



Public Health Region 5
Hepatitis C Virus (HCV) Operational Plan
2010-2013

Approved:
Ray Stewart, 05.17.11



PROBLEM / BACKGROUND

Chronic hepatitis C is the most common blood-borne infection in the United States and the leading cause of liver disease and liver transplants.

NM leads the nation in the death rate for chronic liver disease due to synergy of Hepatitis C Virus (HCV) and alcoholism or alcohol abuse; there is no vaccine to prevent hepatitis C.

In 2009 there were 164 new cases of HIV reported, 135 of HBV, and 3,930 of HCV in NM with over 11,000 positive laboratory reports for HCV.

20-30% of persons with HIV are estimated to have HCV.

Approximately 65-75% of persons with HCV do not know they are infected while about 80% of persons with HIV know their positive status.

Persons with HCV have common co-morbidities such as substance use disorders (SUD) and mood disorders (e.g., depression).

40-45% of persons entering NM prisons test positive for HCV with universal screening.

The first Project ECHO (Extension for Community Health Care Outcomes) telehealth clinics for hepatitis C were held in June 2003; Region 5 (R5) was a charter member of this initiative.

Since November 2006 R5 has had an agreement with the Doña Ana County Detention Center to operate a comprehensive Public Health Office on site in the facility; on average 15-20% of incarcerated individuals tested for HCV are positive.

In July 2007 R5 started its Opiate Replacement Therapy (ORT) Program; today it is the largest of its kind in the state with nearly 200 patients receiving Suboxone (buprenorphine/naloxone).

In February 2009 HCV was added as a qualifying condition for the DOH medical cannabis program.

In July 2009 the FQHC La Clinica de Familia (LCDF) stopped participating in Project ECHO and transferred their HCV patients to R5; in March 2010 LCDF terminated their HIV Health Management Alliance (HMA) Ryan White Part B contract with R5 and their patients were transferred to R5 for medical case management.

In December 2009 the Congress and President Obama approved lifting the federal funding ban on syringe exchange activities.

Funding for Project ECHO with legislative appropriation was \$1.53M in July 2006, and in July 2010 was reduced to \$250,000 by DOH.

In June 2010 the FDA approved the OraQuick HCV Rapid Antibody Test for point of care use.

In May 2011 the FDA approved two protease inhibitors to treat chronic hepatitis C genotype 1 infection; these medications should improve success rates for treatment with viral suppression when combined with interferon and ribivarin and shorten the typical duration of treatment.

May 12, 2011 the US Dept of HHS issued its Action Plan for Viral Hepatitis. Funding and an operational plan must be addressed to implement the federal plan.

The Patient Protection and Affordable Care Act (PPACA) signed by President Obama in March 2010 and to become fully effective in 2014 will likely improve access to and utilization of services for viral hepatitis among many populations but health disparities may continue to be challenging for marginalized subpopulations such as injecting drug users (IDUs) and men who have sex with men (MSMs) as well as for undocumented immigrants and incarcerated persons not covered in the legislation.

VISION

Persons infected and affected by HCV have equitable access to resources to prevent, manage, and/or treat HCV with less stigma and health disparity. The Public Health Resource Center (PHRC) in Las Cruces is a one-stop shop for persons with HCV that is part of comprehensive, integrated continuum of care locally.

MISSION

DOH Region 5 will serve as a convener and catalyst for individuals and institutions to collaborate to enhance and expand services to persons with HCV, as well a champion to anchor the local safety net system of care by assuring services as necessary. Region 5 will explore ways to coordinate and integrate existing resources as well as pursuing additional resources for prevention, care and treatment.

PRINCIPLES

Prevention is the most effective public health strategy in terms of economic and social benefits.

Hepatitis prevention, care and treatment are a shared responsibility among the public and private sectors and the general public.

Early detection and prompt linkage to care are important to reduce disease transmission and disease progression since more than 50% of infected individuals do not know their positive status.

Harm reduction is a significant public health strategy to reduce the spread of infection among at risk groups; needle exchange, overdose prevention with Narcan/naloxone, and opiate replacement therapy with buprenorphine/Suboxone are key services. It is not a criminal justice issue.

Service delivery will be integrated at the point of access relative to persons having risk factors for HCV, Sexually Transmitted Infections (STIs), and HIV. Staff will be cross trained in these three infectious disease prevention and intervention methodologies to apply seamlessly with at risk target groups.

A multi-disciplinary team approach to service delivery is recommended as many HCV patients have co-morbidities or conditions that impact treatment plans.

Shared care among partnering providers in inter-agency arrangements may manage disease burden of HCV in a more efficient and effective manner with preventive, primary, and specialty or secondary care services; using a type of coordinated organizational "bartering," (i.e., if we do this, then you will do that), gaps and duplication of care are eliminated or reduced.

Correctional settings (i.e., jails, prisons, probation/parole offices, courts) are ideal places for HCV interventions to connect persons at risk and with diagnosis of HCV to care.

General public awareness and specific advocacy with policy and funding decision makers are crucial to strengthening service delivery options for persons with HCV.

Data collection, analysis, and interpretation will guide decision-making for resource allocation and adjustment for program operations; "what gets measured gets managed (and done)."

The use of videoconferencing or video chat (e.g., Skype) will be explored for direct service to clients in rural and remote areas of R5 where HCV and Substance Use Disorder (SUD) services are limited or non-existent.

This plan has been formulated with anticipation that no new or additional resources will be available to commit to this project during most of the performance period.

PRIORITIES

Prevention, care, and treatment are understood to encompass: education, screening, testing, vaccinations, referral, antiviral therapy, counseling and medical monitoring

A. Primary Prevention

Decrease the number of new acute and chronic viral hepatitis infections among adults in NM by changing risk-taking behaviors and improving immunizations to reduce acquisition and transmission.

B. Secondary Prevention

Identify acute and chronic cases of viral hepatitis among infected individuals who do not know their status to reduce progression of disease and complications;

Reduce instances of secondary transmission of viral hepatitis to contacts of individuals who are infected with viral hepatitis and to healthcare patients and providers; and

Increase referrals and linkages to support, care, and treatment for adults who are chronically infected with viral hepatitis.

C. Tertiary Prevention

Reduce morbidity and mortality and increase the quality of life of adults living with chronic viral hepatitis by access to healthcare services, care coordination, and disease/medical management.

PROCESSES

Surveillance/Control

Determine accurate incidence and prevalence rates for use in conjunction with available research findings to guide decision making for prevention, interventions, and care.

Identify new cases and monitor disease trends from laboratory-based reporting and physician-based reporting; encourage use of the state Scientific Laboratory Division (SLD) and laboratories having the electronic transfer of results back to medical records so that reporting notifiable conditions improves.

A face-to-face or telephone interview is desired to determine risk factors for HCV infection and transmission, to assess how widely and among whom the disease is found, and to refer infected persons for counseling and medical follow up.

All case reports will be processed at the Region Office in Las Cruces; reports received locally in other counties will be forwarded to the designated staff member in the Region Office.

A FTE (full time equivalent) staff member (HCV Health Educator) reporting to the Disease Prevention Program Manager will be dedicated to case report field follow up to locate persons with positive tests to interview and counsel them and to enter case data in the New Mexico Electronic Disease Surveillance System (NM-EDSS).

The HCV Surveillance Specialist will oversee course preceptorships and field experience rotations for NMSU students want to learn more about hepatitis when feasible.

Other Disease Prevention Team staff will be trained in HCV to assist in counseling, testing, and referral (CTR) and field follow up as assigned, especially in counties outside of Doña Ana with a focus on Otero County.

The Hepatitis B Nurse will assist in field follow up of case reports outside of Doña Ana County and Hepatitis A/B vaccinations, particularly with inmates at the Doña Ana County Detention Center during and post incarceration.

Outreach/Prevention

Prevent the acquisition and transmission of the hepatitis C virus through increased routine and special screenings and small group interactive video-based interventions

Integrate hepatitis C counseling, screening and referral services into existing service delivery systems, especially with STIs, HIV/AIDS and drug abuse services.

All new and/or annual patients to the Preventive Medicine Clinic (PMC) in Las Cruces will receive written risk assessment and be offered HCV-antibody testing according to DOH protocol statement; when possible, HCV CTR will be done by non-nurse staff in same building.

All other Public Health Offices will have at least one RN on site who has been trained in HCV CTR to offer this service to clients with risk factors noted in DOH protocol along with providing adult Hepatitis A/B vaccinations. A person at risk may receive an HCV only testing without a complete clinic visit workup. Each public health office will provide syringe exchange and disposal services at least one day a week if not available on walk-in basis. Clinical preventive services staff will be trained in screening and brief interventions related to dangerous or hazardous drinking of alcohol.

The Public Health Office in the Doña Ana County Detention Center (DACDC), staffed by the Community Wellness Program (CWP) and Public Health Physicians, will perform HCV risk assessment for all new patients receiving a History & Physical (H&P) regardless of intake responses on receiving & screening form during booking/classification; those who disclose a risk factor or desire the test and consent to such may be tested since laboratory work is done at MMC with no cost to DOH. If blinded seroprevalence rates for HCV done at least yearly are greater than the average monthly positivity rates with targeted or focused HCV testing, universal opt-out testing for HCV may be implemented in this jail setting. 90-100% of detained individuals testing HCV+ should be interviewed by the DPT during incarceration at the DACDC. At least once weekly a Psychiatric Mental Health Nurse Practitioner (PMHNP) will provide behavioral health assessments for persons undergoing medical detoxification with buprenorphine for opiate dependency, persons receiving Clinical Opiate Withdrawal Scale (COWS) monitoring, and persons testing positive for HCV; discharge planning upon release will include referral to R5.

The Disease Prevention Team will offer HCV CTR and iHEAL (incarcerated Health Education for Addictive Lifestyles) interventions with interactive video presentation to small groups in county jails where feasible; scheduling will be carried out given available staff resources and numbers of potential persons to receive services.

The Disease Prevention Team will maintain a public health presence in the Southern NM Correctional Facility in Las Cruces in coordination with the Southern SOAR (Successful Offender After Release) Representative; activities will include the ECHO NM Peer Education Program (PEP), Positive Living Class & Support Group, and Patient Navigators for treatment support and discharge/release planning. The Disease Prevention Team will offer iHEAL presentations and HCV/HIV CTR in the next two largest county jails in Region 5 (Deming and Alamogordo) on a regular basis. Rapid testing technologies for HIV and HCV will be used when possible.

Information/Awareness

Ensure access to culturally-sensitive and linguistically appropriate educational messages for persons, populations and communities at-risk.

R5 will celebrate and contribute to special community events in May as global/national hepatitis awareness day/week/month and in September as national alcohol/drug recovery month. May 19 will be promoted as the National Hepatitis C Testing Day.

R5 will maintain a robust Website that offers content and data about HCV and SUD in New Mexico.

R5 will staff a toll free Hotline for HCV and Opiate Replacement Therapy (buprenorphine/Suboxone).

R5 will contribute to social media opportunities (e.g., blogging, FaceBook, Twitter) to promote and advance issues and events related to HCV and SUD.

R5 will use its inhouse recording studio to produce public service announcements (PSAs), documentaries and other audiovisual materials related to this plan of operations for HCV and SUDs.

R5 will receive and respond to requests for speakers to present about HCV and SUDs to community groups.

Education/Training

Build awareness and knowledge of hepatitis C disease, prevention, risk, treatment and medical management.

Community Wellness Program staff will participate in the weekly Project ECHO telehealth clinics for HCV case presentation and consultation and professional education as well as for the Integrated Addiction/Psychiatry sessions.

R5 will maintain an Intranet site for orientation and training related to HCV and SUDS.

R5 will organize and conduct an annual webinar for continuing education purposes to present to R5 staff and to community agencies such as the Probation & Parole Offices and the Southern NM Family Medicine Residency Program at the Memorial Medical Center.

R5 staff will seek/sponsor conferences and workshops in the area where presentations on HCV and SUD may be given.

R5 will support efforts for nursing staff to acquire specialty credentials related to HCV/HIV/SUDs services.

Care/Treatment

Develop and maintain an infrastructure to provide quality hepatitis C care and treatment according to proven best practices, patient preferences, and provider availability. R5 will serve as a safety net provider of last resort for HCV and SUD as necessary.

Enhance the referral network for hepatitis C diagnosis, care and treatment.

Integrate hepatitis C care, treatment and supportive services into primary care settings.

Ensure timely access to substance use and mental health services.

Address the complex needs associated with hepatitis C through coordination of care and patient advocacy/navigation.

Establish programs to support hepatitis C care and treatment for uninsured and underinsured persons.

DOH clinical services for HCV are available only at the Region 5 Office in Las Cruces with the Public Health Resource Center (PHRC) staffed by the Community Wellness Program (CWP). Once patients outside of Las Cruces are on treatment at the PHRC, local health office involvement and videoconferencing or telecommunication options may be feasible for continuing care with some patients.

A staff member paid out of General Fund will be designated as the HCV RN; other CWP RNs will be able to function in this specialty role also.

A Family Nurse Practitioner (FNP) paid out of the General Fund will be designated as HCV Clinical Champion to be the lead provider on the HCV initiative and to participate regularly in Project ECHO.

For the newly diagnosed: [only at the PHRC in Las Cruces] H&P (History & Physical), LFT (Liver Function Test) or AST/ALT (aspartate aminotransferase/alanine aminotransferase) if outside laboratory funding is sufficient or test can be done onsite with Cholestech GDX 2000, hepatitis A/B vaccines; evaluation by Registered Dietitian (RD), evaluation by Psychiatric Mental Health Nurse Practitioner (PMHNP); and HCV 101 class. Local health offices outside Doña Ana County may offer lifestyle counseling and vaccinations with referral to a support group if possible.

Disease management with chronic care (not on antiviral treatment): Health Risk Assessment for lifestyle issues and related brief intervention for nutrition, physical activity, tobacco, drugs/alcohol, and coping; referral to the R5 Southwest Pathways for medication assisted therapy with buprenorphine for

opiates or naltrexone for alcohol and smoking cessation assistance. Referral to support group or SMART Recovery™ meetings and to chronic disease self care management education programs as needed.

Disease management with medical care (on antiviral treatment): for indigent or uninsured patients screening, baseline, monitoring, and diagnostic lab work through partnering community health center (La Clinica de Familia, Ben Archer Health Center, MMC Family Medicine Residency Center, or St. Luke's Health Care Clinic), patient assistance program for medications with pharmaceutical companies. Cases are presented to Project ECHO for care recommendations prior to initiating treatment.

Note: When possible, specialty care for HCV at R5 will be done in conjunction with maintaining the medical home with a private PCP (Primary Care Provider). Patients without a PCP will be encouraged to apply for low income insurance programs, for example Statewide Coverage Insurance (SCI) or the NM Medical Insurance Pool (NMMIP), to establish a medical home with nonprofit partnering providers or community health centers. R5 may also send staff (RN, NP) to PCP sites to assist in providing co-management of patients for designated HCV clinic sessions. R5 may send a "circuit rider" team of professionals from Las Cruces to PHOs in rural or remote areas where HCV and SUD services are limited or non-existent.

Research & Development

Conduct hepatitis C-related research to advance prevention, care and treatment and to gain policy and funding decision-maker support for HCV by personal needs assessment and disease burden demonstration.

A monthly activity report with narrative and statistical sections will be prepared to track and monitor program trends.

The R5 Epidemiologist will assist in special studies related to HCV and SUD; a yearly KABB (Knowledge-Attitude-Belief-Behavior) survey may be done in the R5 PMC and a yearly blinded seroprevalence study in the DACDC may be performed.

R5 will participate in grant funding applications that enhance and expand health and healthcare services for persons with HCV, SUD, and HIV.

Community Mobilization & Patient Advocacy

Foster an effective policy and planning environment at the local, state and national levels.

Base policy development and funding decisions on credible information and data.

Ensure an inclusive approach with consumers and providers to policy development and program planning.

Reduce hepatitis C-related stigma, discrimination, health disparities and cultural barriers.

R5 will serve as an ex-officio member of the Doña Ana County Health Council (Alliance) and a member of the NM Behavioral Health Local Collaborative 3 for Doña Ana County to inform and influence other stakeholders regarding support for viral hepatitis and substance use disorder issues and resources.

R5 will support a Community Advisory Group for consumers and providers related to hepatitis-addiction issues and resources, specifically related to program planning and evaluation. R5 will conduct open town hall style meetings or structured focus group interviews in lieu of the CAB.

R5 will accept volunteer patient advocates to function in a variety of approved roles to improve customer services and patient outcomes for persons with HCV and SUDs.

Administration/Leadership

Assure top level support and engagement for HCV activities initially and on continuing basis.

The Region Director will participate in the monthly/quarterly DOH-ECHO partner meeting for Hepatitis C.

The Region Director will represent PHR5 in discussions, negotiations, and agreements with the Infectious Disease Bureau (IDB) about HCV issues, events and activities or delegate participation to a designated member of the Region Management Group.

The Region Director will participate in Interagency or Interdepartmental working groups related to HCV and/or SUD, especially house/senate memorials and strategic planning.

The Region Director will participate in the Medical Advisory Committee (internal and external) for the Doña Ana County Detention Center.

Region Director will maintain media talking points, website content, and a program timeline narrative for the R5 HCV initiative.

The Region Director will review monthly/quarterly activity reports for HCV and SUD services to make operational changes for greater program progress and improved customer service.

The Region Director will ensure that processes and mechanisms are in place to capture charges/billings for service delivery to persons with HCV and SUD in order to generate program income or revenue for reinvestment in program operations for low income and uninsured persons; appropriate contracts for professional services with other organizations will be pursued/secured/continued.

The Region Director will support ways to ensure that the PHD BEHR (electronic health record) fully captures clinical care provided to persons with HCV and SUDs.

The Region Director will ensure that PHR5 seeks and seizes opportunities related to the Patient Protection and Affordable Care Act of 2010 with programming integration, differentiation and innovation for medical homes, affordable care organizations, and community care teams in Las Cruces and elsewhere as appropriate.

The Region Director will ensure that this Plan is reviewed at least annually and updated/revised when necessary.

PERFORMANCE MEASURES

Summary and exception reports will be kept on the following items:

- Funding, Patients, Providers, Organization, System/Community
- Access, Continuity, Quality, Compliance, Cost, Satisfaction, Engagement, Outcomes, Transformations

Note: See Attachment section at end of this document for current statistical sheet in use

REFERENCES

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Prepared 06.14.10

Revised 06.17.10, Revised 05.17.10

ECHO Hepatitis C Monthly Activity Report for July 2010 through June 2011

| Public Health Region 5 | Jul10 | Aug10 | Sep10 | Oct10 | Nov10 | Dec10 | Jan11 | Feb11 | Mar11 | Apr11 | May11 | Jun11 | CumTot |
|---|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|
| 1. HCV surveillance case reports (new/repeat) | | | | | | | | | | | | | |
| 2. #/% case reports from Region 5 (incl jail) | | | | | | | | | | | | | |
| 3. #/% case reports from SF State Office | | | | | | | | | | | | | |
| 4. # cases w/ field interview (pres/past mon) | | | | | | | | | | | | | |
| 5. # cases w/ field re-interv (pres/past mon) | | | | | | | | | | | | | |
| 6. ECHO HCV presentations (initial)/ Rx ok | | | | | | | | | | | | | |
| 7. ECHO HCV present (follow-up)/Rx ok | | | | | | | | | | | | | |
| 8. Hep C patients starting Rx in Pub Hlth | | | | | | | | | | | | | |
| 9. Hep C patients continuing Rx in Pub Hlth | | | | | | | | | | | | | |
| 10. Total pts on HCV Rx in Public Health | | | | | | | | | | | | | |
| 11. Patients on Rx from-w/ BAHC / LCDF | | | | | | | | | | | | | |
| 12. Patients on Rx from-w/ Other Providers | | | | | | | | | | | | | |
| 13. Patients on Rx coinfectd with HIV | | | | | | | | | | | | | |
| 14. Pts w/ rapid viral response @ 4wks | | | | | | | | | | | | | |
| 15. Pts w/ early viral response @ 12wks | | | | | | | | | | | | | |
| 16. Patients with SVR at 6 mons post Rx | | | | | | | | | | | | | |
| 17. Pts completing Rx this month | | | | | | | | | | | | | |
| 18. Patients discontinuing Rx by Self | | | | | | | | | | | | | |
| 19. Patients discontinuing Rx by MD | | | | | | | | | | | | | |
| 20. Patients with Adverse Event reaction(s) | | | | | | | | | | | | | |
| 21. Patients ending Rx in next month | | | | | | | | | | | | | |
| 22. Patients waiting for meds this month | | | | | | | | | | | | | |
| 23. Tot HCV (+/-) pt visits in Pub Hlth LC | | | | | | | | | | | | | |
| 24. New + HCV (1 st /repeat+) pts in PH visits | | | | | | | | | | | | | |
| 25. Tot pts on Bup/Sub ORT (26+28+29-30) | | | | | | | | | | | | | |
| 26. Patients starting bup/Sub OTR in LC | | | | | | | | | | | | | |
| 27. Bup new starts from DetCtr/PrisProPar | | | | | | | | | | | | | |
| 28. Pts restarting bup/Sub ORT (out≥8wks) | | | | | | | | | | | | | |
| 29. Patients continuing bup/Sub ORT | | | | | | | | | | | | | |
| 30. Patient cases closed for bup/Sub ORT | | | | | | | | | | | | | |
| 31. Tot Bup/Sub visits PHLCOffice/class+group | | | | | | | | | | | | | |
| 32. Dona Ana Co Det Ctr Bup Detoxes | | | | | | | | | | | | | |
| 33. DACDC HCV screening total tests | | | | | | | | | | | | | |
| 34. DACDC HCV test positives/ percent | | | | | | | | | | | | | |
| 35. DACDC HCV positives interview in jail | | | | | | | | | | | | | |
| 36. DACDC inmates HepA/B-B vacc doses | | | | | | | | | | | | | |
| 38. iHEAL participants in DetCtr/Prob-Par | | | | | | | | | | | | | |
| 39. Calls to HepC hotline re test/treat | | | | | | | | | | | | | |
| 40. Calls to HepC hotline re bup/other/misc | | | | | | | | | | | | | |

08.05.10