



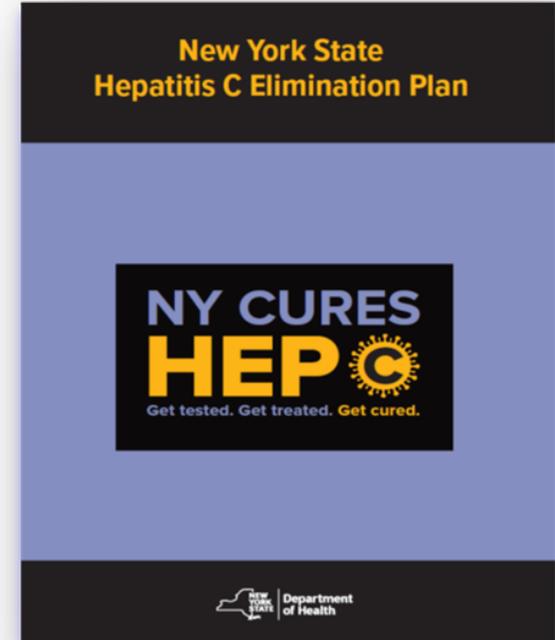
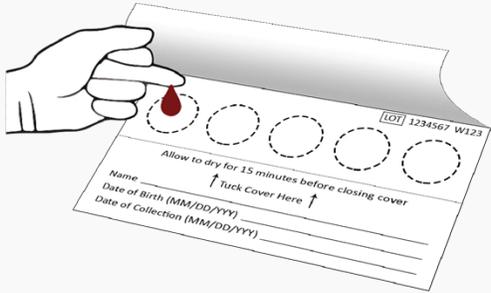
**Department
of Health**

Increasing Access to Hepatitis C Treatment in New York State

Colleen Flanigan
Director, Bureau of Hepatitis Health Care and Epidemiology

NASTAD VLC JULY 9, 2025

WE HAVE THE TOOLS - WE NEED TO BUILD CAPACITY




Department of Health
 KATHY HOCHUL, Governor | JAMES V. McDONALD, M.D., M.P.H., Commissioner | JOHANNE E. MORNE, M.S., Executive Deputy Commissioner

March 2024

Dear Colleague:

Beginning May 3, 2024, New York State will require that all persons 18 years of age and older and persons under the age of 18 with a risk, be offered a screening test for hepatitis C. These new requirements align New York State with the current Centers for Disease Control and Prevention HCV screening recommendations.

WHO IS ELIGIBLE FOR SIMPLIFIED TREATMENT

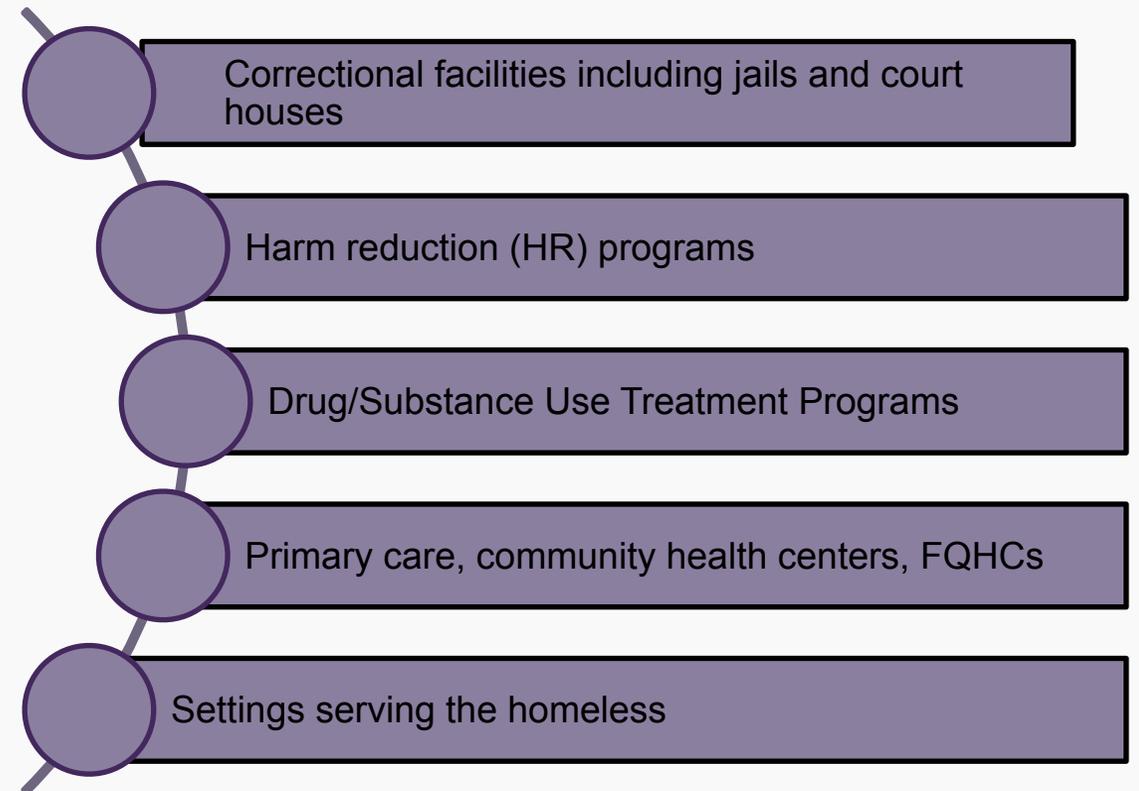
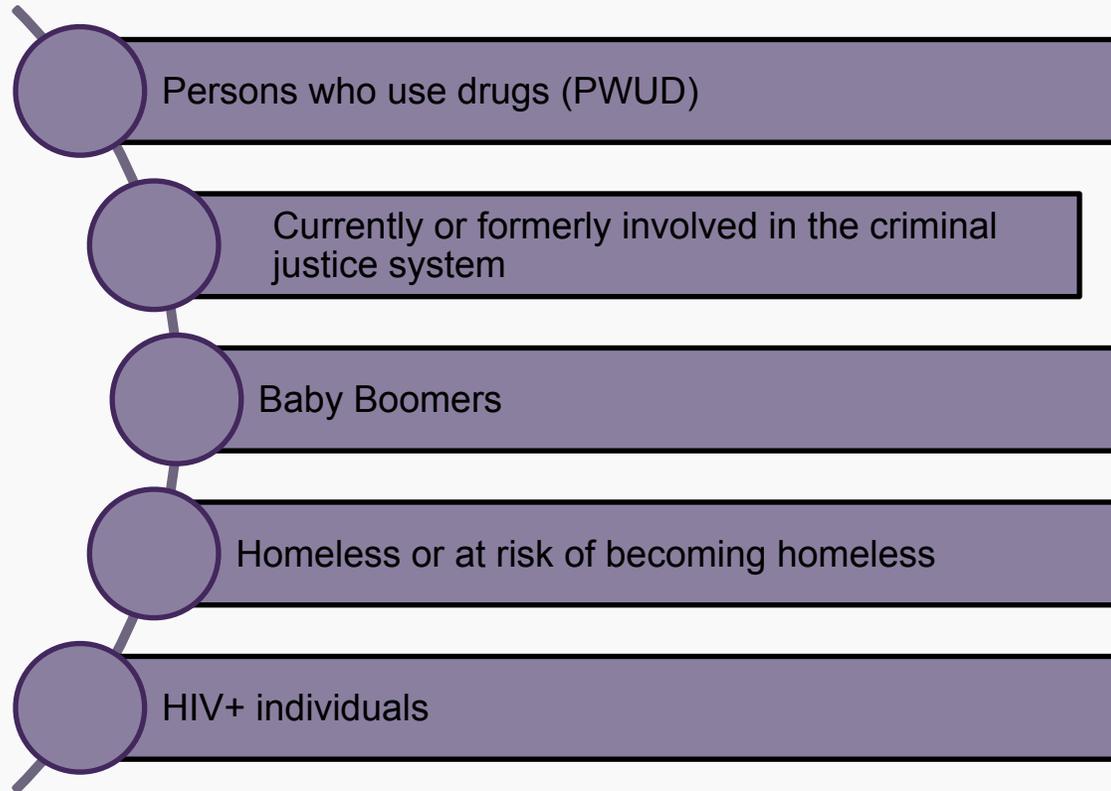
Simplified HCV Treatment Algorithm for Treatment-Naive Adults Without Cirrhosis

Adults with chronic hepatitis C (any genotype) who do not have cirrhosis. And have not previously received hepatitis C treatment.

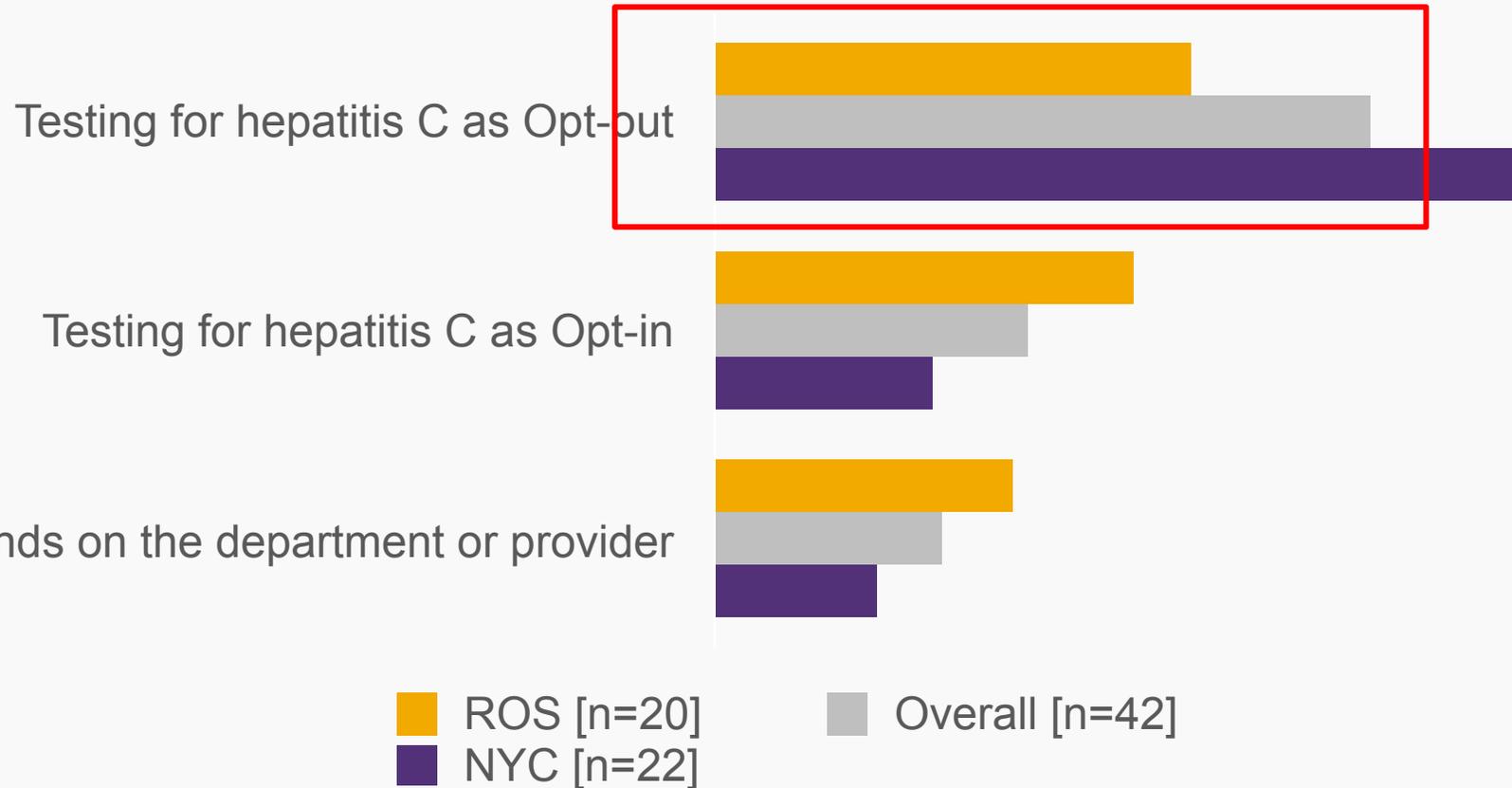
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PRIORITY POPULATIONS AND SETTINGS FOR ELIMINATION IN NEW YORK STATE

Priority Populations



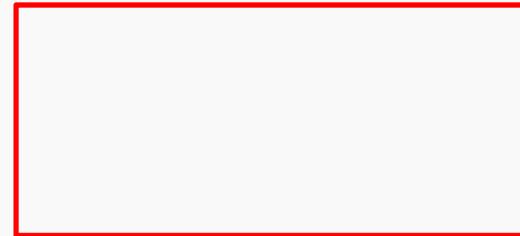
OPT-OUT APPROACHES FOR HEPATITIS C TESTING



AVAILABILITY OF ONSITE HEPATITIS C TREATMENT



CAPACITY OF ONSITE HEPATITIS C TREATMENT PROVIDERS



TECHNICAL ASSISTANCE NEEDS FOR ONSITE HEPATITIS C TREATMENT CAPACITY BUILDING

	Overall [n=42]
We could use assistance with....	
Building capacity among our primary care providers to treat hepatitis C	54.8%
Training providers with opt-out hepatitis C testing such as developing verbal scripts	40.5%
Increasing non-clinical capacity such as care coordinators and community health workers	33.3%
Developing workflow(s) for patients with confirmed hepatitis C infection to link to care	31.0%



PROVIDER EDUCATION AND TRAINING

Hepatitis C treatment is easy

Simplified treatment protocols

Providers time is precious

Flexible training models

Spend a day – Learn to treat hepatitis C

Short online trainings

Tool kits

Workflows

Billing guides



Department of Health



About Us

The Clinical Education Initiative (CEI)'s Hepatitis C and Drug User Health Center of Excellence is a New York State Department of Health AIDS Institute program that offers free continuing medical education to enhance the capacity of New York State's diverse healthcare workforce.

We provide tailored technical assistance to support opioid treatment programs (OTPs) integrate hepatitis C treatment into on-site services:

We're proud to offer a wealth of free educational resources online at ceitraining.org.

Connect with us online!



Scan QR Code to sign up for our newsletter and stay up-to-date with our activities!



Tailored Trainings

In-person and online created specifically for your OTPs needs



On-site Coaching

CEI clinical champion visits your OTP to provide real-time feedback, mentorship and training



Clinical Shadowing

OTP staff visit another clinical practice to shadow patient visits and ask questions



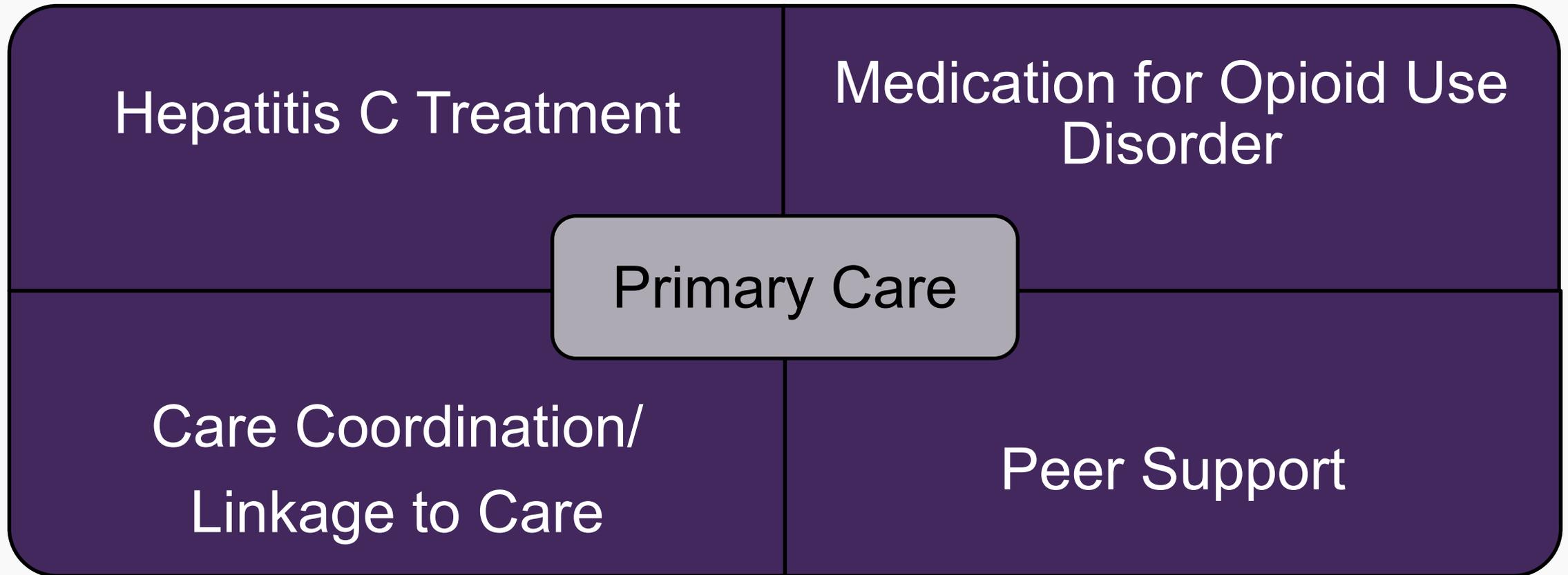
CEI Line

Call 1-866-637-2342 and press 5 to consult with a specialist about hepatitis C or drug user health

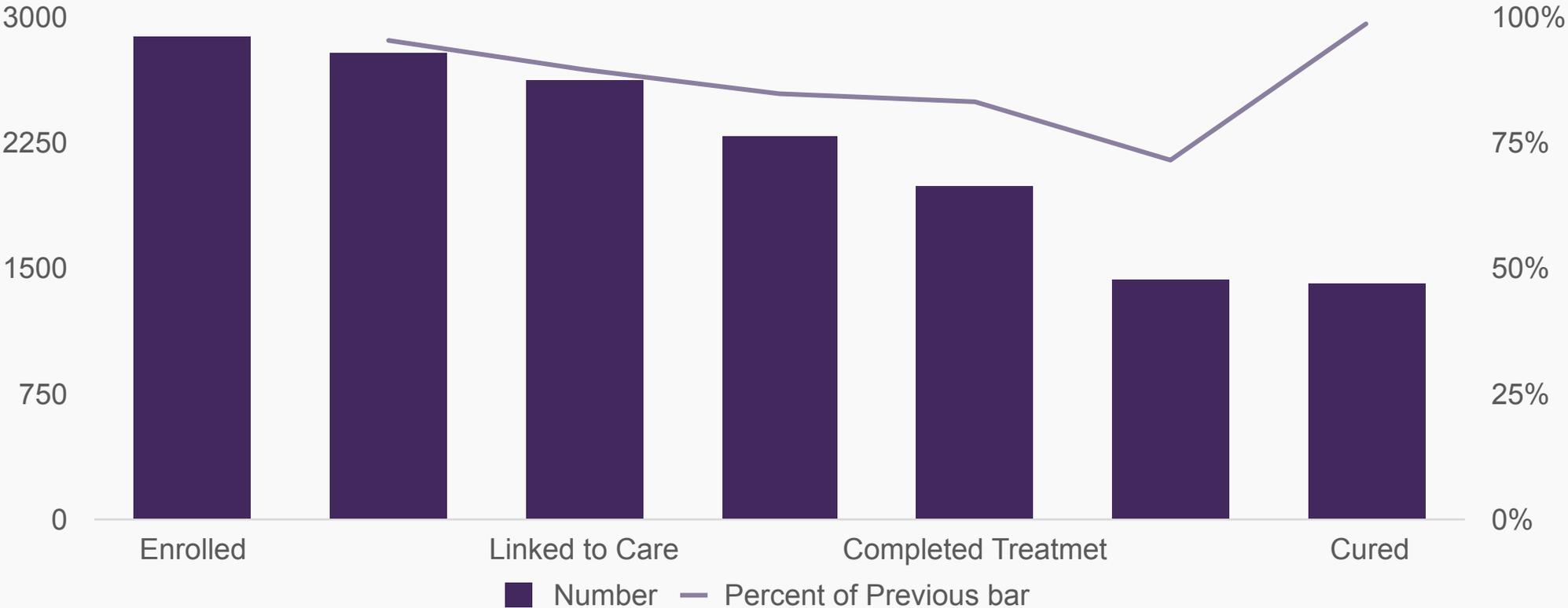
Contact | Lauren.Walker3@mountsinai.org for details



HEPATITIS C CARE AND TREATMENT INITIATIVE



HEPATITIS C CARE AND TREATMENT - CUMULATIVE CARE CONTINUUM



LOW HANGING FRUIT HAVE BEEN TREATED AND CURED

Persons engaged in care

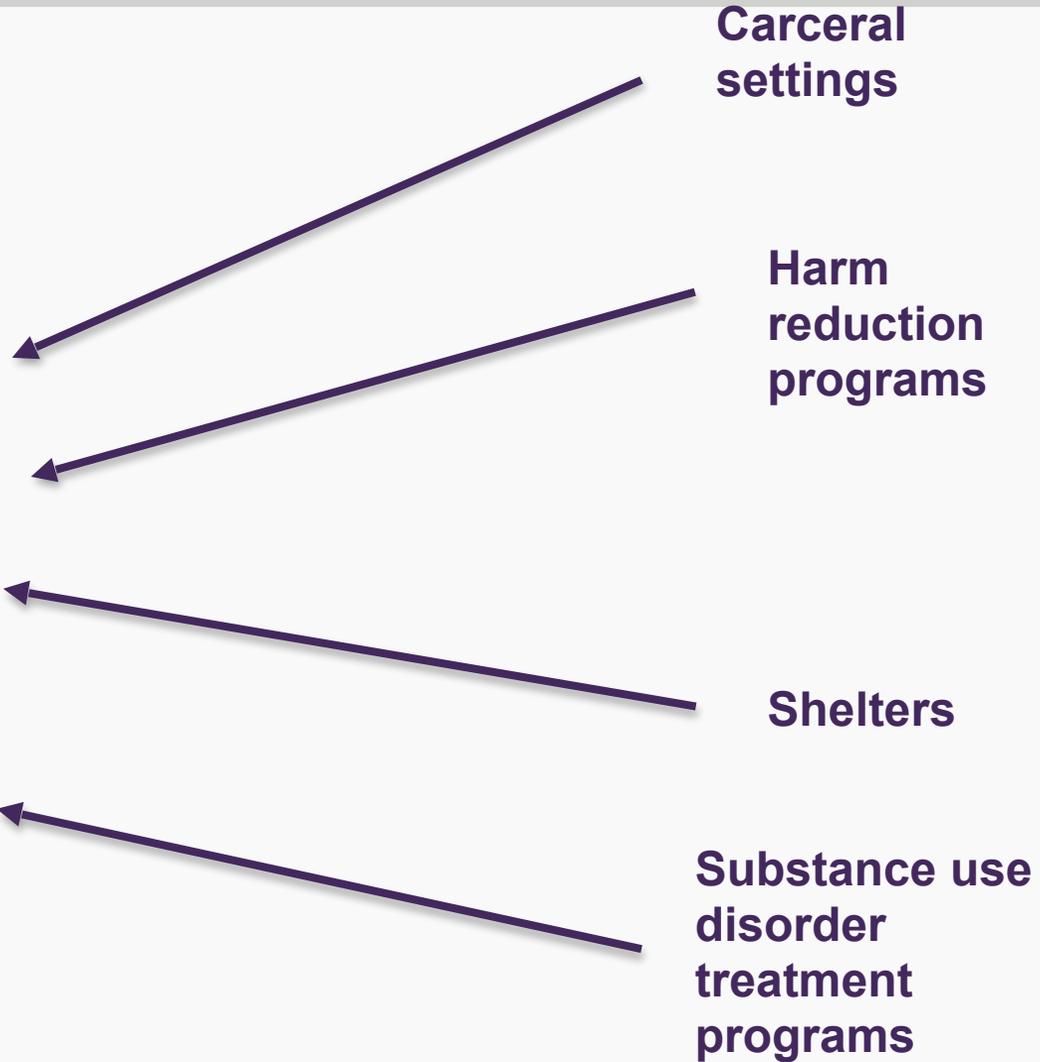
Baby boomers

HIV/HCV coinfecting



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BRINGING PEOPLE WHO INJECT DRUGS TO TREATMENT



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Targeted Outreach and Recruitment Plan

Agency: _____

Date Last Revised: _____

1. Recruitment/Enrollment Strategy:					Monitoring Your Plan		Notes
What activity will you use to reach people? <i>(Ex. HCV testing, syringe services, group education, individual counseling, provider education, etc.)</i>	Where will the activity happen? <i>(Complete a separate line for each site)</i>	When will it take place? <i>(Be specific about days and times)</i>	Who will do it?	Population you anticipate engaging <i>(Ex. young PWID, Latino women, OUD patients, etc.)</i>	Recruitment/Enrollment Goal (#) <i>(include timeframe)</i>	Progress to Date (#) <i>(include timeframe)</i>	<ul style="list-style-type: none"> ▪ <i>Was the activity successful in engaging the intended population?</i> ▪ <i>Where are changes needed?</i> ▪ <i>Key contacts</i>
2. Recruitment/Enrollment Strategy:					Monitoring Your Plan		Notes
What activity will you use to reach people? <i>(Ex. HCV testing, syringe services, group education, individual counseling, provider education, etc.)</i>	Where will the activity happen? <i>(Complete a separate line for each site)</i>	When will it take place? <i>(Be specific about days and times)</i>	Who will do it?	Population you anticipate engaging <i>(Ex. young PWID, Latino women, OUD patients, etc.)</i>	Recruitment/Enrollment Goal (#) <i>(include timeframe)</i>	Progress to Date (#) <i>(include timeframe)</i>	<ul style="list-style-type: none"> ▪ <i>Was the activity successful in engaging the intended population?</i> ▪ <i>Where are changes needed?</i> ▪ <i>Key contacts</i>

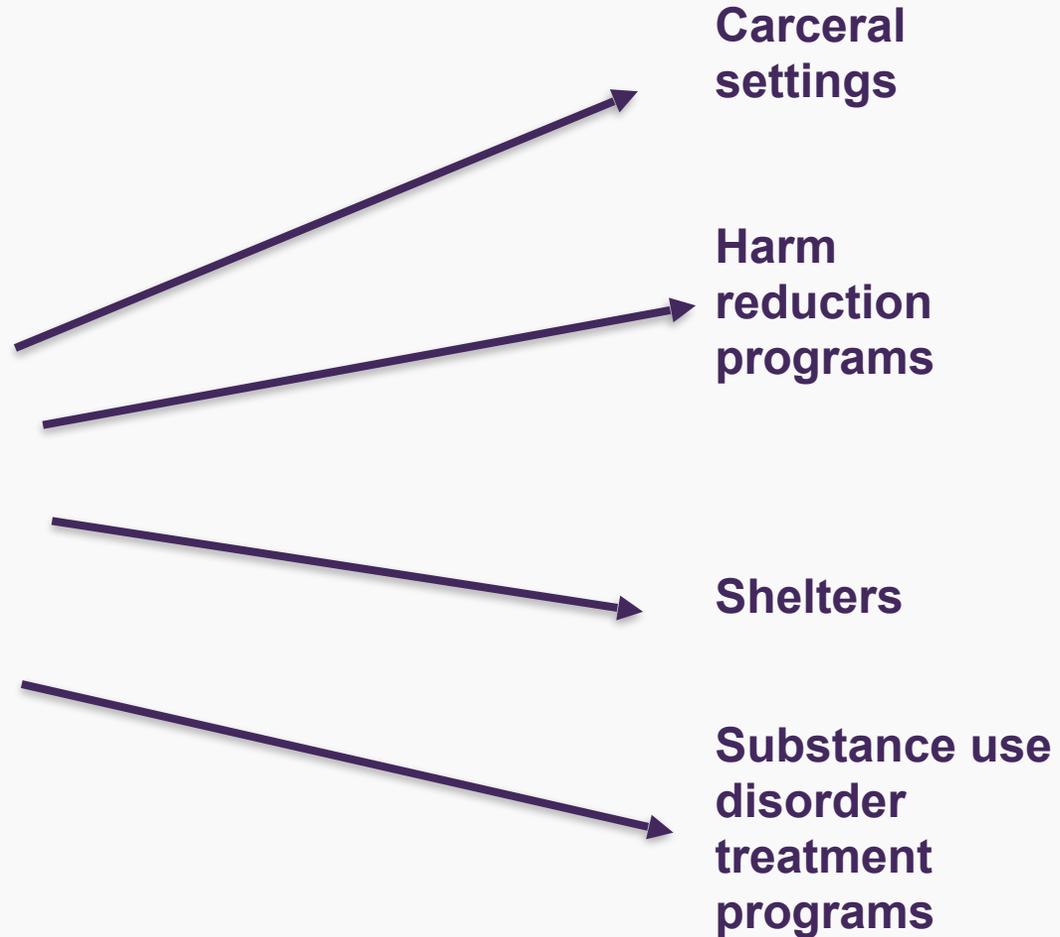
HIGH IMPACT SETTING NAVIGATION

Attachment X
Component A: High-Risk Setting¹ Enrollment Plan

Local Jail Name	Point of Contact <i>(name & contact info at high-risk setting)</i>	Who will conduct the HCV testing? (i.e., Applicant or high-risk setting)	HCV Enrollment² Goal <i>(Year 1 Total)</i>
SUD Treatment Program Program Name	Point of Contact <i>(name & contact info at high-risk setting)</i>	Who will conduct the HCV testing? (i.e., Applicant or high-risk setting)	HCV Enrollment² Goal <i>(Year 1 Total)</i>
Drug User Health Hub³ Agency Name	Point of Contact <i>(name & contact info at high-risk setting)</i>	Who will conduct the HCV testing? (i.e., Applicant or high-risk setting)	HCV Enrollment² Goal <i>(Year 1 Total)</i>
Optional: Other High-Risk Setting Agency Name	Point of Contact <i>(name & contact info at high-risk setting)</i>	Who will conduct the HCV testing? (i.e., Applicant or high-risk setting)	HCV Enrollment² Goal <i>(Year 1 Total)</i>



BRINGING TREATMENT TO PEOPLE WHO INJECT DRUGS



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BRINGING TREATMENT TO PEOPLE WHO INJECT DRUGS

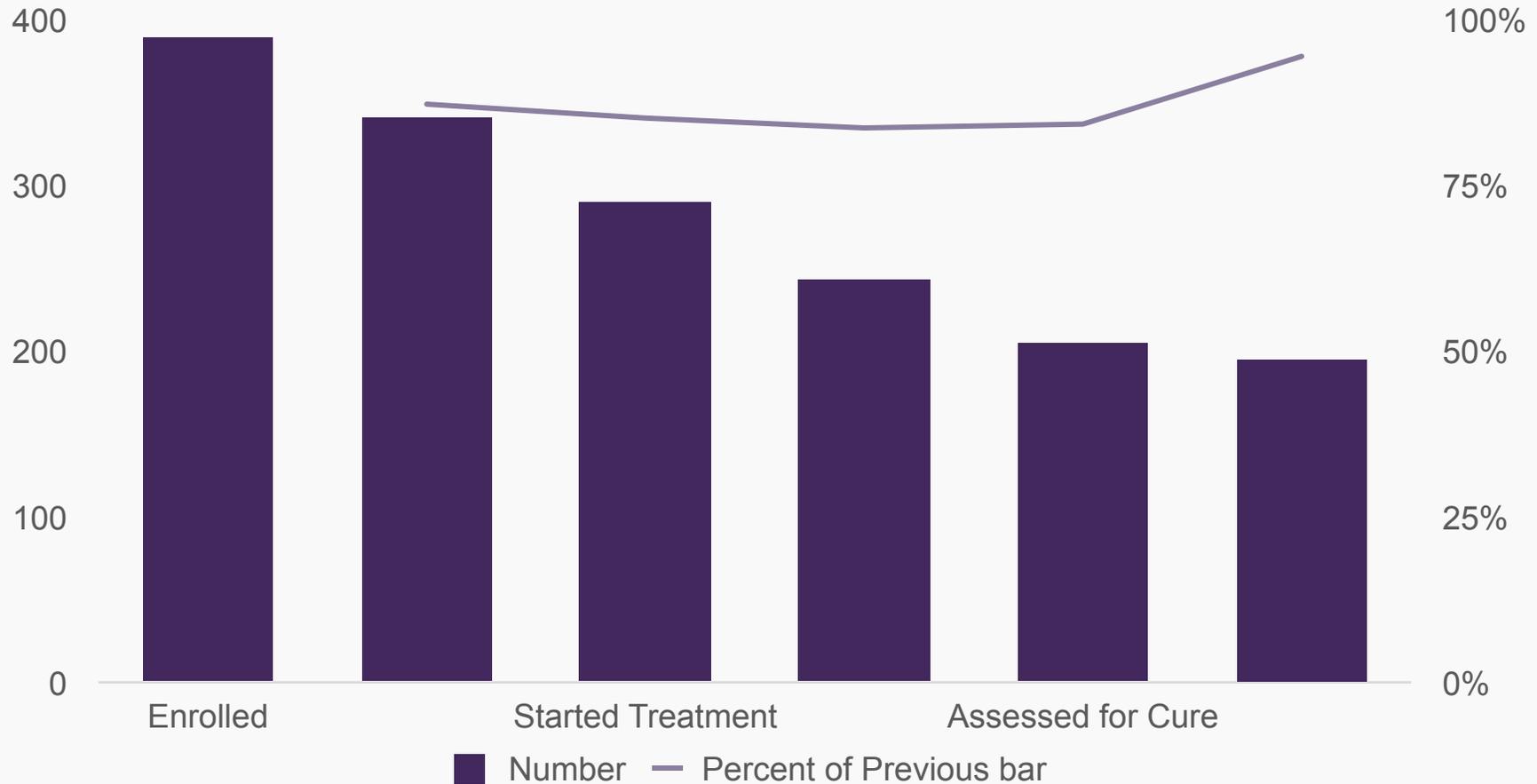
Innovative Models of Care

- Co-location of hepatitis C treatment at non-traditional health care settings
 - SSPs
 - Mobile van
 - Telehealth
- Addresses the needs and the barriers people who inject drugs face when accessing hepatitis C services in traditional health care settings.

Nurse Care Coordination in OTPs

- OTPs serve individuals most likely to have hepatitis C.
- Many OTPs do not treat hepatitis C.
 - Common barrier is lack of care coordination.
- Funding supports nurse-led hepatitis C care coordination activities in NYS OASAS licensed OTPs.

INNOVATIVE MODELS OF CARE - CUMULATIVE CARE CONTINUUM



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July 1, 2019 – June 30, 2024

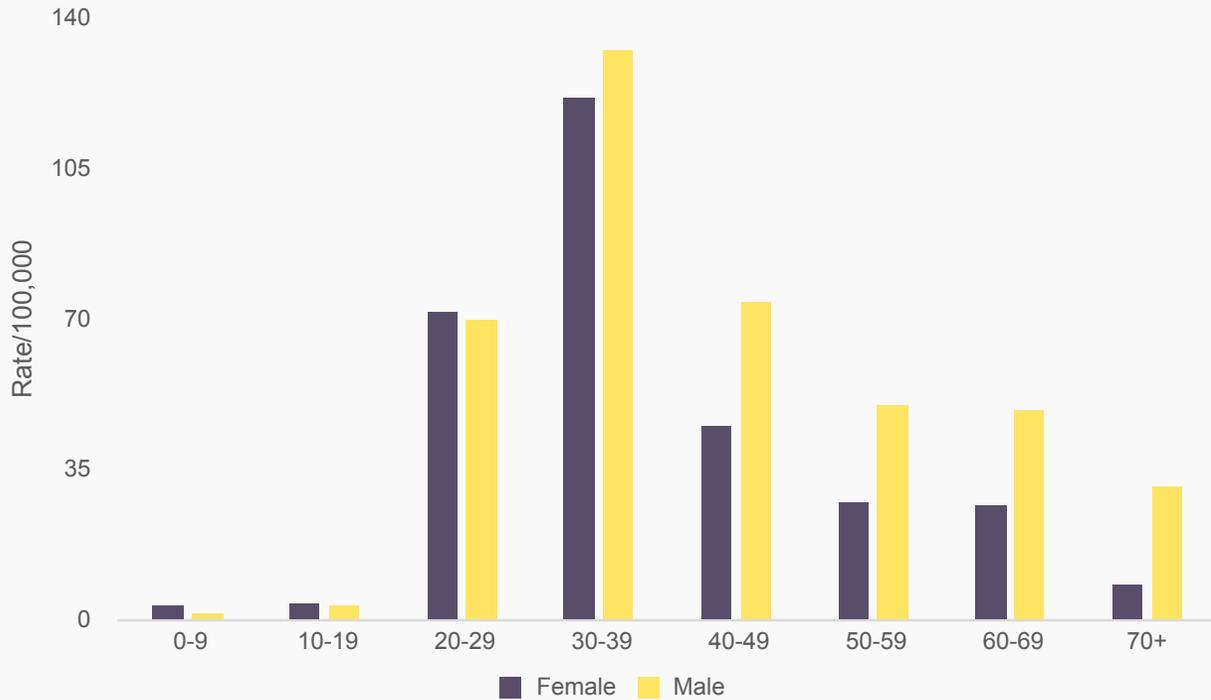
HEPCAP – HEPATITIS C ASSISTANCE PROGRAM

- Covers hepatitis C-related treatment and monitoring for New York State residents who do not have insurance and meet financial requirements (500% of the federal poverty level).
- Currently only programs funded by the AIDS Institute to provide hepatitis C Care and Treatment can enroll individuals into HepCAP.
 - Other programs on a case-by-case basis
- DOES NOT cover medications- programs can assist clients with applying for Patient Assistance Programs available through pharmaceutical manufacturers.

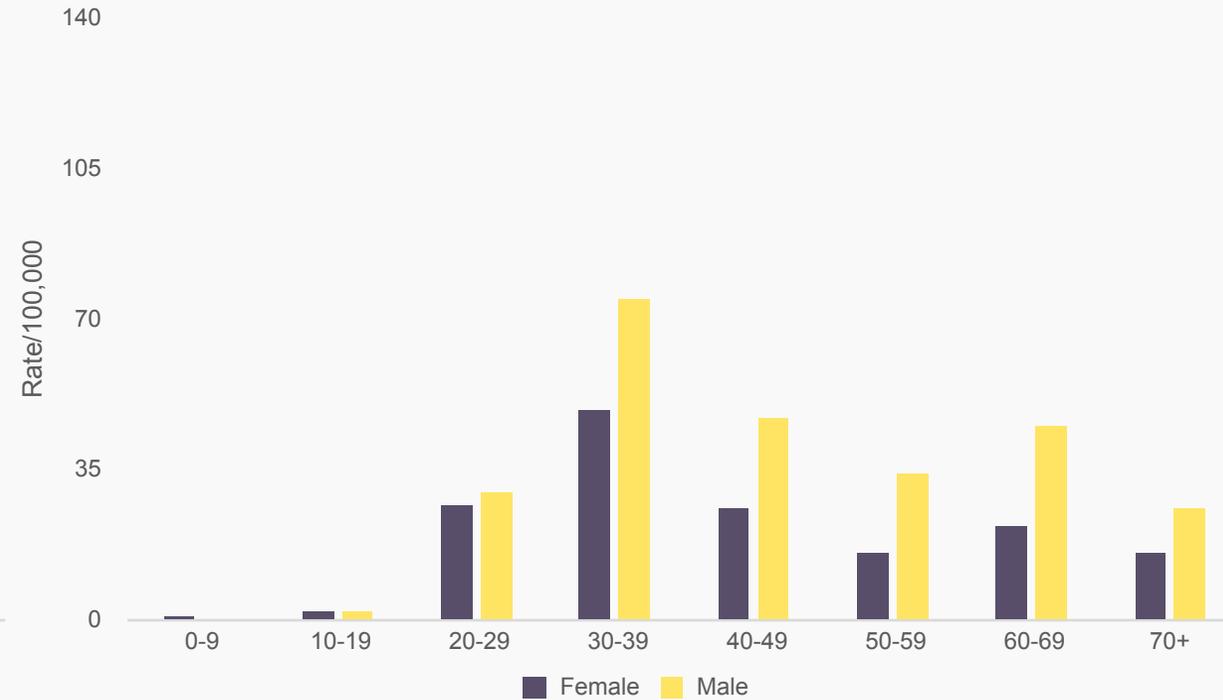
HIGH RATES OF HEPATITIS C IN RURAL COUNTIES

Case rates in the **30-39 age-group** are **higher in rural counties** than in urban counties. Rates in males are higher than in females across majority of age groups in both areas.

Rural NYS Counties



Urban NYS Counties



Source: NYS DOH Communicable Disease Electronic Surveillance System, 2023. Data current as of 05/22/2023. Data are preliminary and subject to change. Uses Health Resources & Services Administration (HRSA) definitions of Rural/Urban. Rates exclude persons incarcerated in DOCCS.

HEPATITIS C AND RURAL HEALTH

Collaborate

- NYS Department of Health Office of Rural Health
- NYS Rural Health Council
- Rural Health Networks
- NYS Assoc. for Rural Health

Host Focus Groups

- Understand existing knowledge, assets, and challenges in relation to hepatitis C testing, treatment.

Survey Rural Community Health Centers

- Assess capacity, infrastructure, and technical assistance needs associated with hepatitis C testing and treatment.



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