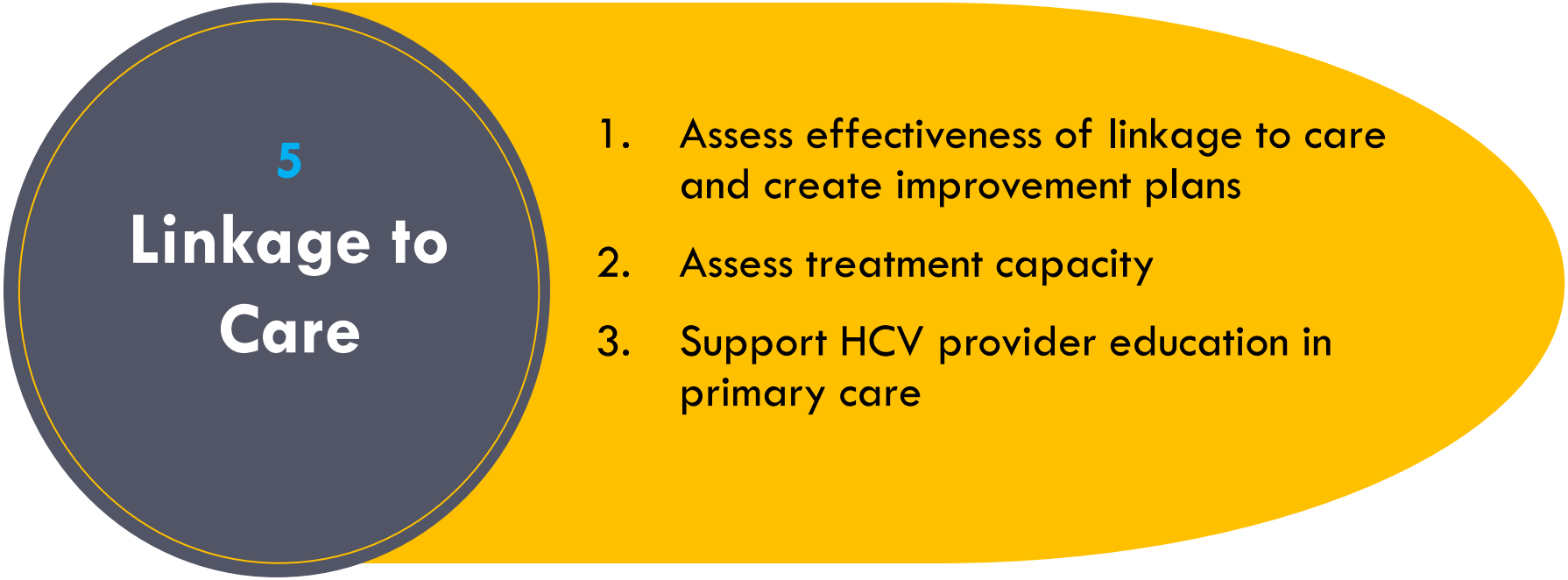
3
EMR ALERT
Implement & Evaluate

1. Implement birth-cohort testing alert on EMR (opt out, direct lab ordering)
2. Evaluate effectiveness using EMR data and address other factors affecting screening

4
REFLEX TESTING
Implement & Evaluate

1. Address concerns about implementation and advocate for leadership support
2. Evaluate effectiveness and factors affecting linkage to care and loss to follow-up

Champion Plan: Components



Champion Plan: Next Steps

1. Agree on content and structure of plan
2. Decide which plan fits your hospital
3. Work on gathering and analyzing EHR screening data
4. Each plan type will have a work group on hepcx.nyc website
5. Each plan group meet/conference between now and March meeting

Discussion

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Agenda

1. Champion Plan……..……..……Fabienne Laraque
2. **From the Viral Hepatitis Program**

   Fabienne Laraque
   Medical Director
   NYC DOHMH

   &

   Eric Rude
   Director of Policy and Development
   NYC DOHMH

3. Hepatitis C Initiatives at Montefiore…..……...Shuchin Shukla

4. Systems Redesign in HCV Screening, Reflex Testing, Linkage to Care: The VA Experience……..……Ayse Aytaman

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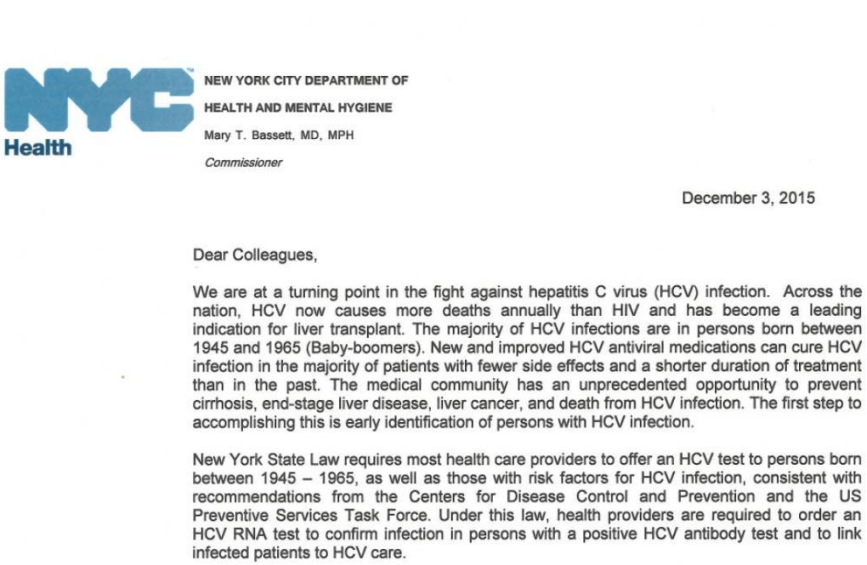
Tools • Advocacy • Funding

- Commissioner Letter
- EMR Alert & HCV Data Guide
- Letter from NY State – Reflex RNA testing
- NYC Supplemental Reflex implementation guide
- Tele-mentoring with ELF
- eHEPQUAL
- Champion Advocacy
- HepCX Grant

Commissioner Letter & EHR Guide

(See docs inside folder)



NYC Health

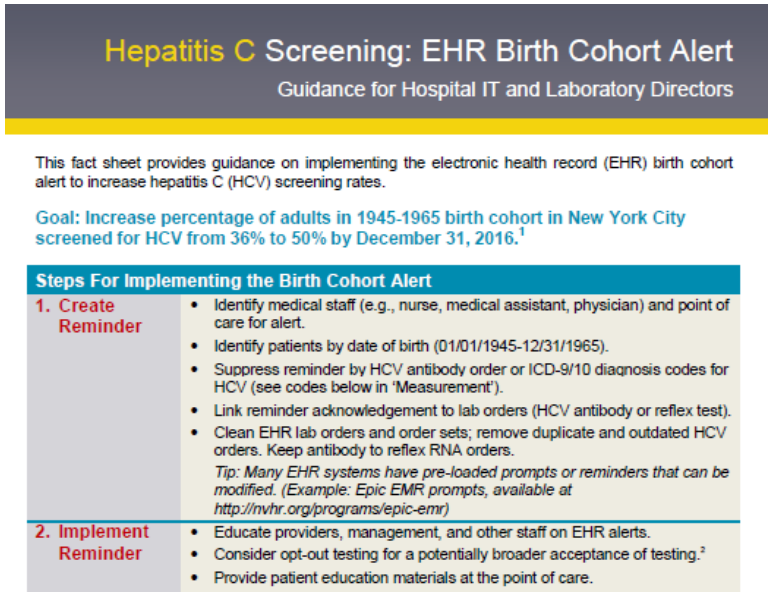
NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
Mary T. Bassett, MD, MPH
Commissioner

December 3, 2015

Dear Colleagues,

We are at a turning point in the fight against hepatitis C virus (HCV) infection. Across the nation, HCV now causes more deaths annually than HIV and has become a leading indication for liver transplant. The majority of HCV infections are in persons born between 1945 and 1965 (Baby-boomers). New and improved HCV antiviral medications can cure HCV infection in the majority of patients with fewer side effects and a shorter duration of treatment than in the past. The medical community has an unprecedented opportunity to prevent cirrhosis, end-stage liver disease, liver cancer, and death from HCV infection. The first step to accomplishing this is early identification of persons with HCV infection.

New York State Law requires most health care providers to offer an HCV test to persons born between 1945 – 1965, as well as those with risk factors for HCV infection, consistent with recommendations from the Centers for Disease Control and Prevention and the US Preventive Services Task Force. Under this law, health providers are required to order an HCV RNA test to confirm infection in persons with a positive HCV antibody test and to link infected patients to HCV care.



Hepatitis C Screening: EHR Birth Cohort Alert

Guidance for Hospital IT and Laboratory Directors

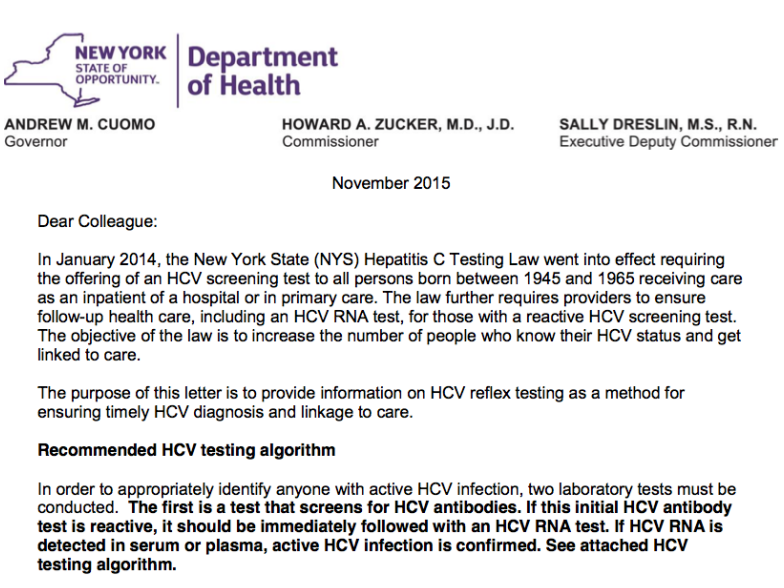
This fact sheet provides guidance on implementing the electronic health record (EHR) birth cohort alert to increase hepatitis C (HCV) screening rates.

Goal: Increase percentage of adults in 1945-1965 birth cohort in New York City screened for HCV from 36% to 50% by December 31, 2016.[1]

Steps For Implementing the Birth Cohort Alert	
1. Create Reminder	• Identify medical staff (e.g., nurse, medical assistant, physician) and point of care for alert. • Identify patients by date of birth (01/01/1945-12/31/1965). • Suppress reminder by HCV antibody order or ICD-9/10 diagnosis codes for HCV (see codes below in 'Measurement'). • Link reminder acknowledgement to lab orders (HCV antibody or reflex test). • Clean EHR lab orders and order sets; remove duplicate and outdated HCV orders. Keep antibody to reflex RNA orders. *Tip: Many EHR systems have pre-loaded prompts or reminders that can be modified. (Example: Epic EMR prompts, available at http://nvhr.org/programs/epic-emr)*
2. Implement Reminder	• Educate providers, management, and other staff on EHR alerts. • Consider opt-out testing for a potentially broader acceptance of testing.[2] • Provide patient education materials at the point of care.

NYS Letter & Reflex testing guide

(See docs inside folder)



NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

November 2015

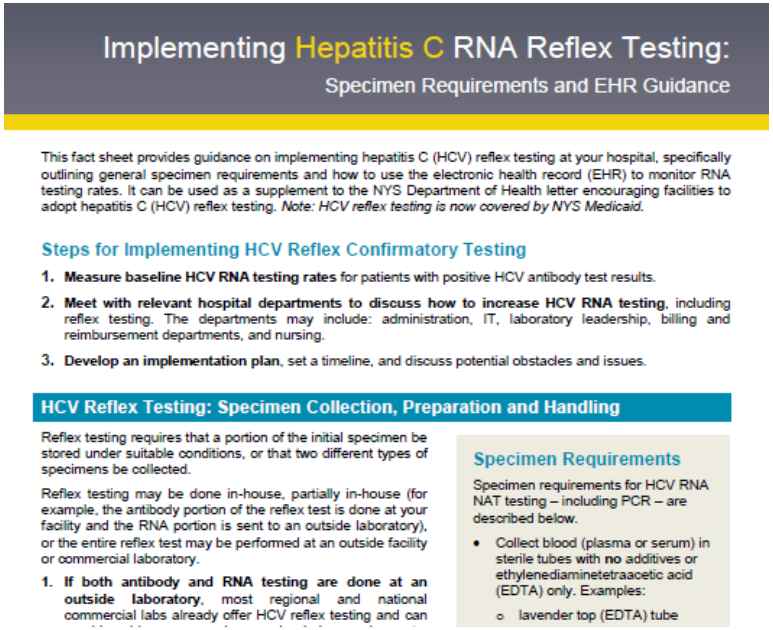
Dear Colleague:

In January 2014, the New York State (NYS) Hepatitis C Testing Law went into effect requiring the offering of an HCV screening test to all persons born between 1945 and 1965 receiving care as an inpatient of a hospital or in primary care. The law further requires providers to ensure follow-up health care, including an HCV RNA test, for those with a reactive HCV screening test. The objective of the law is to increase the number of people who know their HCV status and get linked to care.

The purpose of this letter is to provide information on HCV reflex testing as a method for ensuring timely HCV diagnosis and linkage to care.

Recommended HCV testing algorithm

In order to appropriately identify anyone with active HCV infection, two laboratory tests must be conducted. **The first is a test that screens for HCV antibodies. If this initial HCV antibody test is reactive, it should be immediately followed with an HCV RNA test. If HCV RNA is detected in serum or plasma, active HCV infection is confirmed. See attached HCV testing algorithm.**



Implementing Hepatitis C RNA Reflex Testing:
Specimen Requirements and EHR Guidance

This fact sheet provides guidance on implementing hepatitis C (HCV) reflex testing at your hospital, specifically outlining general specimen requirements and how to use the electronic health record (EHR) to monitor RNA testing rates. It can be used as a supplement to the NYS Department of Health letter encouraging facilities to adopt hepatitis C (HCV) reflex testing. *Note: HCV reflex testing is now covered by NYS Medicaid.*

Steps for Implementing HCV Reflex Confirmatory Testing

1. **Measure baseline HCV RNA testing rates** for patients with positive HCV antibody test results.
2. **Meet with relevant hospital departments to discuss how to increase HCV RNA testing**, including reflex testing. The departments may include: administration, IT, laboratory leadership, billing and reimbursement departments, and nursing.
3. **Develop an implementation plan**, set a timeline, and discuss potential obstacles and issues.

HCV Reflex Testing: Specimen Collection, Preparation and Handling

Reflex testing requires that a portion of the initial specimen be stored under suitable conditions, or that two different types of specimens be collected.

Reflex testing may be done in-house, partially in-house (for example, the antibody portion of the reflex test is done at your facility and the RNA portion is sent to an outside laboratory), or the entire reflex test may be performed at an outside facility or commercial laboratory.

1. **If both antibody and RNA testing are done at an outside laboratory**, most regional and national commercial labs already offer HCV reflex testing and can

Specimen Requirements

Specimen requirements for HCV RNA NAT testing – including PCR – are described below.

- Collect blood (plasma or serum) in sterile tubes with **no** additives or ethylenediaminetetraacetic acid (EDTA) only. Examples:
  - lavender top (EDTA) tube

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Tele-mentoring by ELF

Empire Liver FOUNDATION

Winter Session: Mondays at 5pm starting January 2016

REGISTRATION: Contact Meg Chappell from ELF at meg.chappell@gmail.com

HCV 101 & Treatment Updates:

- Conducted training November 7th
- Interested in future trainings for your hospital?

Other provider education needs?

Tools for Capacity:
Champion advocacy

Physicians are uniquely qualified to educate legislators about health care policy issues:

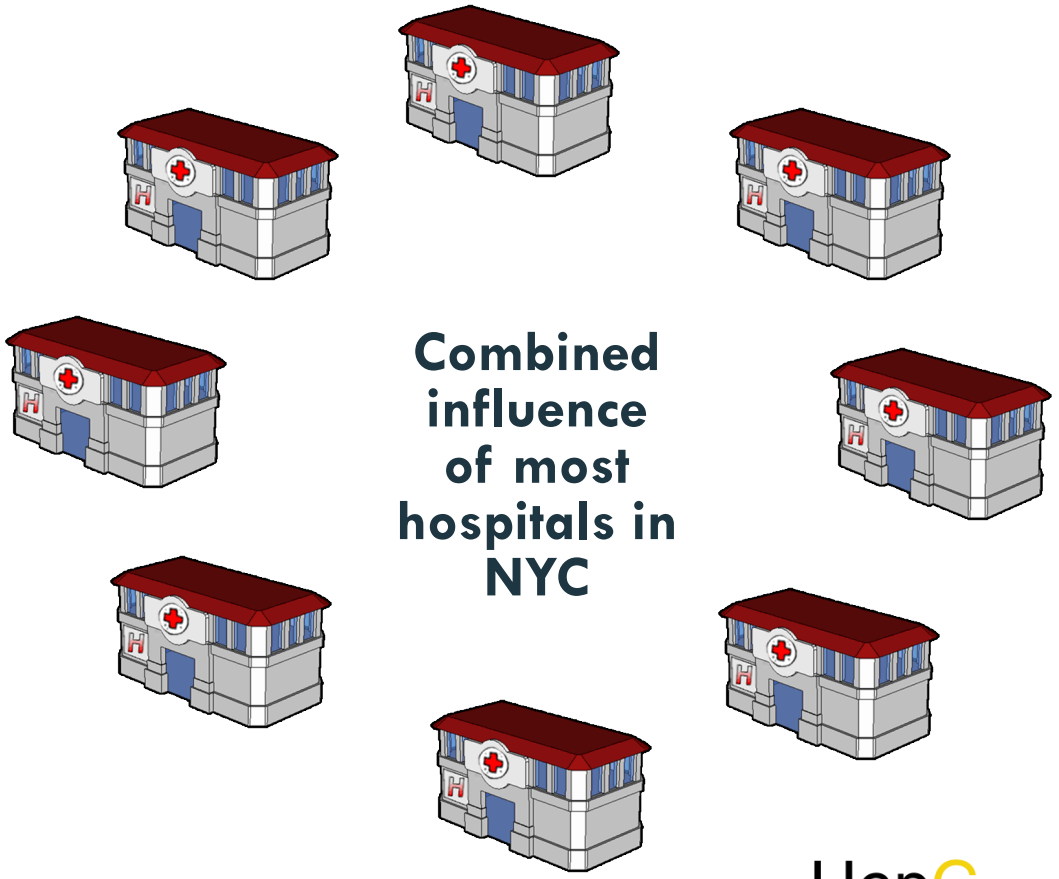
- **Access to services**
- **Quality of care**
- **Medical education**
- **Research priorities**
- **Physician compensation**

Tools for Capacity:
Champion advocacy

Unique benefit of participation in this Network:

One Influential Voice

VS.



Combined influence of most hospitals in NYC

Tools for Capacity:
Champion advocacy

IMMEDIATE NEEDS

- **February 9: Legislative Awareness Day – Albany**

  State budget request + policy asks

- **City Council hearing – yet to be scheduled**

  City budget request + policy asks

- **Drug Utilization Review Board meeting – January**

  Sign-on letter to request removal of HCV prescriber restrictions

Tools for Capacity:
Network grant *UPDATE*

REQUEST FOR APPLICATIONS

Purpose: to provide supplemental funding for infrastructure improvements to aid in the achievement of the Network goals

<u>Funding must fall into one of the following categories:</u>

- Electronic Health Record (EMR) prompts
- Data analysis plan for internal performance data
- Physician education/training programs
- Funding a portion of a clinician's time to perform Network activities within the hospital setting
- Other?

Tools for Capacity:
Network grant *UPDATE*

FUNDING

- $100,000 to support up to 10 grant awards

  Max. is expected to be $10,000 but may vary depending on the responses received

- Duration: 1-year period, beginning approximately February 2016

  Awards may be renewed through a renewal application process for an additional year

Tools for Capacity:
Network grant *UPDATE*

DEADLINE FOR SUBMISSION AND CONTACT INFORMATION

- Friday, February 5, 2016

Q & A will be scheduled upon release of RFA

Discussion

Final Thoughts?

ACTION STEPS

Champions

1. Save the date for quarterly meetings
2. Consider joining steering committee, contact Fabienne Laraque
3. Sent clinic names to Ryan
4. Work with hospital IT to pull screening data
5. Provide feedback on Champion Plan to Ryan
6. Refer interested providers to ELF tele-mentoring

Viral Hepatitis Team

1. Schedule January Champion Update conference call (for Champions unable to attend Dec 10th meeting)
2. Provide ongoing Technical Assistance to Champions
3. Send out HepCX grant RFP
4. Outreach on advocacy events and training

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Next Meeting?

Date & Time: March 3, 2016

Location: American Cancer Society: Hope Lodge

Priorities: Expanded discussion and presentations on HCV advocacy, implementing reflex RNA testing, and feedback on Champion Plan.

Evaluation and CME credits

- Please complete the launch feedback form
- Instructions for CME are included in the folder

Thank you.