Working in Coalition to Advance Viral Hepatitis Testing: SSPs and MAT Settings

Melissa Hobkirk, MPH
Viral Hepatitis Prevention, Policy, Community Outreach Manager
Philadelphia Department of Public Health

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HCV Testing: It’s Complicated!
PDPH Approach for HCV Testing Advancement

• Macro-level Support – Systems
  ---Policy & insurance barriers to testing

• Mid-level Support – Medical & Social Service Providers; Inter/Intra-Departmental Collaboration
  ---Collaborate to incorporate

• Micro-level Support – Medical & Social Service Locations
  ---Infiltrate to integrate
Hepatitis C Testing Advancement: MAT

• Macro-Level Change
  • Know your decision makers & know the issues
    • Example: The cost of HCV RNA testing is paid for by the single county authority (SCA)
  • Support coalitions, community partner efforts for policy change
    • Example: Advocating for removal of prior authorization for HCV treatment through Medicaid

• Mid-Level Change
  • Take note of themes, trends, and gaps in data
  • Know what’s happening in your health department*
    • Example: Provider education – Cultural Competency, Harm Reduction, HCV preceptorship
    • Example: Technical Advisory committee (TAC)
    • Example: Provider Tool Kit
Hepatitis C Testing Advancement: MAT

• Micro-Level Change
  • Maintain communication at clinic level
    • Example: 340b partnership
    • Example: Technical assistance through direct support with Philly InSync Project

  Shameless Plug: Tune in for CDCs Component 3 Quarterly Call on 8/12 @ 1pm – 2 pm to hear more about how our TA is going! Or contact us offline for details

  • Example: Linkage-to-care and navigation
    • Co-located treatment sites, provider network
Hepatitis C Testing Advancement: SSP

• **Macro-Level Change**
  • **Example:** PDPH joined PA DOH in advocating for SSP expansion, harm reduction services

• **Mid-Level Change**
  • **Example:** Work with Substance Use and Harm Reduction program providing data to inform mobile units, pop-up testing
  • **Example:** Alphabet Study
  • **Example:** Provider education Buprenorphine Training (co-collaborators), focus on whole-person health, referrals to PPP in provider education

• **Micro-Level Change**
  • **Example:** Supplied staff to perform viral loads
The REAL Mid-Level Change

• **YOUR HEALTH DEPARTMENT!!!**
  
  • **STEP ONE:** What’s already happening?
    • Are programs already providing HCV testing – AB and/or RNA – or Syphilis?
    • Are programs linking people to care?
    • Who provides testing clinics?
    • What programs are working with populations disproportionately affected by HCV?

  • **STEP TWO:** What can you offer these programs?
    • Educational materials (print, presentations, digital)
    • Staff/client viral hepatitis education (ongoing)
    • Offer your eyes and ears

  • **STEP THREE:** How can you collaborate?
    • Introductions to community partners
    • Navigation, linkage-to-care, phlebotomy
    • Data
The REAL Mid-Level Change

• YOUR HEPATITIS PROGRAM!!!
  • Lead by example
    • Use harm reduction, patient-centered, whole person care language
    • Promote importance of cultural competency and harm reduction
    • Promote providers that are PWUD-friendly (without “advertising” it)
Key Take Aways

- Macro – Mid – Micro – level changes are interdependent
- Collaboration within your health department is ideal
- Use your unique position
- Patience, my friends
Melissa Hobkirk
melissa.hobkirk@phila.gov