



Department
of Health

NYS HCV Learning Collaborative for Substance Use Disorder Treatment Programs

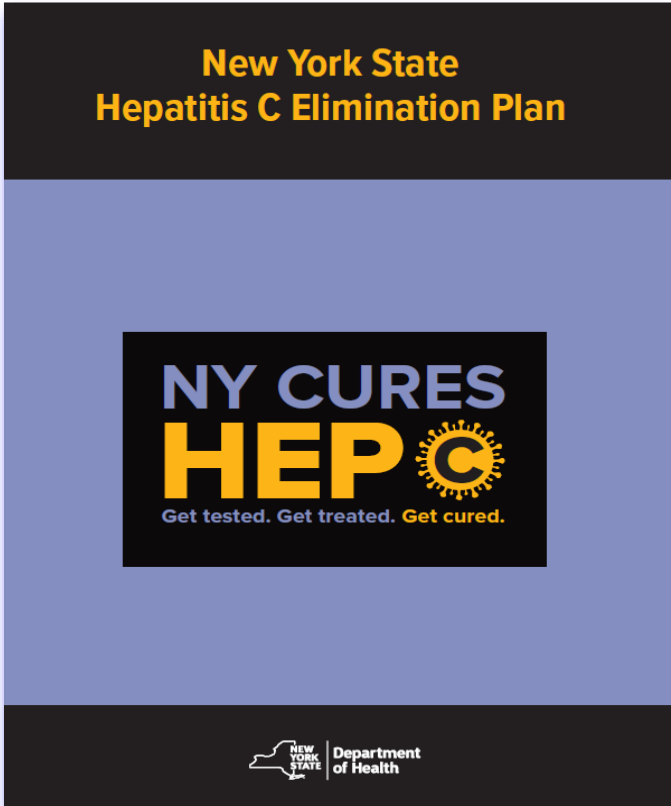
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New York State Hepatitis C Learning Collaborative

Rationale

- Many people with HCV have co-occurring substance use disorders.
 - Among new HCV cases reported in 2020, in NYS (excluding NYC), 76% of those with known risk factors had IDU as the risk.
- The increase in opioid use in NYS is associated with a rise in the number of new HCV cases reported.
- 2018 Hepatitis C Survey of NYS Office of Addiction Services and Supports (OASAS) Certified Treatment Programs showed:
 - Majority of programs provide referrals off-site for HCV testing and treatment.
 - Common barriers to providing HCV services onsite include:
 - Lack of capacity to perform testing
 - Lack of staff to provide medical care coordination



[New York State Hepatitis C Elimination Plan \(ny.gov\)](http://ny.gov)



CDC

- Component 2 of CDC PS21-2013 Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments.
 - Strategy: 2.1 Support viral hepatitis elimination planning and surveillance and maximize access to treatment and prevention
 - Activity: 2.1.a.ii Increase routine HCV testing in healthcare systems*

* Substance use treatment programs are the health care system selected.

Purpose

- Two-year collaborative with the intent to build capacity for hepatitis C testing and linkage to care among substance use disorder treatment programs.
- New York State Department of Health (NYSDOH) provides \$50,000 a year to 6 treatment programs.
- Programs are located in Upstate NY (excluding NYC)



Structure

The Learning Collaborative consists of:

- Completion of Organizational Assessment
- Completion of Staff Knowledge Assessment
- Monthly Collaborative Calls
- Individual Technical Assistance Calls
- Monthly submission of:
 - Program narrative report
 - Data reports
- End of Year 1 Meeting
- Final Meeting

Organizational Assessment

- Assessment aims to assess the readiness of the organization to integrate HCV services.
- Programs work as a team, including all levels of staff
- Intended to serve as a planning tool for the organization
- Outlines practices in five areas:
 1. Person-Centered Integrated Services
 2. Training and Workforce Development
 3. Multidisciplinary and Cross Sector Collaboration
 4. Organizational Leadership Investment
 5. Supportive Infrastructure

Assess for each practice, and stage of readiness



- **Precontemplation:** *Thinking about it*
- **Contemplation:** *Starting to plan it*
- **Preparation:** *Beginning to implement*
- **Action:** *Moving toward routine practice*
- **Maintenance:** *Improving and sustaining routine practice*

- Organizational Assessment showed that programs are at different levels of readiness to integrate HCV services
- Programs identified and are working towards 6-month goals, year 1 goals and year 2 goals. Common areas programs planned to address within the first six months included:
 - Developing/updating policies and procedures
 - Updating EHR to include HCV prompts
 - Establishing MOUs with HCV providers
 - Staff Training
- Next Steps
 - Assessment is to be used a living document
 - Programs will complete again at the end of year 1 and 2.

Staff Knowledge Assessment

- Purpose: To identify resources and training needs
- 31 question anonymous assessment completed via Survey Monkey
 - 15 HCV transmission and prevention questions
 - 8 HCV testing questions
 - 8 HCV treatment questions
- Asked to indicate:
 - “I knew this already” or
 - “This is new to me”



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Key Findings

- Knowledge varies across staff roles. Behavioral health clinical providers were more likely to report the information as “new to them” than their clinical counterparts.
- Most staff recognized the relationship between HCV and injection drug use.
- While most knew HCV can be transmitted by sharing needles/syringes, many were less familiar with advanced concepts of transmission.
- Most were familiar with HCV prevention strategies.
- Most staff knew HCV testing is recommended for PWID, but were less familiar with HCV testing methods and the testing algorithm.
- Staff recognized the importance of treating HCV, but were less familiar with the details including length of treatment and RNA testing at the end of treatment.

Data Collection

Data Variables

- Provider/Program
- Client ID
- Admission date
- Discharge date
- Basic demographics
- HCV tests and results
- Linkage to care
- Harm reduction services
- HCV treatment outcome



Aggregate Reports

- Aggregate report
 - All measures
- Key indicators broken down by demographics
 - HCV diagnosed
 - Linkage to care
 - Treatment initiation
 - Treatment completion
 - Cure
- Programs run individual reports
- Review aggregate data during collaborative calls



Collaborative & TA Calls

Collaborative Calls

An opportunity for programs to learn from subject matter experts, collectively trouble shoot issues, and share lessons learned with one another.

Month	Topic
June 2022	Summary of Assessments: Knowledge and Organizational Assessment
July 2022	HCV Overview, Implementation, and Counseling Messages
August 2022	Overview of Data Collection & Portal
September 2022	Patient Flow
October 2022	Billing
November 2022	Telehealth
December 2022	Obtaining Client Input on Program

Technical Assistance Calls

- Individual call between programs and NYSDOH
- Opportunity to address specific program questions, needs or concerns
- Review program assessments and progress towards goals
- Review data reports
- Discuss successes/challenges that were reported in the monthly narrative

Successes & Challenges

Program Successes

- 5 out of 6 programs have started testing onsite
- Programs have established relationships with HCV treating providers
- Program staff have participated in trainings on HCV
- Dedicated nursing staff for HCV care coordination and referrals
- Programs are systematically collecting and tracking HCV testing and referrals on all new admissions
- Programs are on track to achieve their 6-month goals outlined in the organizational assessment

Program Challenges

- Patient reluctance to engage in HCV treatment
- Appointment attendance with outside HCV treatment providers
- Billing within different types of drug treatment programs
- Phlebotomy training
- Overall program staffing shortages

Thank you

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