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HCV ELIMINATION, ONE PATIENT AT A TIME: A LINKAGE TO CARE STORY

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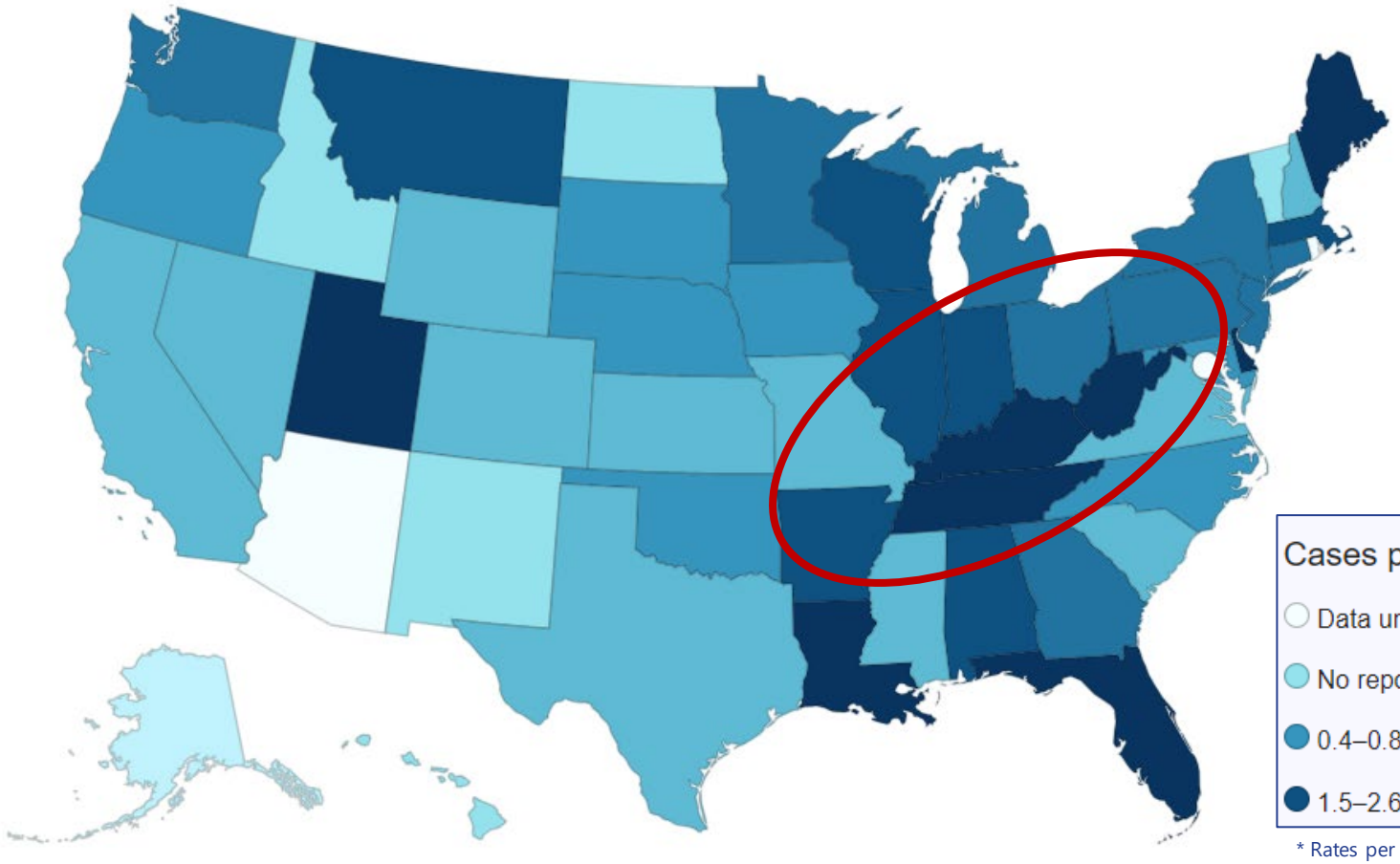
Rates* of reported cases† of acute hepatitis C virus infection, by state or jurisdiction — United States, 2021



Indiana ranked #9: 2.6 cases per 100,000 population

US rate: 1.6 cases per 100,000 population

Cases per 100,000 Population

- Data unavailable
- Not reportable
- No reported cases
- 0.0–0.3
- 0.4–0.8
- 0.9–1.4
- 1.5–2.6
- 2.7–9.8

* Rates per 100,000 population.
† Reported cases that met the classification criteria for a confirmed case. For the case definition, see https://ndc.services.cdc.gov/conditions/hepatitis-c-acute/.

Source: CDC, National Notifiable Diseases Surveillance System.

Centers for Disease Control and Prevention. Viral Hepatitis Surveillance Report – United States, 2021. https://www.cdc.gov/hepatitis/statistics/2021surveillance/index.htm. Published August, 2023.

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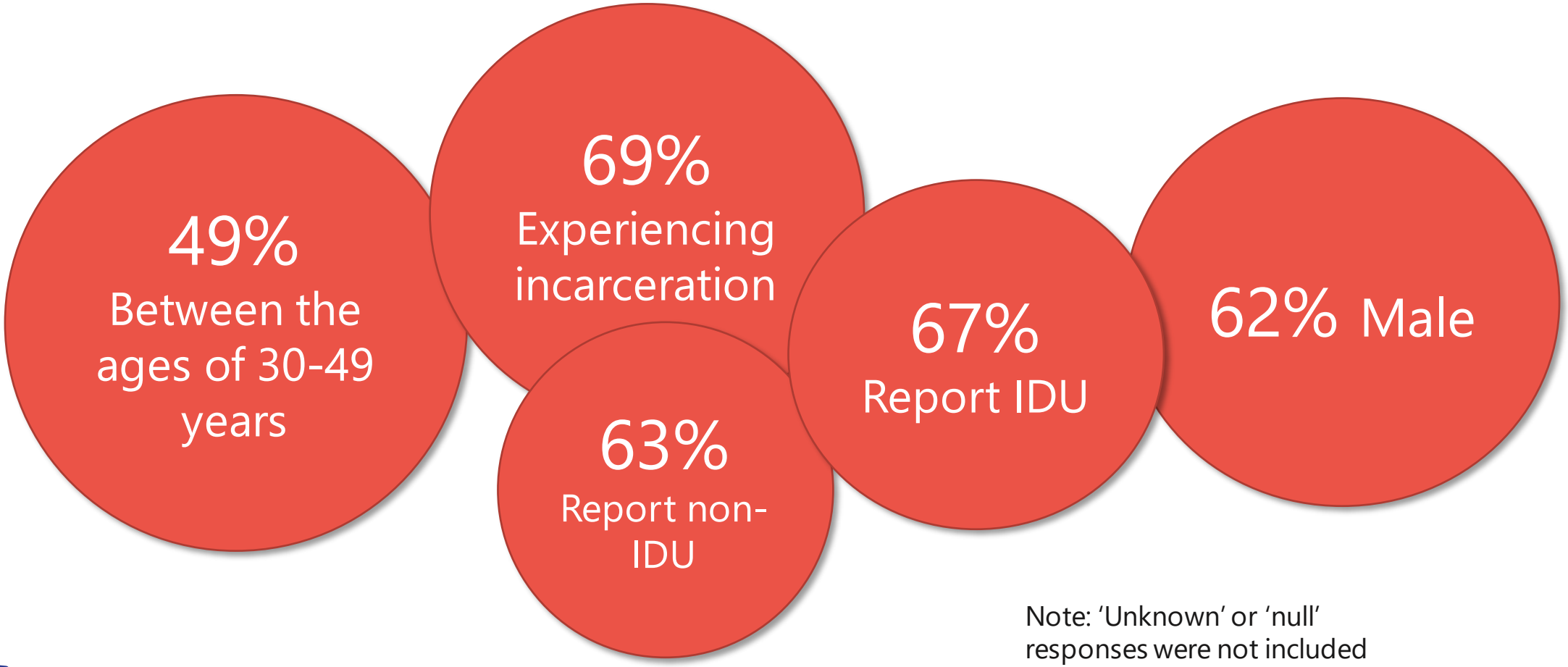
Hepatitis C: reported risk factors and demographics, acute and chronic - Indiana, 2022



Note: 'Unknown' or 'null' responses were not included in percentage calculations.

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Once upon a time…

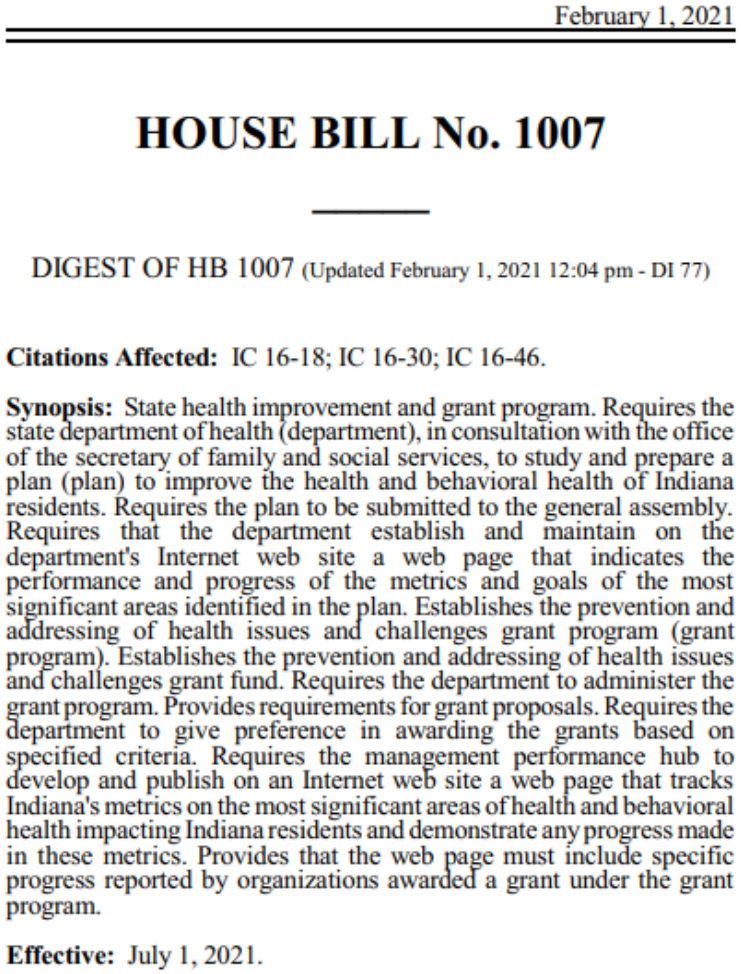
… We dreamed about linkage to care.

- With state funding in 2020, we made it happen! The Viral Hepatitis Services Program launched in July.
- We had four sites and four care coordinators, one program manager and a site guidelines document!
- We had many, many plans
- This was during the COVID-19 pandemic, so we worked mostly with clients via phone

HEA 1007

House Enrolled Act No. 1007 (HEA 1007) is a state-funded two-year grant program, created to ensure that individuals in need of hepatitis C (HCV) case management, treatment, testing, or insurance enrollment services will be supported in every part of Indiana.

- $6.6 million awarded
- Two-year grant with longer project period



February 1, 2021

HOUSE BILL No. 1007

DIGEST OF HB 1007 (Updated February 1, 2021 12:04 pm - DI 77)

Citations Affected: IC 16-18; IC 16-30; IC 16-46.

Synopsis: State health improvement and grant program. Requires the state department of health (department), in consultation with the office of the secretary of family and social services, to study and prepare a plan (plan) to improve the health and behavioral health of Indiana residents. Requires the plan to be submitted to the general assembly. Requires that the department establish and maintain on the department's Internet web site a web page that indicates the performance and progress of the metrics and goals of the most significant areas identified in the plan. Establishes the prevention and addressing of health issues and challenges grant program (grant program). Establishes the prevention and addressing of health issues and challenges grant fund. Requires the department to administer the grant program. Provides requirements for grant proposals. Requires the department to give preference in awarding the grants based on specified criteria. Requires the management performance hub to develop and publish on an Internet web site a web page that tracks Indiana's metrics on the most significant areas of health and behavioral health impacting Indiana residents and demonstrate any progress made in these metrics. Provides that the web page must include specific progress reported by organizations awarded a grant under the grant program.

Effective: July 1, 2021.

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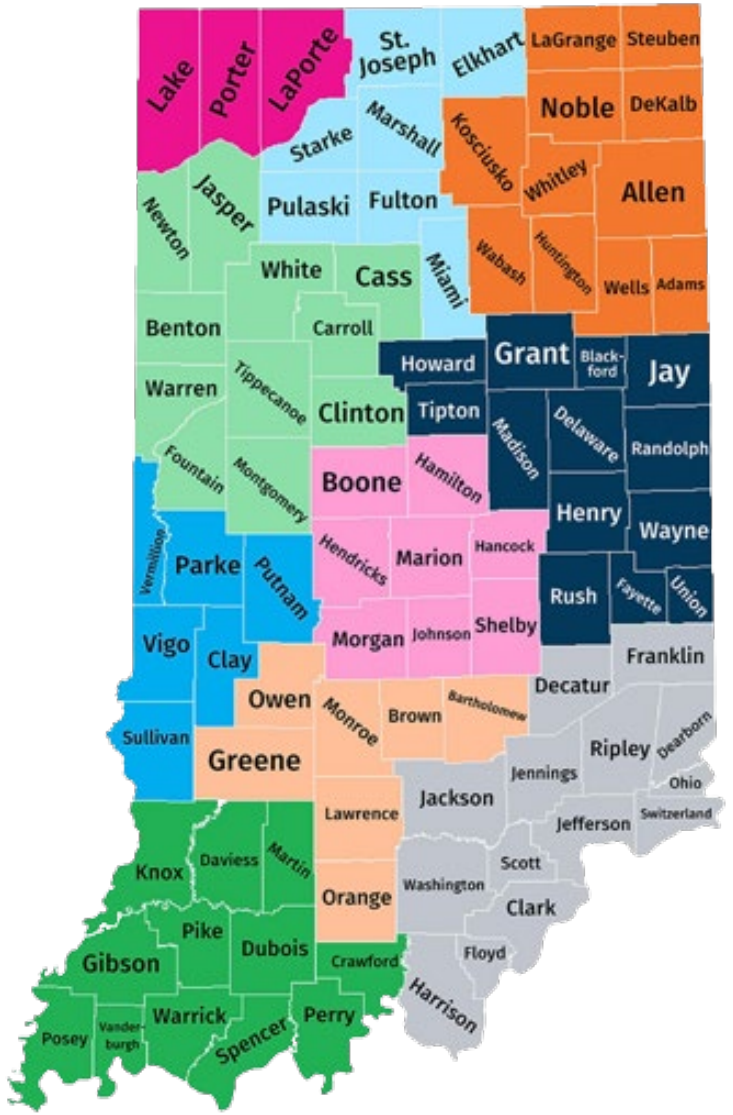
ZERO is Possible

Diagnose Treat Prevent Respond



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ZIP-IN Plan

ZIP-IN Plan – Indiana's collaborative plan for fewer HIV and HCV diagnoses; increased access to high quality and compassionate care and treatment for people living with HIV and HCV; and reduced stigma, discrimination, and healthcare inequity among Indiana residents in high-risk populations.

Indiana's approach:

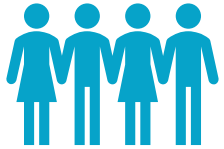
Four pillars: diagnose, treat, prevent, respond

Crosscutting strategies that belong in every pillar: reduce stigma, build the workforce, whole person lens, partner with PWLE

What is impact-based funding?

- Impact-based funding was developed to try and eliminate barriers within our current funding structure, as well as expanding the community's involvement within the funding decisions.
- Goals:
  - Leverage IDOH's data and community input
  - Identify community needs and priorities, existing resource gaps, and promising and effective partners
  - Make funding decisions that ensure the best and highest use of IDOH time and resources aimed at the prevention and treatment of HIV, hepatitis C, and STIs

Points to consider



Community needs and priorities

What does the data and local partners say about those living with HCV in the community?

Are there demographic or geographic groups that are disproportionately impacted by HCV?

What are the trends in the data?

Agency/applicant impact/capacity

What do the data and local partners tell us about the ability of applicant agencies to effectively serve the community?

Have there been demonstrated abilities to prioritize and meet grant deadlines and requirements for all previously funded agencies?

Existing resources and gaps

What do the data and local partners say about funding, resources, and service capacity in the community?

Are programs and services available to meet the needs of all community members?

Are there types of services that are needed or desired but not currently available?

HCV linkage to care programs

Viral Hepatitis Services Program (2020)

- State funded
- State oversight
- Five sites
- Five care coordinators
- Collaboration with IDOC

Connect to Cure Program (2022)

- Federal pass-through funds granted by IDOH
- Collaborative program between The Health Foundation of Greater Indianapolis (THFGI) and the Damien Center
- 21 sites
- 20 care coordinators; currently 16 are hired
- 13 testers/peer specialists (one full-time position/ ZIP Coalition)

Moving forward, the two programs will collaborate and be known throughout the state as Connect to Cure

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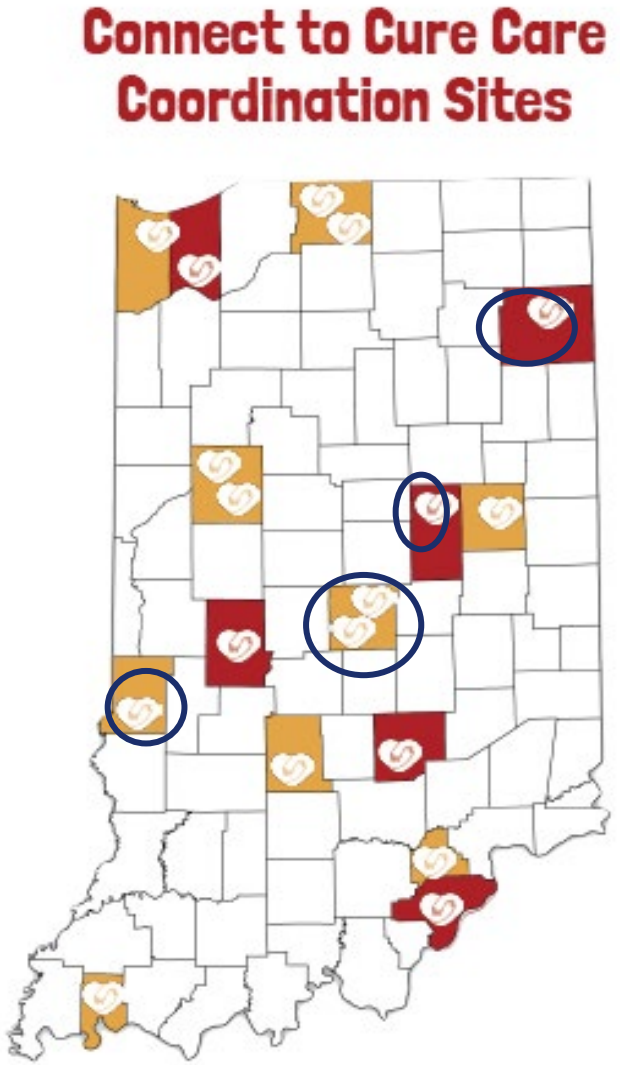
Connect to Cure Map



The program will:

Create a community of practice for care coordinators through:

- Training
- Data management system
- Outreach and community engagement
- Outreach supplies

Assist those living with hepatitis C through:

- Testing/peer specialist
- TeleHealth
- RNA testing through dried blood spot testing
- Insurance navigation
- Hep Medical Assistance Program or Hep MAP
- Nutrition and transportation assistance cards

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Community of practice

Trainings

- Virtual person-led trainings are held for new cohorts of care coordinators and agency supervisors
- Care coordinators are provided access to a learning management system where recordings of trainings are placed as well as additional training topics
- Training topics span from health equity to service standards to advocating for clients and more

Data Management

Care coordinators are granted access to a secure, HIPPA compliant data management system where client data and care coordinator notes are stored electronically and for reporting purposes.

A Hepatitis Summit was held to bring together all the newly-hired care coordinators and their supervisors on June 5, 2023. It was a great success and had national speaker such as Boatemma Ntiri-Reid from NASTAD and others.

Services provided

Tester/peer specialist

- Increased testing within those communities performed by individuals who are peer specialists and can work in both capacities

Dried blood spot (DBS) testing

- Individuals can receive confirmatory testing and have the test either performed by or with the aid of the care coordinator at their location or they can choose to have the tests shipped directly to their home address. This is free to the patient!

Telehealth

- A collaboration between the Damien Center, one of the sub-grantees and all other care coordination sites was established to allow any client that needs telehealth care services for HCV!

HepMAP

- Hepatitis Medical Assistance Program
- The formulary was created through medical staff and reviewed by care coordinators.
- Eligibility
  - Undocumented individuals
  - Uninsured or underinsured individuals
  - People with high copays and deductibles

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Promotion

To increase awareness of this new service, several promotional materials have been created:

CONNECT TO CURE .ORG

Website

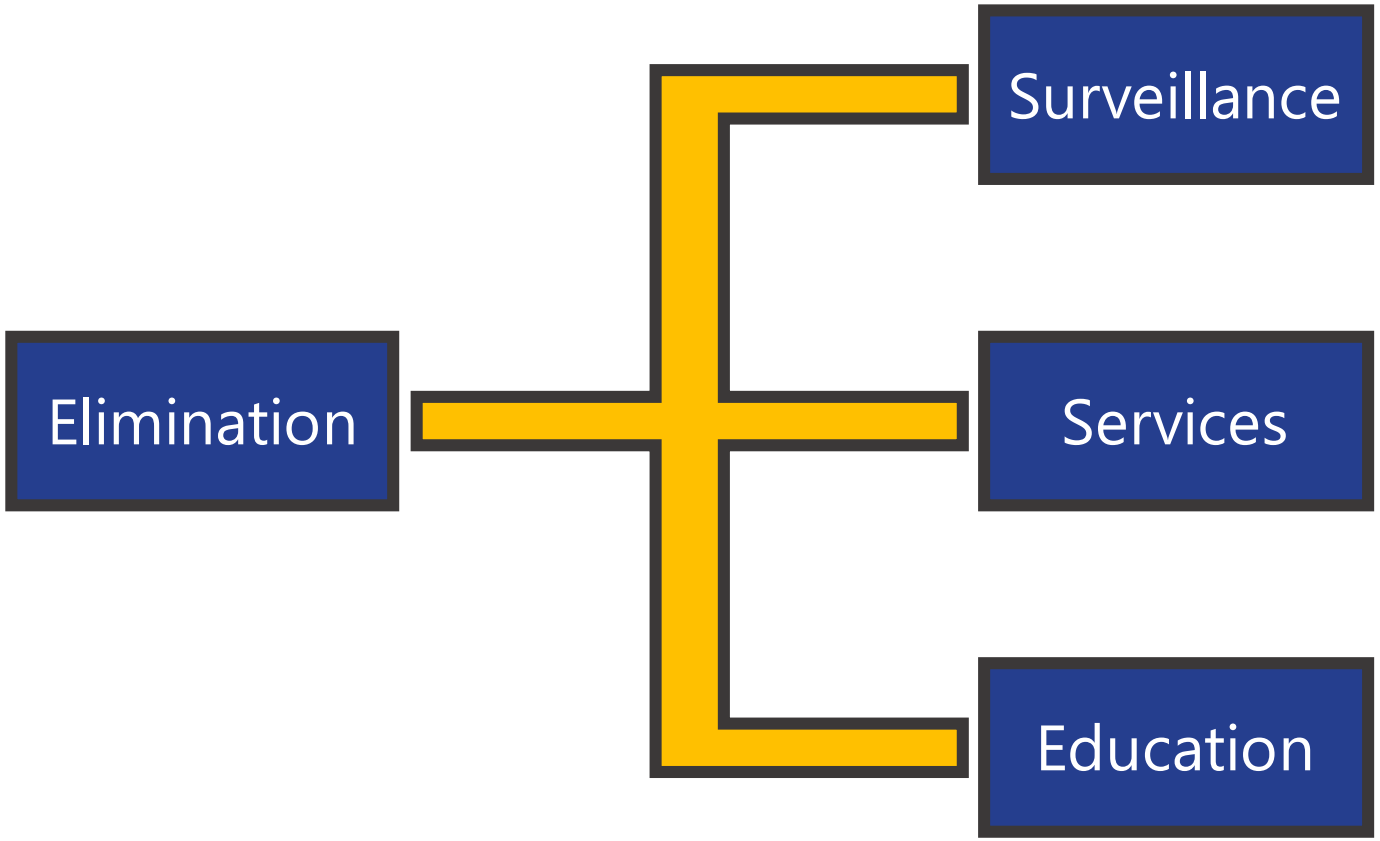
Posters

Billboards

Connecting to Connect to Cure

- Anyone can refer to the care coordinators! The goal is to have the client, who is interested in seeking care, contact the care coordinator. The care coordinators' contact information is widely available.
- Care coordinators and care coordination sites are conducting outreach within their communities, and the funded partner is promoting this new service through the state via a marketing campaign
- This new program has been shared at numerous state conferences to raise awareness, including our annual Public Health Nurse Conference, Indiana Rural Health Association Conference, and HCV ECHO. We are looking at tabling during the upcoming Indiana Primary Care Association Conference.

Elimination: multi-pronged approach



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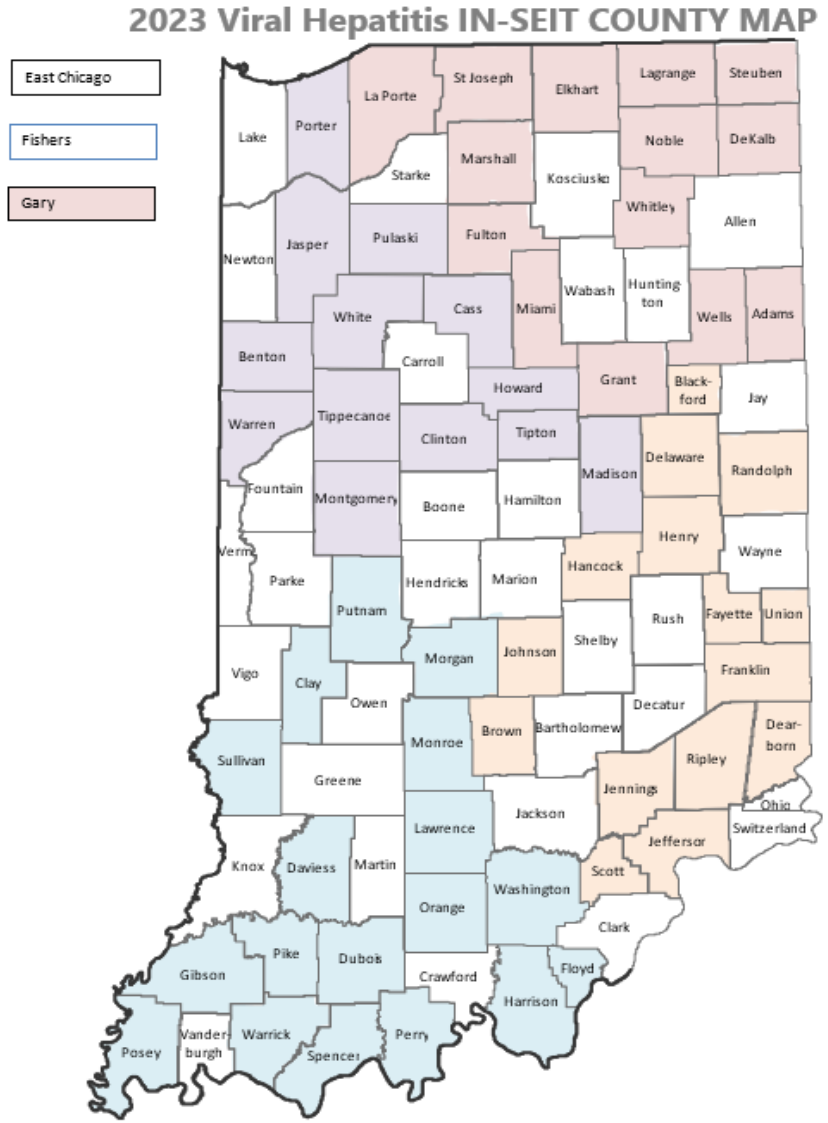
Elimination: Student Investigators for Surveillance

Started in 2017

- Merged with IN-SEIT in 2022

Assists local health departments with case investigations

- Record searches and working the database
- Calling providers
- Interviewing patients
- Providing education
- Linking to care



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Elimination: provider education

IN-HAMP

Hepatitis Academic Mentorship Program

IUPUI | Richard M. Fairbanks School of Public Health
ECHO Center

Today's Hepatitis C ECHO starts in one hour!

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Elimination: other education - INPEP

INPEP ECHO

Correctional Health is Community Health

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Our storyline

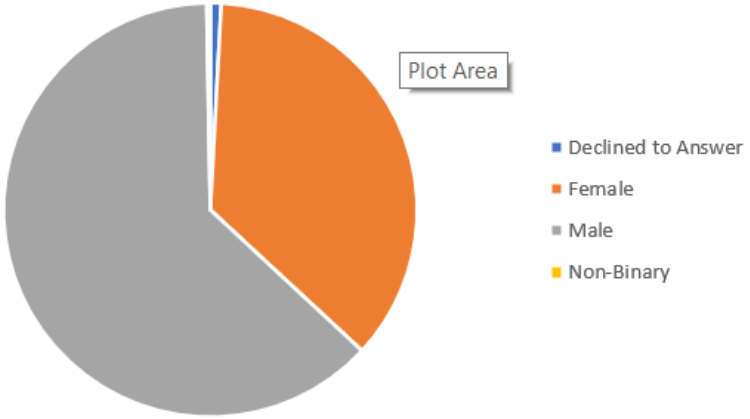
- There are 19 Connect to Cure care coordinators hired, plus four state-funded care coordinators
- There are 10 testers/peer specialists hired and working throughout the state

The numbers:

355 referrals

42% enrolled

26% linked to care



Majority of clients are male

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Key takeaways from our story

- You can't do this alone! It takes a village! You need champions, partners, friends, allies, and sometimes luck
- Don't be "out of sight, out of mind!" It is more difficult to be overshadowed or forgotten if you are always present
- Persist! Change can happen!
  - In 2013, Indiana had two state staff who worked on hepatitis - the VHPC (federally funded) and one a state-funded epidemiologist.

Much has changed in the last decade! Where will we be 10 years from now?

To be continued…

Questions?

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