

Hepatitis C Clinical Exchange Network – June 2nd Meeting Report

Foundations of a Citywide Peer-to-Peer Clinical Network:

Building HepCX and Identifying Champions, Year 1

Thursday, June 2, 2016, 3:30 p.m. – 6 p.m. – American Cancer Society's Hope Lodge

1 CME hour [available](#)

Champion Action Items

- Use **Champion Plan** to prioritize at least one capacity-building project at your hospital
- Participate in and refer colleagues and residents to Empire Liver Foundation's [weekly tele-mentoring sessions](#) (Mondays & Thursdays, 5-6pm via WebEx) and June 24th [Hep C Update & Tele-Mentoring Orientation](#)
- Adapt and send Managed Care Organization [oversight request letter](#) to NYS Commissioner of Health
- Stay tuned for the 2016 Hospital Survey!

Main Points of Discussion

UPDATES FROM THE VIRAL HEPATITIS PROGRAM

Fabienne Laraque, MD, MPH - Medical Director, Viral Hepatitis Program, NYC DOHMH

- New facilities adopted reflex testing since network launch
- Hospitals applying for Check Hep C patient navigation
- Implementing tele-mentoring program to provide co-infection treatment trainings
- 2016 Hospital Survey coming this summer will assess network activities and hospital progress
- Preview of the NYC Hep C Dashboard at the October HepCX Champions meeting

Sarah Penrose, FNP-BC – Mount Sinai Institute for Liver Medicine, Empire Liver Foundation (ELF)

- Need to develop trainings that will attract providers
- Building and incorporating a Hep C treatment curriculum into ELF's tele-mentoring program

HOW A SMALL HOSPITAL IS OVERCOMING THE HIDDEN CHALLENGES OF EHR ALERTS AND RNA REFLEX TESTING IMPLEMENTATION (See presentation [HERE](#))

Neil Pasco, MD, Associate Program Director, Department of Medicine; Director of Ambulatory Services, Kingsbrook Jewish Medical Center

- Implemented universal HCV screening pilot and identified several barriers:
 - Emergency department (ED) providers are resistant to ordering HCV screening in ED setting; concerned with liability issues; do not have the capacity to follow-up with all positive screening results. To overcome this barrier, Kingsbrook has assigned one physician to be responsible for ED screening & follow up.
 - Kingsbrook has a fairly high positivity rate: 6.2% for anti-HCV. Testing can be expensive for large-volume hospitals.
 - Cannot do RNA reflex testing in-house and must send for off-site testing. Need additional freezer space and a way to ensure specimens are retained and RNA tests are sent out for clients who tested antibody positive.
 - Lab orders are often not properly placed. Solution is to remove old lab orders from EHR, and leave only those HCV orders that providers should be using.
 - Kingsbrook uses eClinicalWorks, which does not print out proper tube name/color on the lab order slip. Provides Nursing/Tech education on correct tubes to use for testing.

EXPERIENCES WORTH SHARING: HEARING FROM THE HEP C CHAMPIONS OF NYC

- Uninsured Patients
 - NYS [HepCAP](#) Program to assist with the referral of uninsured patients for care and treatment.
- Treating Patients with Alcohol or Drug Use
 - By self-report, 40% of the HCV patients seen at Kingsbrook use alcohol and/or drugs. Do not have a specific policy to treat these particular patients. Providers who are not comfortable treating patients with active drug use may refer to Montefiore Hospital. To refer, please contact [Lorlette Haughton Moir](#) at (718) 920-4720.
- Screen Positive Patients in the ED
 - One hospital was able to (1) secure funding for a care coordinator/navigator to follow-up with patients; (2) set up a phone line that patients can call to receive test results (patient is asked to come in to learn of positive results); (3) partner with [CAMBA](#) to reach homeless patients.
- Reflex Testing
 - Many hospitals have implemented reflex testing in the past year. NYS Clinical Laboratory Evaluation Program (CLEP) certification for reflex testing often difficult to obtain. Greatest barriers to increasing HCV screening is provider buy-in and convincing leadership.
 - Advocate and gain the support of Chief Medical Officer and Chief Finance Officer. [Send letters from NYS DOH and NYC DOHMH Commissioner recommending implementation.](#)
- Tracking Patients and Prior Authorization Process
 - Dr. Akinola Fisher at Lincoln Medical utilizes a list of all HCV positive patients to outreach to those who do not have a follow-up appointment scheduled.
 - Major barrier is the prior authorization process. Must write a strong appeal letter which references prior research and explains how the denial will put the patient at a very high risk for developing liver cancer and/or go into liver failure. Include a section specific to the patient. Links to template letters, courtesy of Robert Gish Consultants, are available [HERE](#).
 - Working with specialty pharmacies on a collaborative agreement can also expedite process.
 - LIJ has built in a “smart set” within their EHR, which requires providers to answer all of the prior authorization questions before submitting Has an 85% approval rate after appeal.
- Concerns expressed by Champions on Feedback Form
 - “Need advocacy on a state and federal level on the issue of insurance company denials of treatment”
 - HepCX “*needs to have a greater focus on outcomes and continuing linkage to care*”

RESOURCES

Reports, Guidelines, and Clinical Tools for Dissemination

- [HepCX Champion Plan](#)
- [Eliminating the Public Health Problem of Hepatitis B and C in the United States](#)
- [NYSDOH 2016 Evaluation Report for the NYS Hepatitis C Testing Law](#)
- [Prior Authorization Worksheets](#) (for Medicaid Fee-for-Service only)
- [Hep C Approved Prescriber List](#)
- [NYS Hep C Provider Directory](#)

Provider Education & Tele-mentoring

- Refer providers to [tele-mentoring](#)
- Ask [Fabienne Laraque](#) to give grand rounds to clinics, residents, fellows

HCV Treatment Access & Advocacy

- NYS Commissioner of Health Managed Care Organization [oversite request letter](#). Contact [Eric Rude](#)
- NYS Hep C Patient Assistance Program – [HepCAP](#)
- Hospital EHR changes and patient care coordination/navigation – [Gilead FOCUS Program](#)
- NYC Council – Hospitals may be able to join the Check Hep C program by requesting and receiving funding from their City Council members. DOHMH can provide TA. Contact [Eric Rude](#)

Other

- [VA Provider Resources](#)

Champions

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