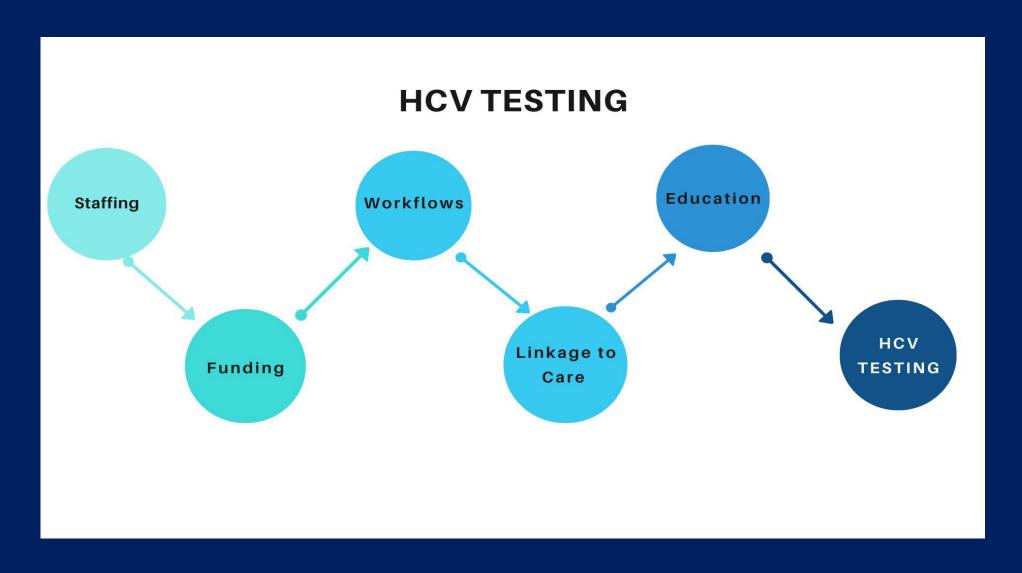
Working in Coalition to Advance Viral Hepatitis Testing: SSPs and MAT Settings

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HCV Testing: It's Complicated!



PDPH Approach for HCV Testing Advancement

Macro

Mid

Micro

- 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

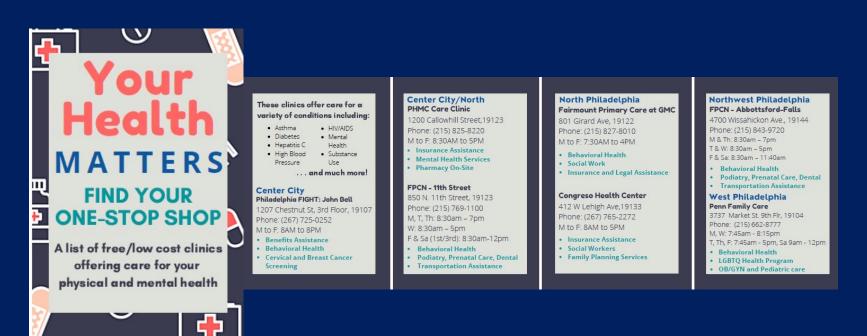
YOUR HEALTH DEPARTMENT!!!

- 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

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