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Hepatitis C Clinical Exchange Network

NYC HOSPITAL HEP C DASHBOARD

Using the DOHMH HCV registry to monitor care and encourage data analysis

October 6, 2016 | American Cancer Society

NYC Health

Welcome & Introductions

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

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Agenda

1. **HEPCX UPDATES**

   Ann Winters, *MD*
   Interim Medical Director, Viral Hepatitis Program

   Sarah Penrose, FNP-BC
   Empire Liver Foundation

   Eric Rude, MSW
   Director of Policy & Development, Viral Hepatitis Program

2. **PRESENTATION & DISCUSSION: HCV DASHBOARD**

   Perminder Khosa, MPH
   Epidemiologist, Hep B & C Surveillance, Viral Hepatitis Program

   Tosin Ajayi, MD, MPH, MBA
   Network Clinical Coord, Viral Hepatitis Program

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New Staff Support

- 2 full-time HepCX technical assistance staff for 2 years

- Tailored and individual support
- Available for site visits
- Work with hospital IT and Labs
- Disseminate and share information
- Link to resources and training

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New Staff Support

- What kind of technical assistance is important for the upcoming year?
- Should we work towards adding HCV reflex testing to the NYC health code?
- What can we accomplish from meeting with leadership of hospital associations?

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2016 Annual HCV Hospital Survey

Preliminary results from seven hospitals:

- Average of **40% of baby boomers were tested** for HCV at the responding hospitals in 2015
- 86% of reporting hospitals have baby boomer screening reminder alerts **only in certain departments**. Currently, one reported having the alert for their entire hospital system.
- **Patient insurance and the prior authorization** process continue to be significant factors impacting efforts to treat patients

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What new in provider training?

Empire Liver FOUNDATION

TELE-MENTORING

- Mondays and Thursdays 5pm-6pm
- ELF members lead weekly sessions via WebEx

HCV CLINICAL OVERVIEW TRAINING (HALF-DAY)

- CMEs available
- Open to all NYC providers

NEW YORK STATE HCV PROVIDER TRAINING CURRICULUM

- An eight-week course available via WebEx
- CME accredited
- NYS HCV provider status under Medicaid

HCV GRAND ROUNDS

- Once a month at HepCX hospitals
- CME available

HCV MEDICATION COVERAGE TRAININGS

- CME available

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END OF HCV:

New York State Summit on HCV Elimination

PURPOSE:

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

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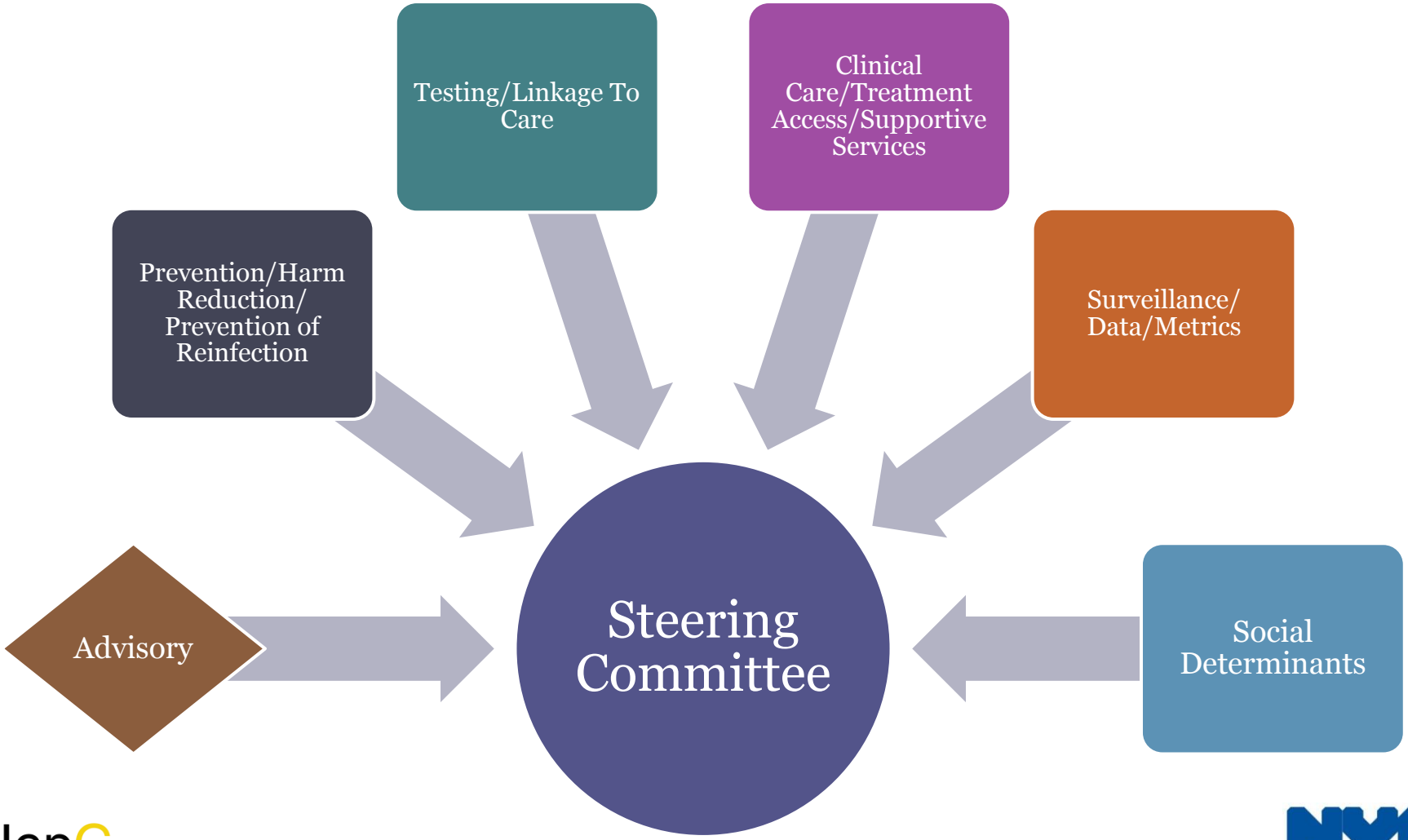
Structure



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Steering Committee

NYSDOH
DOHMH
TAG
DOCCS
Housing Works
OASAS
Upstate FQHC
HRC
LI hepatologist
VA hepatologist
GNYHA
HANYS

Erie County COH
ACT UP
Latino Commission on AIDS
VOCAL
HCMSG
BOOM!Health
AmidaCare
Fidelis
NBLCA
COPE
Co-chairs of the 5 work groups

- Work groups will be established in five critical areas:
  1. **Prevention, Harm Reduction and Prevention of Reinfection**
  2. **Medical Care and Treatment Access**
  3. **Testing and Linkage to Care**
  4. **Surveillance, Data and Metrics**
  5. **Social Determinants**
- Initiate work in October, holding monthly calls
- Provide answers to exploratory questions developed by a Summit Steering Committee
- Inform an overall elimination strategy within their subject areas
- **Summit to be held in late January in Albany**

Participating Hep CX Members

- PREVENTION/HARM REDUCTION/PREVENTION OF REINFECTION
  - Marlene Taylor-Ponterotto, PA (Monte)
- CARE/CLINICAL/TREATMENT ACCESS/SUPPORTIVE SERVICES
  - Shuchin Shukla, MD (Monte)
  - Paul Gaglio, MD (Columbia)
  - Trang Vu, MD (Sinai)
  - Russell Perry MD (Bronx Leb)
  - Mary Olson NP (Sinai-BI)
  - Jeff Weiss, PhD (Sinai)
  - Alain Litwin, MD (Monte)
- TESTING/LINKAGE TO CARE
  - Nirah Johnson, LCSW
  - Vinh Pham MD (NYU)
  - Ellie Carmody MD (Bellevue)
- SURVEILLANCE/DATA/METRICS
- SOCIAL DETERMINANTS
  - Matt Scherer, MD (NY-Presby)
  - Fabienne Laraque, MD
  - Matthew Akiyama MD (Monte)
- STEERING COMMITTEE
  - Andrea Branch, MD (Sinai)
  - David Bernstein, MD (Northwell)
  - Eric Rude

Advisory Group

Karen Hagos
Director, NYS DOH Office of Planning and Community Affairs

Johanne Morne
Director, NYS AIDS Institute

Marci Layton
Assistant Commissioner, Bureau of Communicable Disease
NYC DOHMH

Jay Varma
Deputy Commissioner, Disease Control NYC DOHMH

Ann Winters
Interim Director, Viral Hepatitis NYC DOHMH

January Summit

OBJECTIVES

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

NEXT STEP

Create a workplan with defined milestones for securing needed resources and achieving the HCV elimination goals.

Role of HepCX Champions

Need for Top-Down Investment from NYC

- Data
- Expertise
- Participation in the Summit
- Public support of the initiative
- ?

POLICY UPDATE: Fall action

- State policy platform
- City policy forum

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PRESENTATION & DISCUSSION:
HepCX Hospital Dashboard

Perminder Khosa, MPH
Epidemiologist, Hep B & C Surveillance, Viral Hepatitis Program

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Hepatitis C Laboratory Tests Reportable to DOHMH

- Antibody test – positive
- RNA test – positive and negative
- Genotype test

- High volume of HCV reports,
  - In 2015, DOH received~205,000 reportable labs for 60,585 patients
    - Of which 7,328 were newly reported
  - Most reports are imported electronically from laboratories

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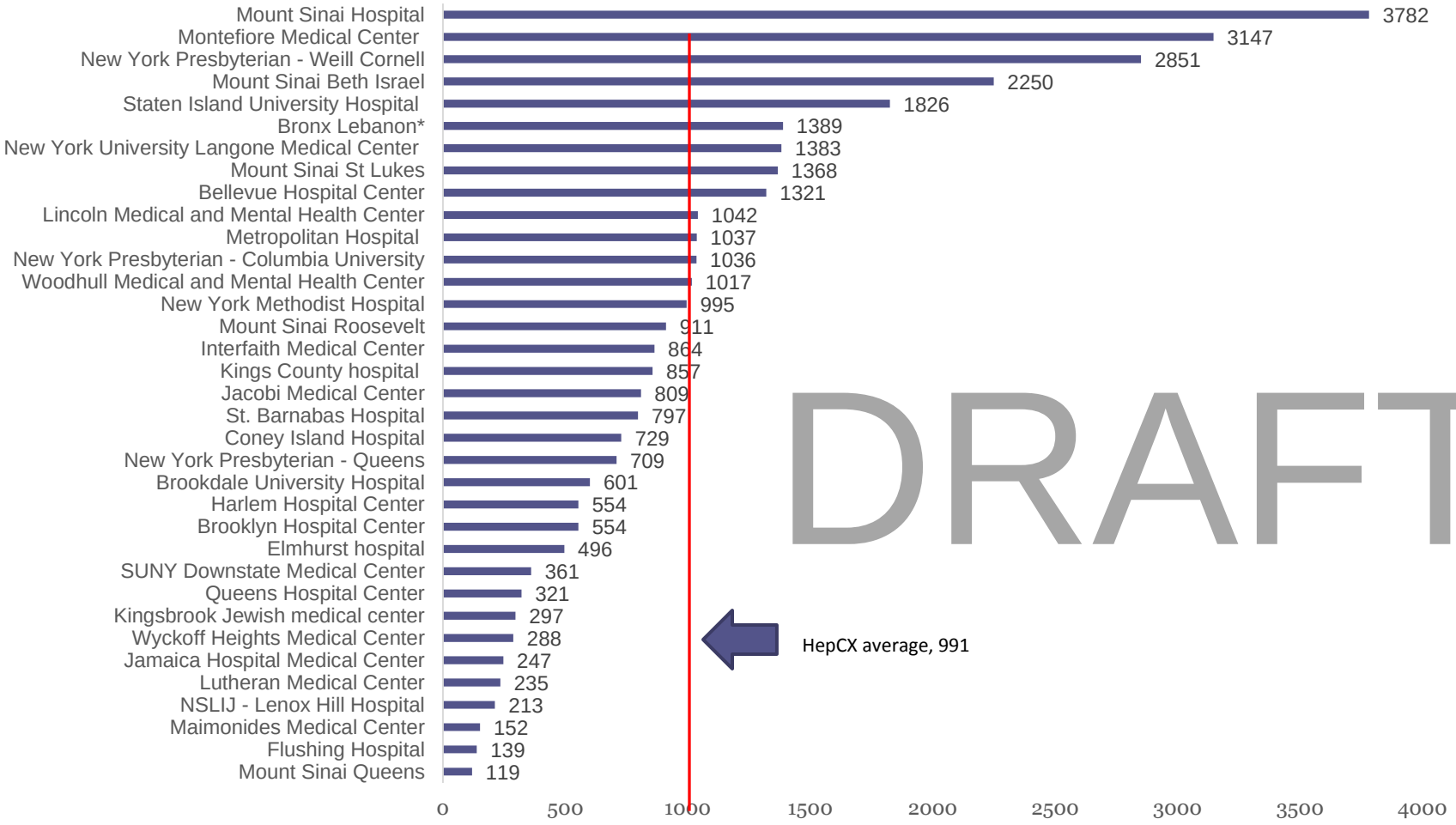
NUMBER OF PATIENTS WHO HAD A REPORTABLE HCV EIA OR RNA TEST BY HOSPITAL, JAN 2015-JUN 2016



** Bronx Lebanon didn't calculate s/co for hepatitis C EIA tests in 2014 and 2015, thus any EIA test results from Bronx Leb were not imported into MAVEN for those years*

What's possible with our system?

- Advantages
  - Electronic reporting by all laboratories in near real time
  - Estimate treatment and cure using patterns of RNA test results

- Limitations
  - Facility and provider data is not standardized
  - Limited capacity for detailed facility-level reports

Use of HCV Surveillance to Estimate Care, Treatment, and Cure

- Use patterns of positive and negative RNA test results to predict whether an individual has been linked to care, treated, and cured
- Validate treatment and cure algorithms using surveillance data from individuals with known treatment and cure status
- Develop NYC-specific HCV care cascade

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Linkage to Care Algorithm

- Is an individual newly diagnosed with HCV infection receiving follow-up testing and evaluation with a provider?

- Surveillance definition:
  - Receipt of HCV RNA or genotype test after a positive HCV antibody test
    - 1 day to 6 months after positive antibody test

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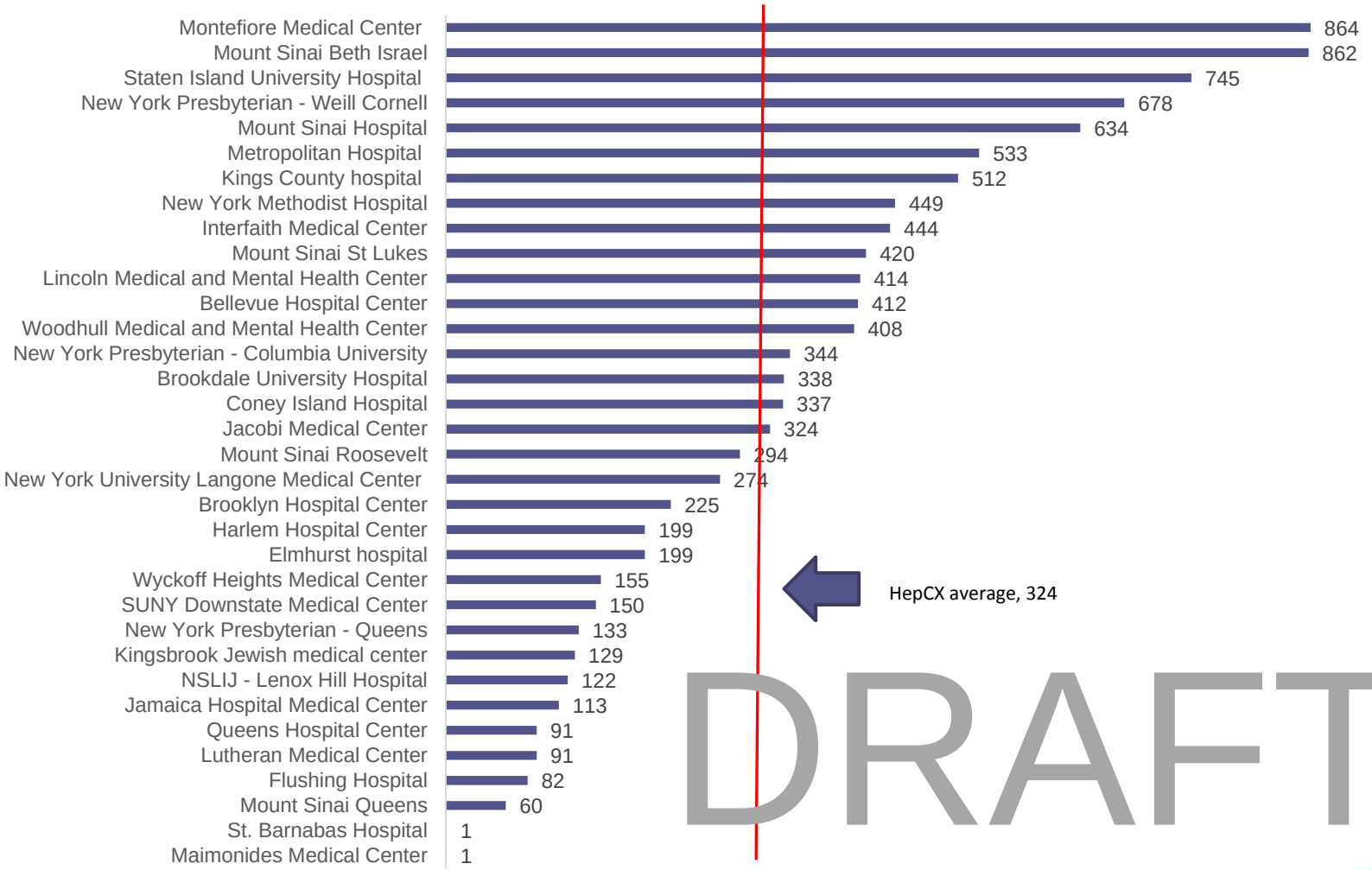
NUMBER OF PATIENTS WHO HAD A POSITIVE HCV ANTIBODY TEST ORDERED BY THE HOSPITAL, JAN 2015-DEC 2015



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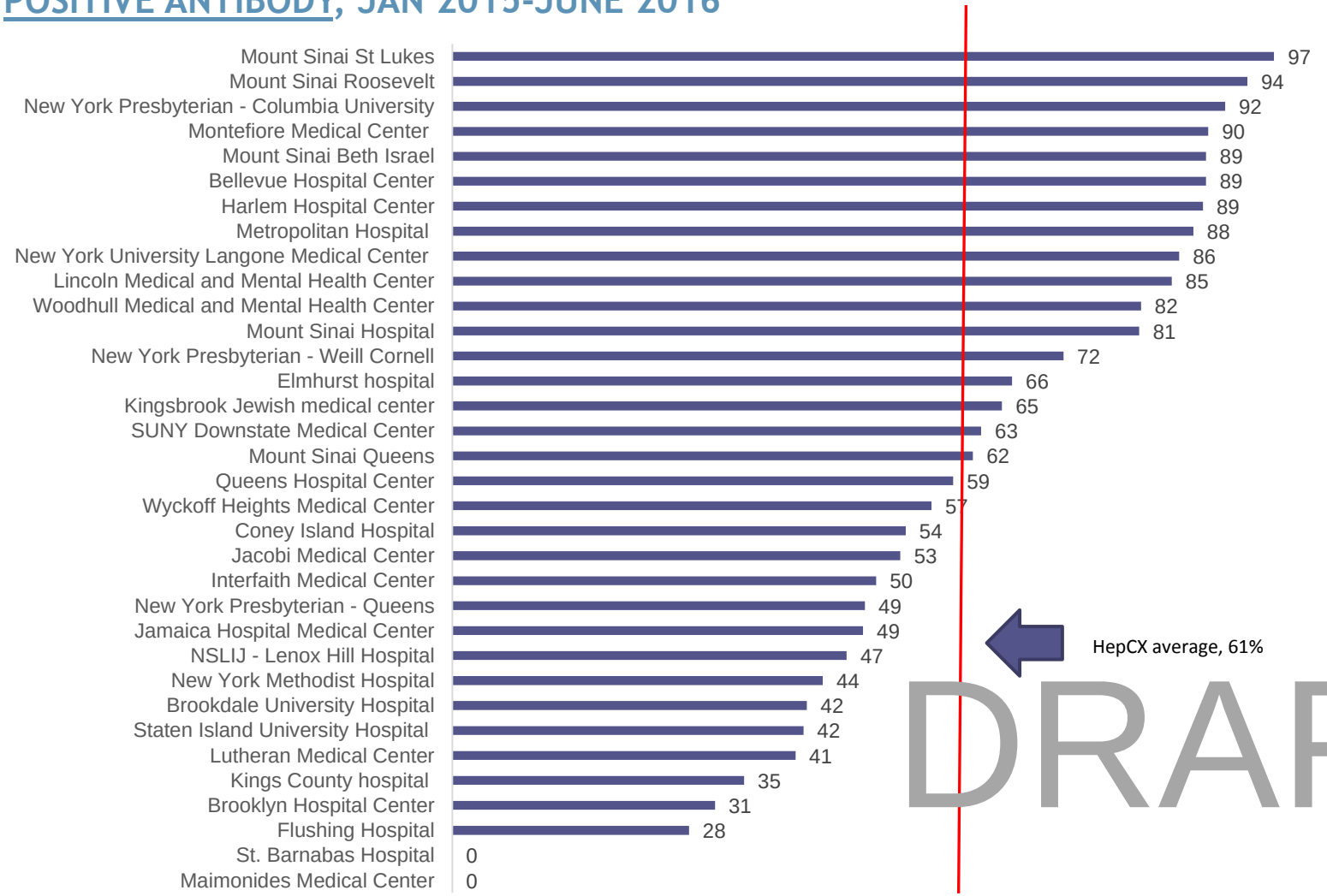
% OF PATIENTS WHO HAD A POSITIVE HCV ANTIBODY TEST ORDERED BY THE HOSPITAL AND HAD AN RNA FOLLOWUP AT SAME HOSPITAL WITHIN 6 MONTHS OF THE POSITIVE ANTIBODY, JAN 2015-JUNE 2016



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Treatment Algorithm Definition

- Is an individual with HCV infection currently receiving or has received treatment?

- Surveillance definition:
  - Any past positive RNA test
  - Most recent RNA test is negative

Cure Algorithm

- Has an individual been cured of their HCV infection?
- Surveillance definition:
  - Identify date of first negative RNA or low-positive RNA (viral load <1000 IU/mL)
  - Based on this date, require:
    - At least 1 prior positive RNA
    - At least 2 subsequent negative RNAs
    - No subsequent high-positive RNA (≥1000 IU/mL)
    - Most recent RNA result is negative

Validating the Algorithms

- How accurately do these algorithms identify individuals that have been treated or cured of HCV infection?
  - Program data: Use clinical data from Project INSPIRE as a gold standard for treatment and cure status
  - Surveillance data: Chart review of 250 HCV-infected individuals to determine treatment and/or cure status

Next steps in the HepCX dashboard process

- Continue to gather addresses of clinics from the champions to allow for better testing lab data analysis

- Add treatment and cure outcomes

How can we use the dashboard?

- Monitor care
- Measure outcomes
- Advocate for change
- Compare rates

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Dashboard design

- Site specific dashboards?
  - Using clinic addresses
- Provider specific dashboards?
  - NPI numbers
- Frequency of reports?
  - Quarterly, Semi-annually, annually

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New Staff Support

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Next Meeting?

- One city-wide Champion meeting a year with 3 smaller regional meetings at one HEPCX hospital?
- Date & Time: Thursday, January 5,12? 2017 (any conflicts)
- Request for presentations: (any volunteers)

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Final Thoughts?

- Please complete the launch feedback form
- Instructions for CME are included in the folder
- Complete the 2016 hospital survey and send clinic names

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