Incorporating Hepatitis C in Integrated HIV Prevention and Care Planning

Health Department Challenges and Lessons Learned in Aligning Resources, Strategies, and Services to End the Epidemics

January 29, 2020 3:00 p.m. – 4:00 p.m. EDT





About the IHAP TAC

SUPPORTS

Ryan White HIV/AIDS Program Parts A & B recipients and planning bodies

CONDUCTS

national and targeted training and technical assistance activities



FOCUSES

on integrated planning including implementation and monitoring of Integrated HIV Prevention and Care Plans



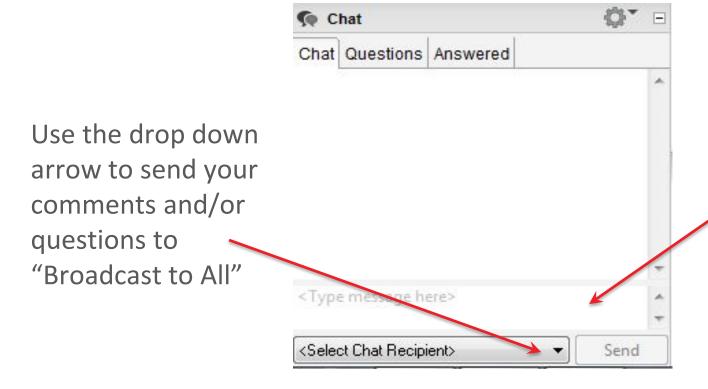


Support and Tools Available

- Plan activity implementation
- Communicating progress on plan activities to stakeholders
- Engaging community in integrated planning efforts
- Monitoring and evaluating plan activities
- Integrating care and prevention in health departments
- Optimizing resource allocation
- Aligning plan activities with other efforts

Chat Feature

If you have questions during the call, please use the chat feature. To do so:



Chat comments and/or questions here, and please indicate which jurisdiction you're from.

Webinar Objectives

Following the webinar, participants will be able to:

- Describe rationale and strategic framework for incorporating hepatitis
 C virus (HCV) services in state Integrated HIV Prevention and Care Plans.
- Identify strategies for inclusion of HCV services and programs to better address community need, leverage resources, improve efficiencies, and enhance coordination of service delivery.
- Discuss methods for monitoring and evaluating HCV services as part of the integrated plans.

Today's Presenters



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Thaddeus Pham

Viral Hepatitis Prevention Coordinator Harm Reduction Services Branch Hawaii Department of Heath Incorporating HCV in HIV Prevention & Care Programs

Marissa Tonelli

HealthHIV IHAP TAC

Incorporation of HCV Services in HIV Programming Can Support

- Maximizing federal and state resources (lower costs)
 - Cost-effective to address both HCV and other co-occurring conditions
- Eliminating duplicative services
- Addressing overlapping risk factors and risk populations (e.g. HIV+, people who inject drugs (PWID), men who have sex with men (MSM))
 - Focus on patient needs rather than service areas
 - Address growing rates of infectious diseases, including perinatal HIV/HCV infections, due to the opioid epidemic
- Bringing new partners together

Rationale for Integrated HCV Services

Client-focused!

- Focus on the client behaviors and needs
- Provide seamless access to comprehensive services tailored to each client
- Maximize clients' access to services and reduce missed opportunities to serve clients
- Shared skillsets across health department staff and positions

Opportunities for HCV Service Integration

- Service-level integration of HCV screening, navigation and linkage to treatment at STI clinics, HIV testing programs (including outreach/venue-based testing), HIV case management, etc.
- Provider outreach/education, for example, among those already providing HIV care
- Expanding public health staff roles
 - Cross-training staff (e.g. AIDS Education Training Centers)
 - Updating position expectations and responsibilities (e.g. Hawaii's HIV counselors)

Opportunities for HCV Service Integration, Cont.

- Leveraging programs reaching at-risk population, such as syringe services programs, drug-user health initiatives, and opioid response (e.g. OR-HOPE in Oregon)
- Establish and reinforce partnerships internally across programs and externally across organizations (e.g. HIV/HCV screening in behavioral health settings)

Barriers to HCV Service Integration

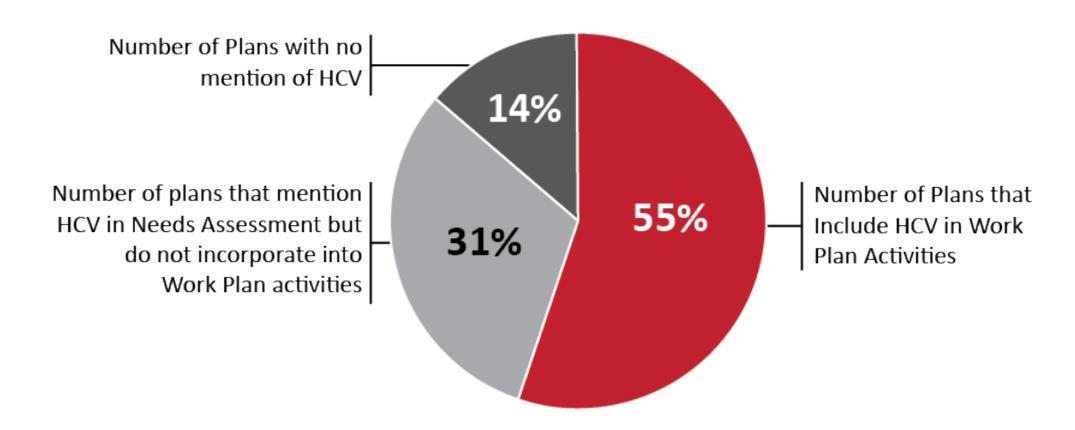
- Siloed systems of prevention and care (e.g. incompatible, siloed systems of services and data)
- Lack of flexibility in use of federal HIV funding (i.e. unable to treat mono-infected)
- Limited surveillance data, especially at the local level
- Lack of resources to cross train staff and/or limited staff time
- HCV treatment access challenges
- HCV eligibility challenges

2017-2021 Planning for Incorporating HCV Services



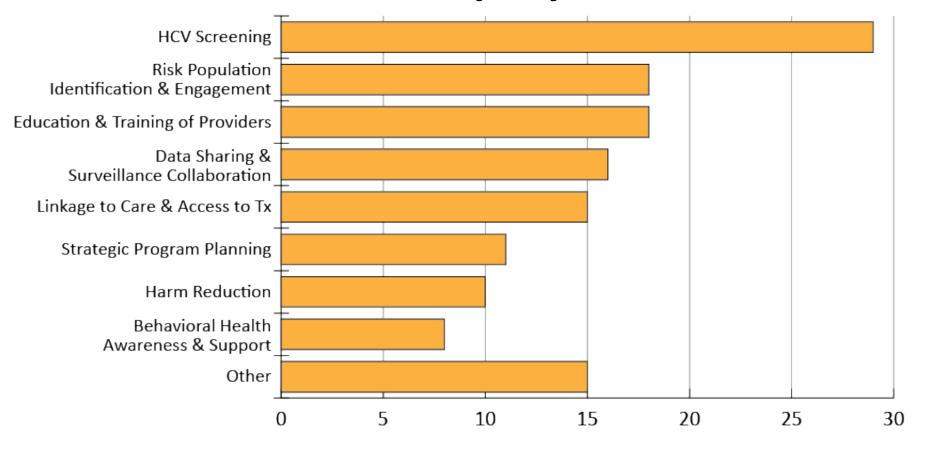
Over half of jurisdictions include HCV activities in work plan

2017-2021 Integrated HIV Prevention and Care Plans, n=74



Health Departments are incorporating HCV through the following service areas

HCV Activity Key Themes



Note:

Categories are listed in order of frequency (besides "Other"), e.g. HCV screening was most frequently cited in IPs

Poll

How is your health department integrating HCV services?

- HCV Screening
- Risk Population Identification and Engagement
- Education and training of providers
- Data sharing and surveillance collaboration
- Linkage to care and access to care
- Strategic program planning
- Harm reduction
- Behavioral health awareness and support
- Other chat in.

Levels of Integration – Tier 1

Short-term, most feasible implementation

- HCV screening and education for people with HIV (e.g. one-time or annually)
- HIV/HCV screening and education for all PWID
- HCV screening and education in all health department HIV/STD programs
- Coordinate HIV, STD, hepatitis screening for MSM
- Expand and maintain relationship between HIV, STD, and HCV programs and substance abuse prevention and treatment programs within HD

Levels of Integration – Tier 2

Longer-term implementation, may require foundation-level training among staff, may require additional funding or political buy-in

- Develop HIV, STD, and HCV crosstraining protocols for staff
 - Educate HIV case managers about options for HCV treatment and cure if co-infected
- Support comprehensive AIDS Drug Assistance Program formulary that includes access to HCV treatment
 - Recruit people with HIV co-infected with HCV into HCV treatment

- Work with external partners to facilitate HCV screening (e.g. corrections, behavioral health)
 - Concurrently offer HCV screening in all HIV/STD testing venues or provide referrals
- Implement harm reduction models that incorporate HCV screening (e.g. syringe services programs [SSPs], safe injection sites)

Levels of Integration – Tier 3

Longer-term implementation, likely requires cross-trained staff or working group, likely requires additional funding and political/community buy-in

- Design specialized outreach programs to engage young PWID in HIV/HCV prevention and testing
- Increase co-location of services for HIV and STD testing and care, hepatitis A and B vaccination, and HCV testing and linkage to care
- Train HIV providers and medical case managers to identify mental health and substance abuse co-morbidities jeopardizing access to HCV treatment
- Expand services provided at SSPs to include distribution of home HIV/HCV test kits

Poll

What is your jurisdiction's level of integrating HCV services?

- Tier 1
- Tier 2
- Tier 3

Health Department Models for Incorporating HCV

HCV Integration in Wisconsin's Integrated HIV Prevention and Care Plan Development

- At least one HCV staff/team member was engaged on each of the four planning work groups
 - Ensured that HCV and harm reduction were part of the plan's goals, objectives, and strategies
- HCV staff regularly attend the Wisconsin Statewide Action
 Planning Group to share information on HCV services/programs,
 HCV epidemiology, and drug user health
- Staff turnover has been one challenge facing the planning process

Combining Virginia's HIV and Hepatitis Testing Programs

- Developed common data collection and quality assurance methods, e.g. HCV Quality Assurance Manual
- Integrated contract administration responsibilities to facilitate addition of HCV testing to existing HIV testing contracts, including combined site visits
- Merged the Viral Hepatitis Program with the HIV Testing Team
- Created better knowledge-sharing mechanisms

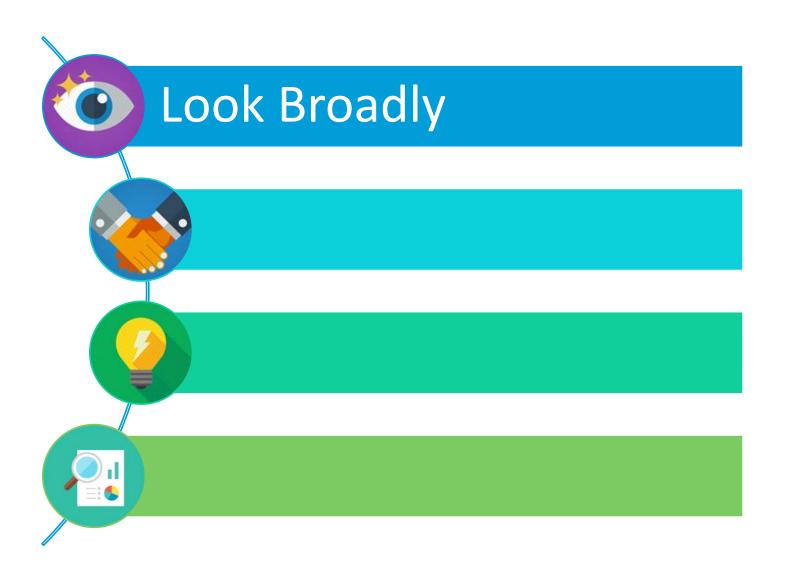
Intersect to Integrate

HEPATITIS AND HIV CO-PROGRAMMING IN HAWAII



Intersectional Framework

Things are related to other things



Harm Reduction Services Branch



Harm Reduction Services Branch

Mission

To empower people in Hawaii to make responsible health decisions for themselves and others by:

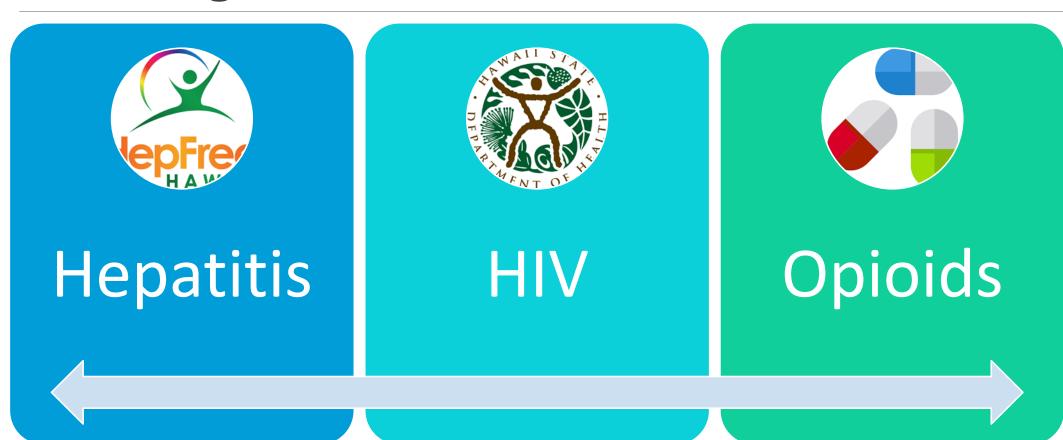
- Providing statewide leadership and coordination for the prevention, treatment, care and surveillance of infections transmitted primarily through sexual contact or injection drug use; and
- Assuring the accessibility and delivery of client-centered, nonjudgmental, and comprehensive services with the spirit of aloha and respect



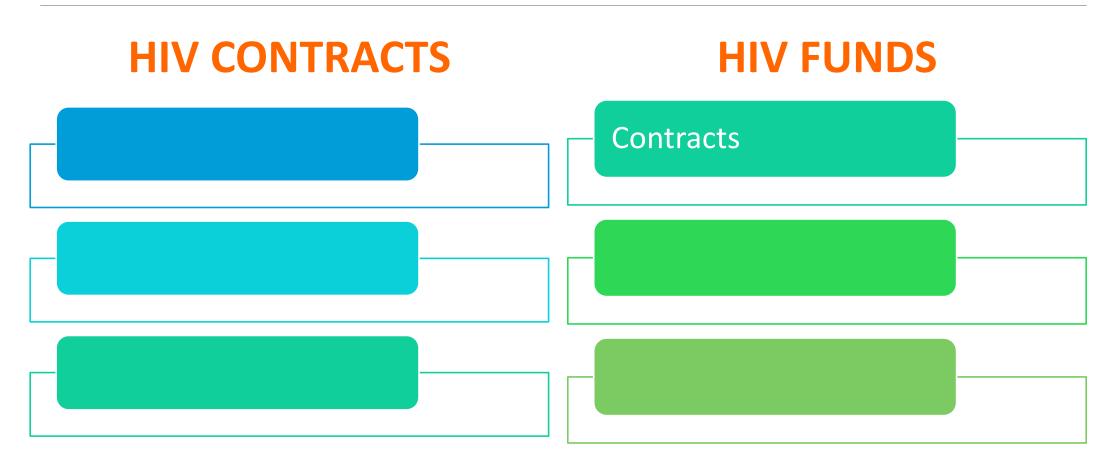
Integration

IMPLEMENTING HEPATITIS SERVICES

Planning and Policies



Alignment of Services



Training and Development

DOH

- New Staff
- Equity Programs

OTL

- State Certification
- Content/Skills

CME

- Conferences
- Summits



Role of Community

Hep Free Hawaii is a community-based coalition of over 90 partner agencies, dedicated to increasing awareness of and access to hepatitis services in Hawaii.

- Advocacy
- Care Coordination
- Education
- Awareness

www.hepfreehawaii.org





Lessons Learned

FRAMEWORK FOR SUSTAINABILITY

Challenges



SILOS

Funding Streams

Grant Requirements

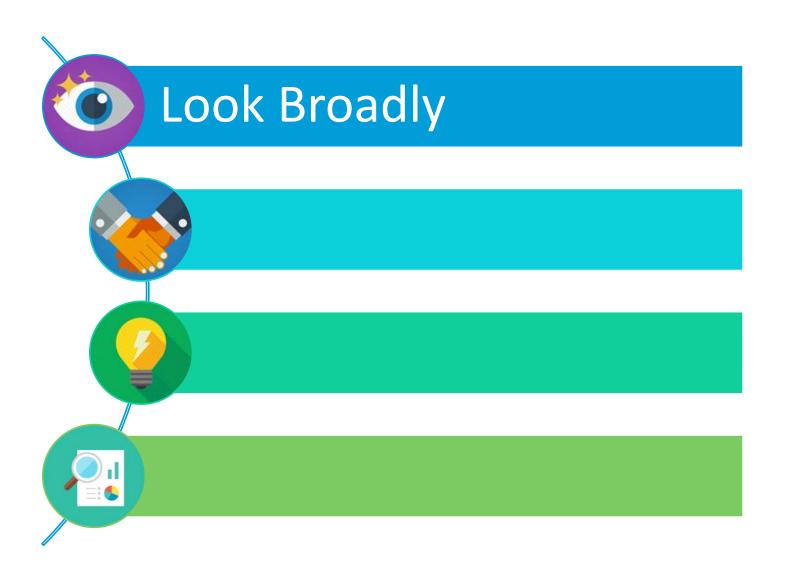
Staffing Parity

Surveillance

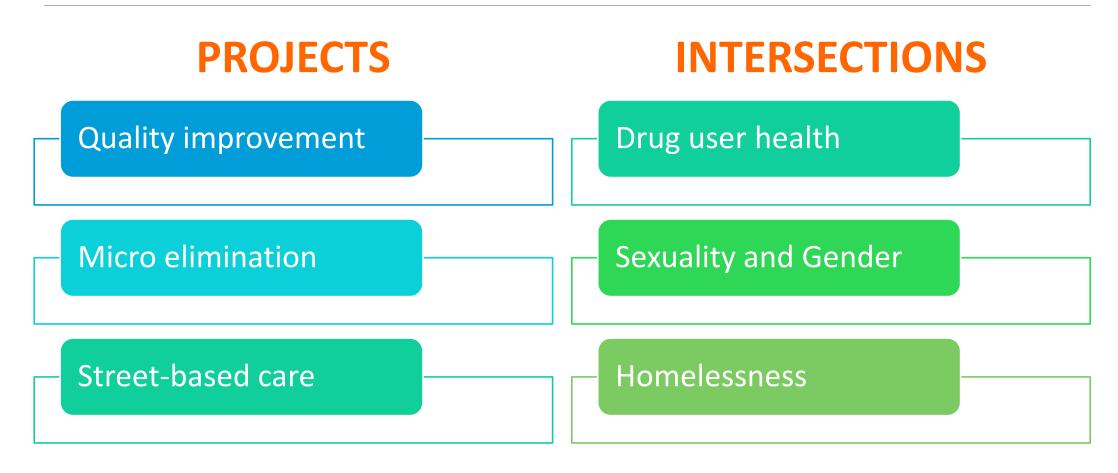
Buy In

Intersectional Framework

Things are related to other things



Next Steps





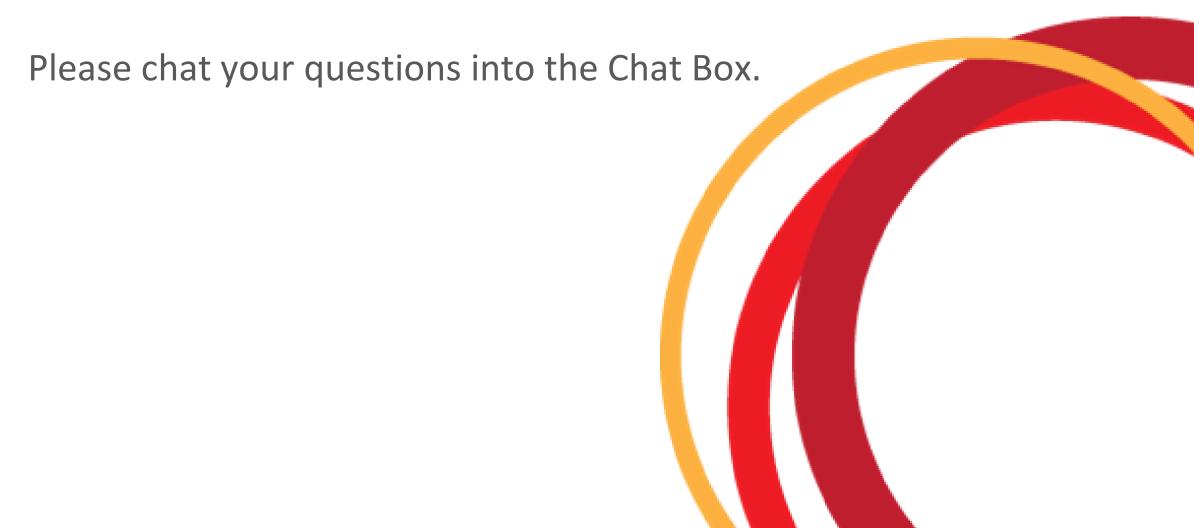
Mahalo

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Questions



IHAP TAC Webinars

 Access our archived and upcoming webinars www.targetHIV.org/ihap/webinars



Thank you!

Contact us at ihaptac@jsi.com!

Obtain more information, join our mailing list, request TA, or share your experiences or resources.

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