Situational Analysis for Viral Hepatitis Elimination in Northern New England

Hep Free NNE Kickoff Summit
October 5, 2023

Context of Viral Hepatitis Elimination

- Viral hepatitis is a serious, but preventable threat to personal and public health.
- Effective clinical interventions include vaccines for hepatitis A and hepatitis B, accurate diagnostic tests that can detect hepatitis B and hepatitis C infections, and treatments such as direct-acting antiviral (DAA) medications that can cure hepatitis C infections at a very high rate.
- The clinical effectiveness of these interventions has opened up the possibility for achieving elimination of viral hepatitis as a public health threat.
- However, progress has been limited.

Wester C, et al. Hepatitis C Virus Clearance Cascade — United States, 2013–2022. Centers for Disease Control and Prevention | MMWR | June 30, 2023 | Vol. 72 | No. 26

Context of Viral Hepatitis Elimination (continued)

As stated in the Viral Hepatitis National Strategic Plan for the United States:

> "Major challenges include missed opportunities for prevention through vaccination; lack of awareness of infection; testing and diagnostic limitations; barriers to treatment; limited data; and the intertwined nature of hepatitis and other co-existing morbidities such as STIs, HIV, and SUDs. . . .
>
> Successful efforts to address viral hepatitis must also address stigma, discrimination, and social determinants of health, all of which can act as barriers to prevention, screening, and treatment."

Context of Viral Hepatitis Elimination (continued)

The Viral Hepatitis National Strategic Plan for the United States: A Roadmap to Elimination (2021–2025) provides a framework to eliminate viral hepatitis as a public health threat in the United States. The goals outlined in the plan are:

- Goal 1: Prevent new viral hepatitis infections
- Goal 2: Improve viral hepatitis-related health outcomes for people with viral hepatitis
- Goal 3: Reduce viral hepatitis-related disparities and health inequities
- Goal 4: Improve viral hepatitis surveillance and data usage
- Goal 5: Achieve integrated, coordinated efforts that address the viral hepatitis epidemics among all partners and stakeholders

Hep Free NNE is currently working to assess the regional landscape and build stakeholder engagement to inform development of a viral hepatitis elimination plan for Northern New England.

Situational Analysis – Sources and Methods

- Preliminary information describing the current situation in Maine, New Hampshire and Vermont including assets, gaps, challenges, improvement opportunities
- Regional Profile of Viral Hepatis Epidemiology
- Information gathered through key informant interviews (n=42), community listening sessions (n=8), and conversations with People with Lived Experience (n=90) led by community-based partners
- Qualitative data grouped and summarized by major themes, independent reviewers
- Survey of state health departments, various datasets describing system capacity, and review of relevant policies and literature
- Work in progress

AIDS Project of Southern Vermont

HIV/HCV Resource Center

maine family planning

PRIDE CENTER of VT

MAINE ACCESS POINTS

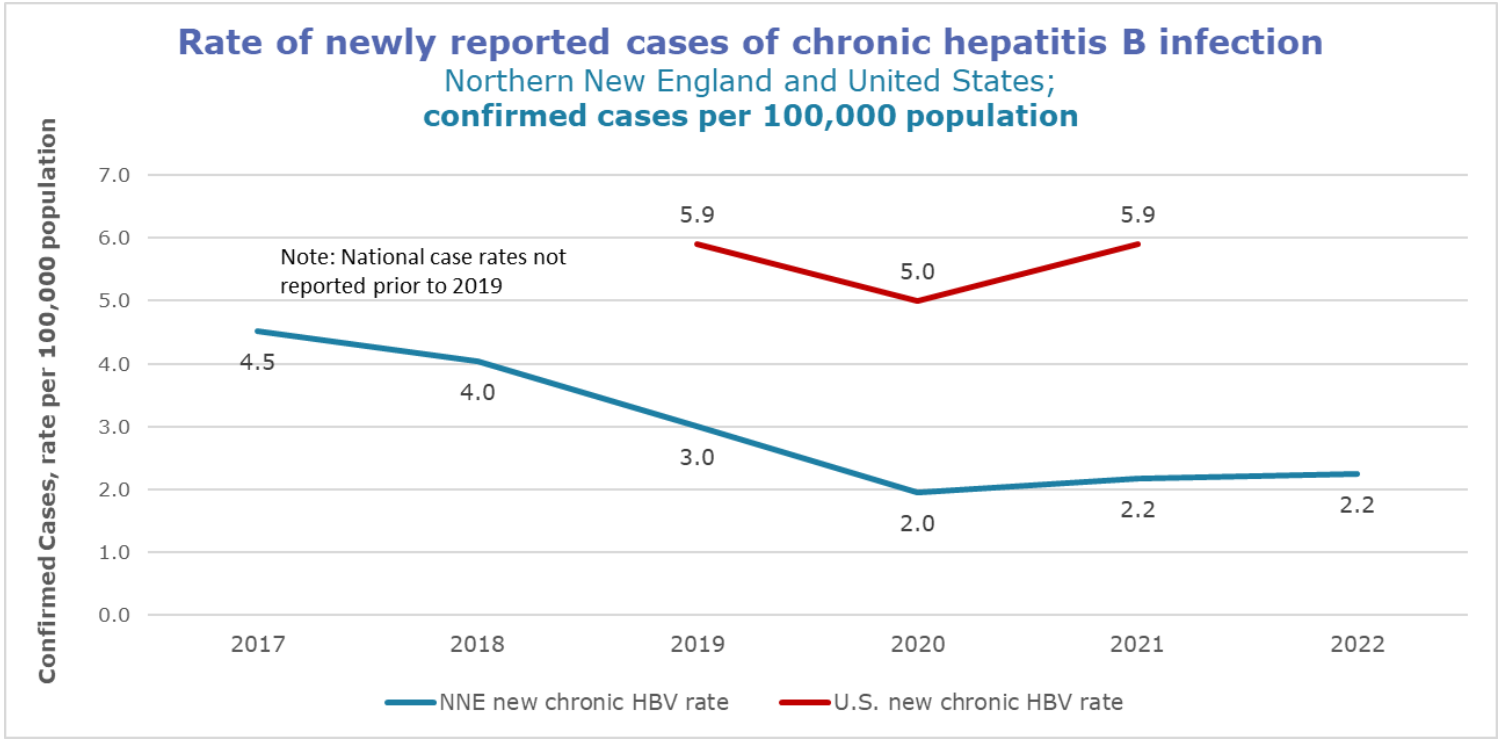
Hep Free Northern New England

Number and rates of newly reported cases of chronic hepatitis B

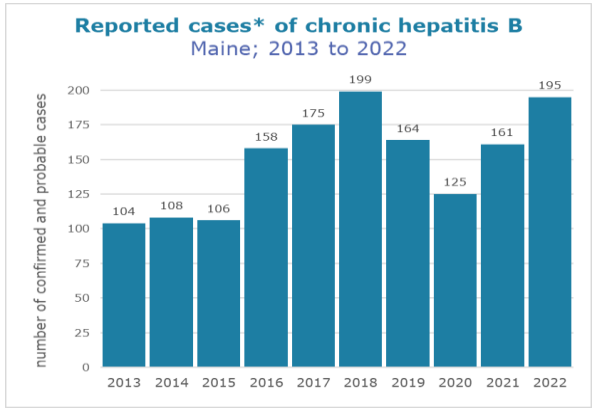
In 2021, Maine had the second highest rate of acute HBV cases of any state

Injection and non-injection drug use are the most common risk factors.

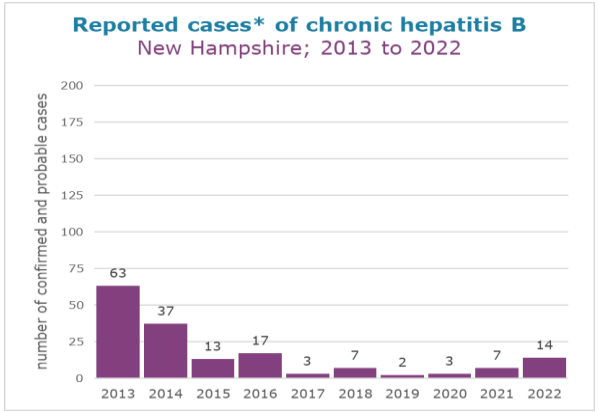
About 62% of cases are between 25-49 years of age.



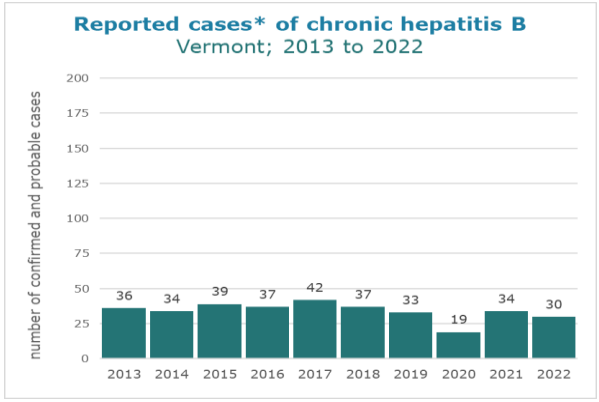
Maine



New Hampshire



Vermont



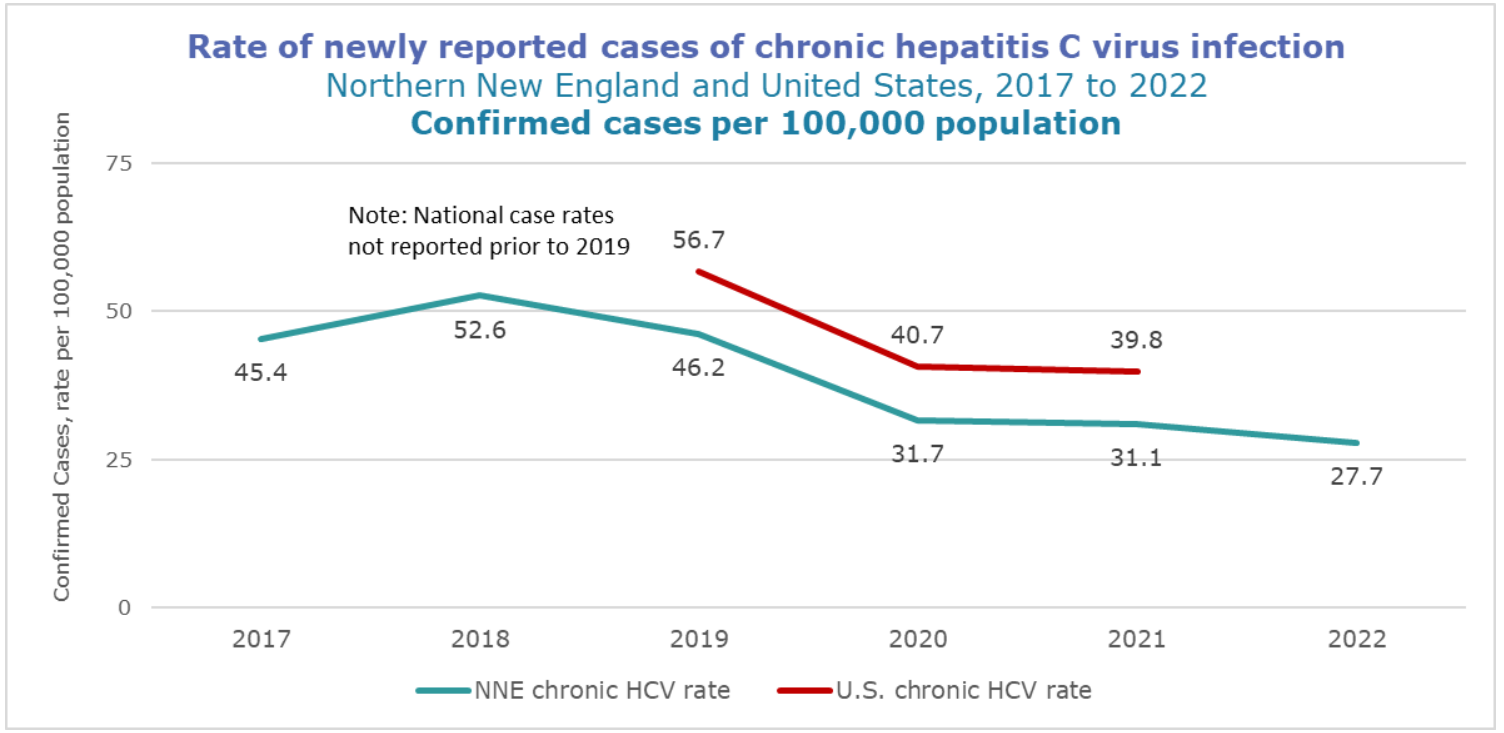
*Charts of yearly state case count totals include both confirmed and probable cases.

Number and rate of reported cases of chronic hepatitis C
Northern New England, 2017 - 2022

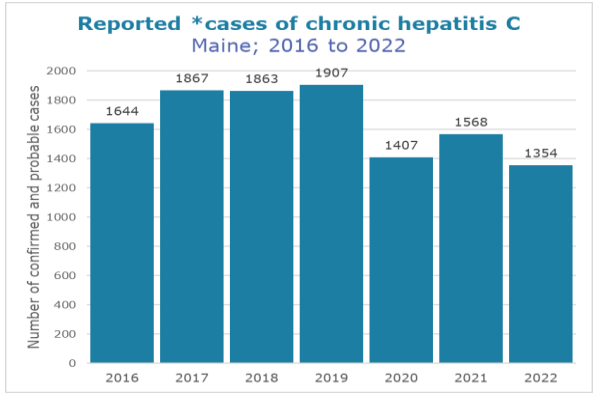
In 2021, Maine had the highest rate of acute HCV cases of any state.

Injection and non-injection drug use are the most common risk factors.

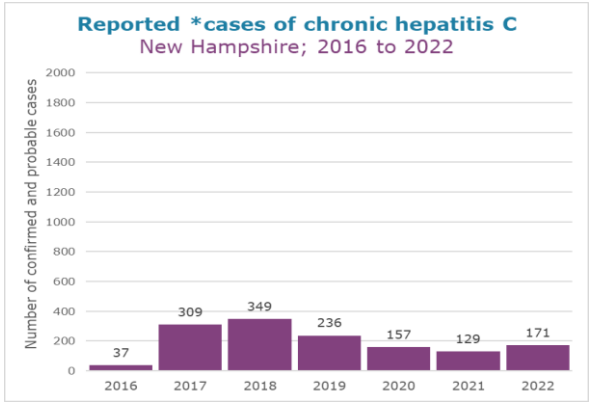
About 61% of cases are between the ages of 25-49.



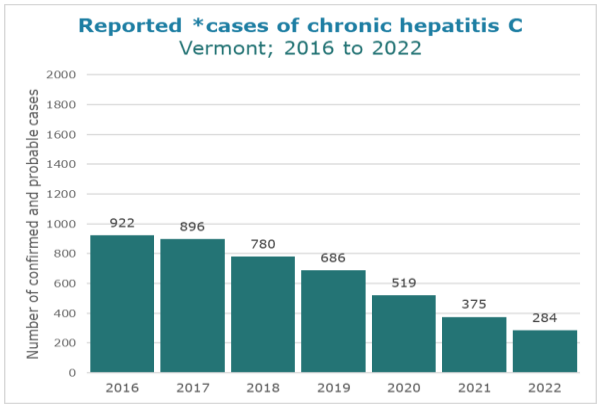
Maine



New Hampshire

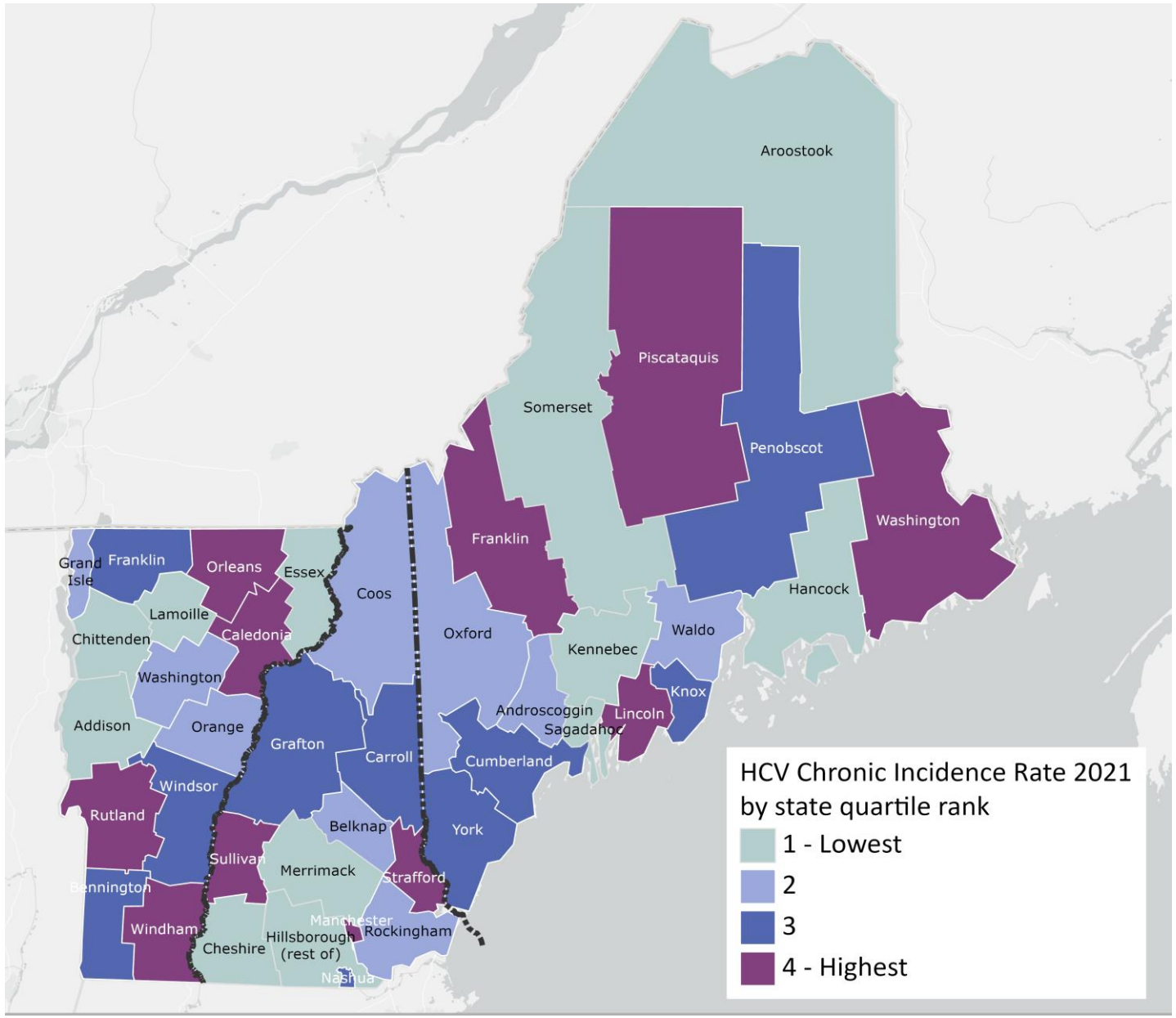


Vermont



*Charts of yearly state case count totals include both confirmed and probable cases.

County-level rates (state quartiles) of newly reported cases of chronic hepatitis C infection; Maine, New Hampshire and Vermont, 2021

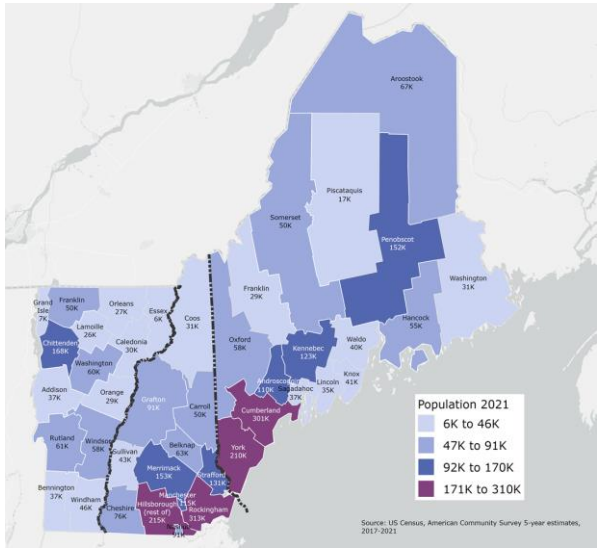


Estimated number of people in NNE living with HCV:

Maine – 7,000
New Hampshire – 7,700
Vermont – 3,700

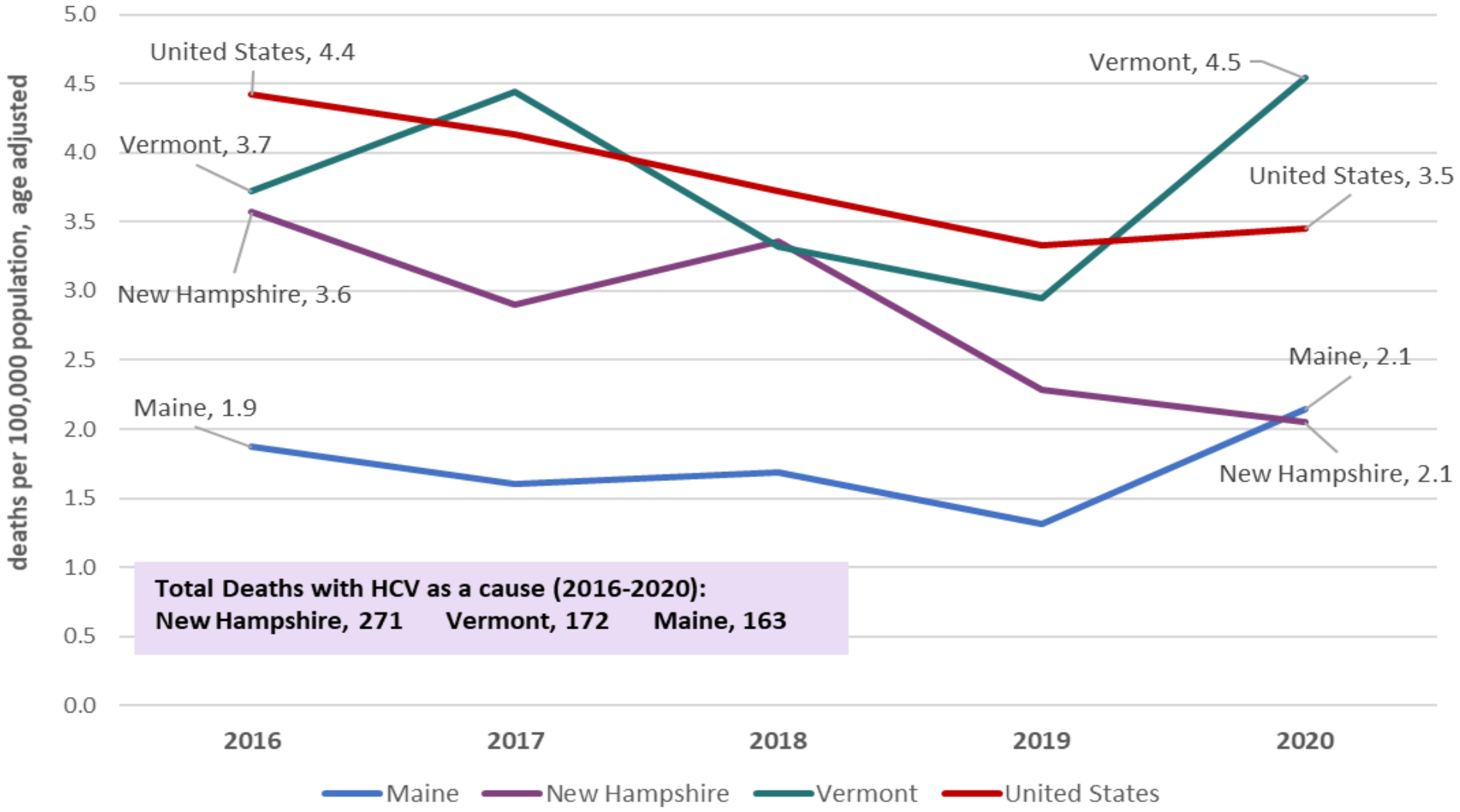
Source: hepvu.org - Rollins School of Public Health at Emory University

Population Distribution



Hep Free Northern New England

Rates of deaths with hepatitis C listed as a cause of death, Northern New England states and United States, 2016 - 2020



Source: CDC, National Center for Health Statistics , Multiple Cause of Death on CDC WONDER Online Database.

Main Themes from Interviews, Conversations and Surveys

The information is organized in the following broad domains:

- **Public Awareness and Access to Testing**
- **Linkage to Care and Access to Treatment**
- **Health Care System Capacity**
- **Public Health System Capacity**
- **High Priority Populations, Harm Reduction and Community Partnerships**

PUBLIC AWARENESS AND ACCESS TO TESTING

Public Awareness and Education

- The general public lacks awareness about viral hepatitis, its risks, and available treatments

  "Hepatitis is a 'silent epidemic' that has limited visibility. The general public isn't aware that this is a public health crisis, so it is not prioritized."

- Misunderstandings and stigma associated with viral hepatitis
- Lack of knowledge, awareness, and education about hepatitis in queer community; 'Risk focus is on HIV. HCV not on anyone's radar.'
- Lack of information about where to access testing and limited availability of testing locations or test kits outside the traditional health care system

What would help?
"If testing and vaccine clinics happened at community centers. More education and access to info. More queer doctors, and free testing would help."

Public Awareness and Access to Testing (continued)

Testing Availability and Accessibility

- Importance of integrating HCV testing with services where people are more likely to access them to include syringe service programs, shelters and recovery centers, HIV/AIDS service organizations and family planning clinics
- Discussions highlighted efforts to use mobile health clinics to reach remote areas or high-risk populations. DISCERNNE example (Drug Injection Surveillance and Care Enhancement for Rural Northern New England)
- Use of monetary incentives and creation of engaging, welcoming environments
- Rapid testing, Dried Blood Spot Testing

What would help?
"Have more mobile sites, and more mobile hours. Give people incentives for being tested. A Lot of people I know went to get tested just for the money and were surprised to find out that they were positive for Hep C."

Public Awareness and Access to Testing (continued)

Health Care Provider Roles and Perspectives:

- Primary care providers (PCPs) play a key role in ordering tests as part of routine care and normalizing the conversation with patients
- Some PCPs are more proactive in ordering tests, while others may miss opportunities
- Most health care systems have electronic health records (EHR) with screening prompts in the outpatient setting. Opportunities are noted for improving EHR integration between settings, updating prompts to be consistent with current screening recommendations
- Reflex testing should be standard protocol, reducing the need for additional encounters
- Correctional health providers in Maine, New Hampshire and Vermont have implemented universal, opt-out screening protocols for new resident intake

What would help?
"People like you talking about it and filling me in, I didn't know all this stuff. Our doctors should be telling us more about it, just like they blasted covid signs everywhere"

LINKAGE TO CARE AND ACCESS TO TREATMENT

Treatment Availability and Accessibility

Key informants highlighted specific examples of organizations making treatment accessible, particularly for individuals who may otherwise be marginalized.

- Gilman Clinic, a point of referral for the Greater Portland community; high-touch, focused approach relies on nursing and pharmacy teams to support patients with implementing provider-developed treatment plans

- FQHCs such as Greater Seacoast Community Health, Greater Portland Health and Harbor Care noted for investments in care coordination, involvement of in-house pharmacy services, as well as outreach through mobile clinics and partnerships with housing and recovery organizations.

- Collaboration between AIDS Project of Southern Vermont and VDH Public Health Nurse visits with SSP clients for vaccinations including HAV and HBV. Similar collaboration exists in Nashua between Revive Recovery and the Nashua Division of Public Health and Community Services.

What would help?
"Less hoops to jump through. Give services the resources they need to actually follow through with the things they offer to help with."

Linkage To Care and Access to Treatment (continued)

Innovative Treatment Models and Approaches:

- Different models of treatment including peer-assisted treatment, integration of viral hepatitis and MOUD treatment, and telehealth were highlighted as potential innovations to improve access and adherence to treatment.
- Telehealth access facilitated in partnership with community-based organizations can help to build trust, make initial connections to medical consultation, and reduce distance and transportation barriers.

What would help? "I think more awareness, education, and help with transportation would improve it. I think more people would get tested if there wasn't so many barriers."

Linkage To Care and Access to Treatment (continued)

State	Grade	Comments Hepatitis C: State of Medicaid Access, Center for Health Law and Policy Innovation of Harvard Law School and National Viral Hepatitis Roundtable
Maine	C	Prior authorization is required for all HCV treatment regimens. • Adherence-based restriction on patients seeking retreatment • 14-day dispensing limitation for first fill; can contribute to disruption of treatment follow-through • Lab documentation required within 6 months • Documentation of genotype
New Hampshire	A	Although NH received a high grade, 98% of Medicaid participants in NH are enrolled in one of 3 managed care plans. All 3 MCOs, require prior authorization. Additionally, AmeriHealth requires "drugs must be prescribed by, or in consultation with, a specialist in hepatology/gastroenterology/infectious disease/HIV/liver transplant, or the prescriber must have completed continuing medical education on the treatment of hepatitis C".
Vermont	B	Prior authorization is required for all HCV treatment regimens • For patients in need of additional treatment beyond 12 weeks, requires "documentation of adherence" prior to continuing therapy • Quantitative HCV RNA viral load done within 6 months or consistently positive in past results for ≥ 1 year span of time • HCV genotype verified by lab

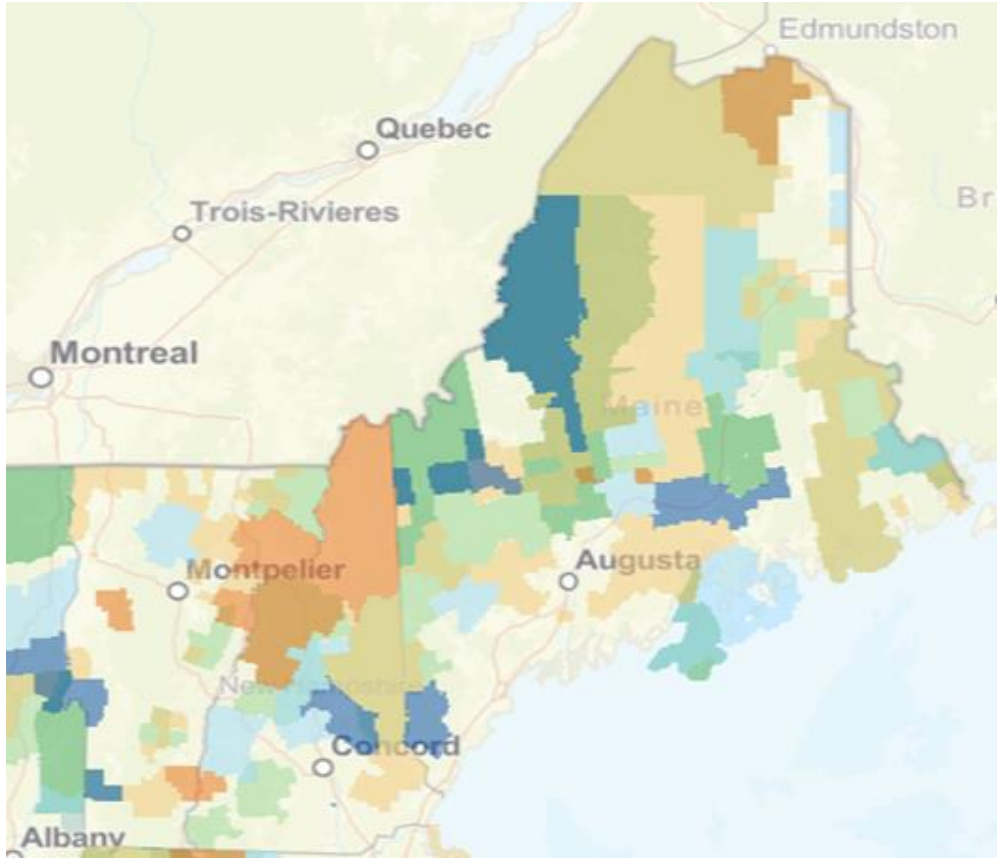
Medication Access and Funding

- Medicaid is described as 'the most important source of coverage' in each state; prior authorizations required

- Role of specialty pharmacies

"The services and things only work as well as you put energy into them, but sometimes it feels like you're trying to make things work while the people you're working with have no clue what's going on."

HEALTH CARE SYSTEM CAPACITY



Large swaths of Northern New England are designated as Health Professional Shortage Areas (brown shade), Medically Underserved Areas (green) or Medically Underserved Populations (blue)

Capacity of Primary Care Providers

- Patient waitlists and high demand for care; the primary care system in northern New England was described as being 'in a shambles' with wait times for new patient appointments at 6 months or more across the region
- Lack of time for comprehensive care due to high volume, short visits and numerous competing EHR reminders and checklists
- Insufficient workforce capacity for case management and care coordination

"It takes so long to get into a doctor around here. Every couple of months it feels like we have to find a new PCP."

HEALTH CARE SYSTEM CAPACITY (continued)

Subspecialist Capacity

- Most stakeholders can identify Infectious Disease or Gastroenterology practices accepting referrals for viral hepatitis care, but wait times for appointments can be ‘a ‘bottleneck’.
- In some communities, specialists are known to expect people who use drugs to achieve sobriety before initiating treatment.
- Reasons for preferring to refer patients to specialists include concerns associated with insufficient experience and proficiency related to low numbers of patients needing viral hepatitis treatment.
- The University of Vermont Health Network system for eConsults enables primary care providers and patients to bypass the traditional process of specialist referrals by utilizing EHR communication between PCPs and infectious disease specialists.

"I know all about it. You can't find no one to treat you. Then you feel like a low life walking in those places. Everyone knows you have Hep C. Then they say you haven’t been sober long enough.”

PUBLIC HEALTH SYSTEM CAPACITY

How many staff FTEs work on hepatitis in your health department?				
	Surveillance	Prevention	Immunization/ Perinatal	Total
Maine	1.0	1.0 (vacant)	1.0	3.0
New Hampshire	1.0	1.0	1.0	3.0
Vermont	1.35	0.75	0.0	2.1

How many staff FTEs are needed to work on hepatitis in your health department to do the things you would like to do to best respond to hepatitis?				
	Surveillance	Prevention	Immunization/ Perinatal	Total
Maine	2.0	1.0	1.0	4.0
New Hampshire	2.0	2.0	2.0	6.0
Vermont	2.0	2.0	1.0	5.0

100% of viral hepatitis funding in each state health department is from a CDC grant. Annual funding ranges from $315,000 (Vermont and New Hampshire) to $600,000 (Maine). Some effects of underfunding are:

- Lack of informatics staff and limitations of the informatics systems to conduct HCV surveillance along the cascade of care
- No funds for expanding education and outreach programs

Public Health System Capacity (Continued)

Need for Improved Surveillance Policies and Systems

- Reporting positive lab results for HBV and HCV is required in each state. However, none of the northern New England states currently have a requirement for reporting negative lab results. Without negative viral RNA results, it is difficult to monitor the cascade of care and assess progress.

- Unlike Maine and Vermont where both laboratories and providers are mandated reporters, only providers in New Hampshire are required to submit HCV case reports. This circumstance undoubtedly contributes to a substantial undercount of HCV cases.

- Incomplete information describing demographics and transmission risk factors hinders surveillance and epidemiology capabilities.

Public Health System Capacity (Continued)

Local public health roles and relationships

- Maine and New Hampshire have similar public health infrastructure with centralized state health departments and a few city health departments (e.g. Manchester, Nashua, Portland, Bangor).

- Similar to state health departments, local health departments are described as 'stretched very thin' and 'overall so much work to be done and too little staff to complete it'.

- Local health departments and district offices (VT) are able to build strong relationships with community-based agencies and local populations. Local staff, which can include multi-lingual staff and community health workers, are able to become trusted partners.

- For example, the relationship between the Nashua health department and the local syringe service program – Revive Recovery – involving the presence of a Public Health Nurse is described as 'a beautiful model'.

Public Health System Capacity (Continued)

Equity and Inclusion

- Internal and external stakeholders emphasize the essential role of public health in providing leadership to combat stigma and elevate marginalized voices.
- Several community-based stakeholders noted that 'progress involves dismantling hierarchies' and that they 'feel heard' by public health staff when sharing what they are 'hearing on the ground'.
- Hearing the voices of people who inject drugs in particular is seen as critical to 'rid the space of stigma so we can make actual progress'.

"There are a lot of misconceptions about drug use and people don't want their drug use to be known because of stigma."

HIGH PRIORITY POPULATIONS, HARM REDUCTION AND COMMUNITY PARTNERSHIPS

Multiple key informants confirmed the high prevalence of viral hepatitis (HCV in particular) among people who use drugs, incarcerated individuals and people who are unhoused.

- Infectious disease specialists estimate the HCV prevalence among people who inject drugs at about 75%.
- In the correctional setting, clinical staff estimate HCV prevalence at about 30% and note further the intersection of residents being treated for a substance use disorder and viral hepatitis.

"It's all around. Everyone has it and we just don't say anything. It's like the one thing we all know we have, but the secret we all keep."

High Priority Populations, Harm Reduction and Community Partnerships (Continued)

Need to address stigma:

- Stigma's impact on both providers and patients, particularly those who use drugs, is a recurring theme among stakeholders.
- Stigma-related challenges include hesitance to treat patients with a history of substance use, the requirement of sobriety before treatment, and negative perceptions of harm reduction.
- Many people who inject drugs avoid specific providers and health systems, including emergency care, due to prior negative experiences – 'nobody wants to go to any medical facility'.

"I heard 80% of people don't know they have it because it's chronic. We should think of it as a serious thing that you want to prevent from getting worse. The stigma that is attached is the only thing standing in the way, especially up here in the country."

High Priority Populations, Harm Reduction and Community Partnerships (Continued)

- 'Non-traditional' service settings, such as syringe service programs (SSPs), recovery programs, and transitional housing, can play significant roles in increasing viral hepatitis treatment completion rates.

- Project DHARMA (Distribution of Harm Reduction Access in Rural Maine Areas) - a statewide overdose and infection prevention project working to expand the capacity of syringe service programs with embedded harm reduction outreach specialists who, among other services, can screen clients for HIV, HBV, and HCV and work with clients to help connect to treatment providers.

What would help?
"If there were more people like you that offered the educations, and all the testing and educations you offer. I like how you call it peace of mind testing."

"First I think educating people and doing more harm reduction makes most sense. Try to prevent the virus. . . . Not making it so difficult for people to get treatment. I was lucky to have support to help me, but it was still a lot of running around . . . Also having people in the community like you offering testing, education, and follow through. That's big."

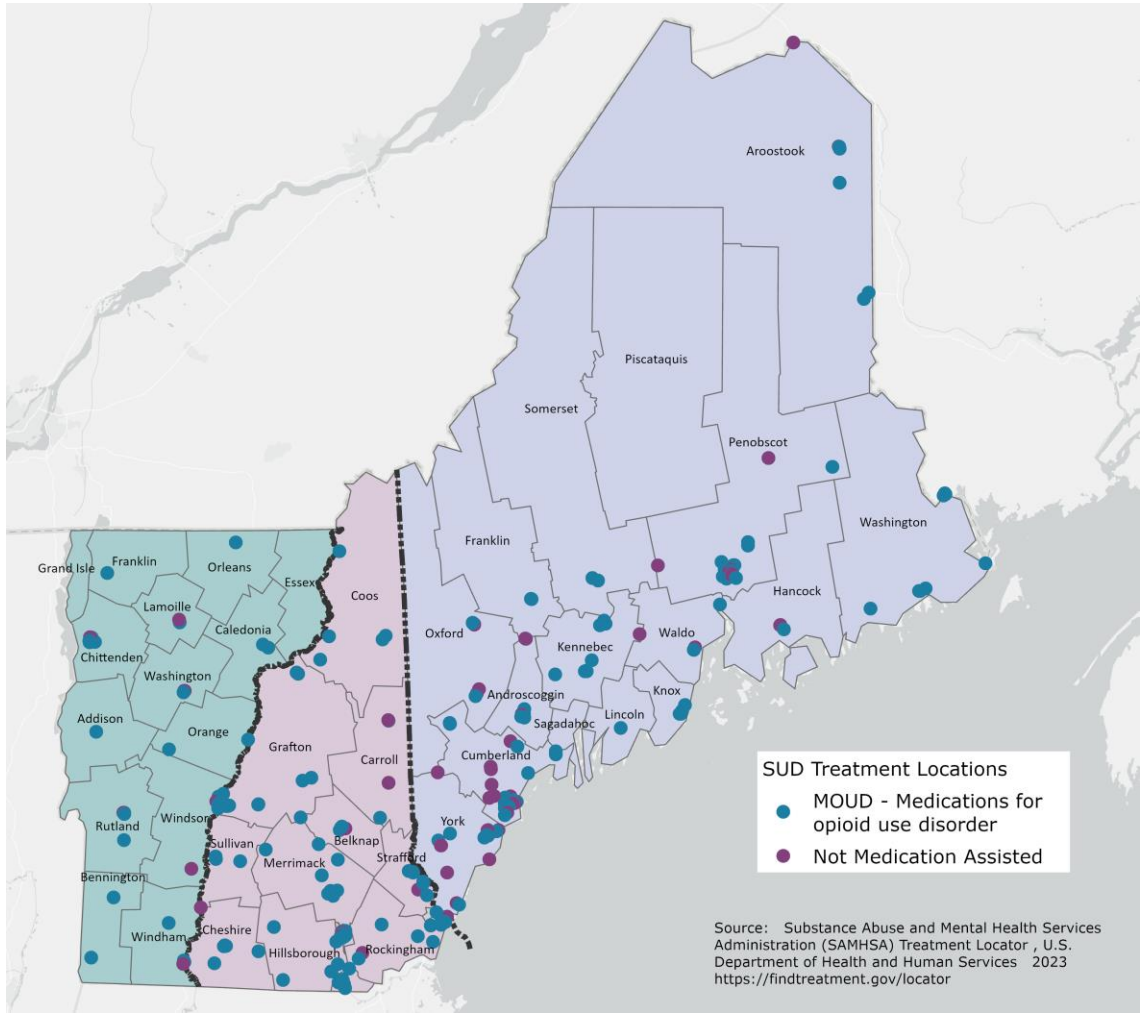
High Priority Populations, Harm Reduction and Community Partnerships (Continued)

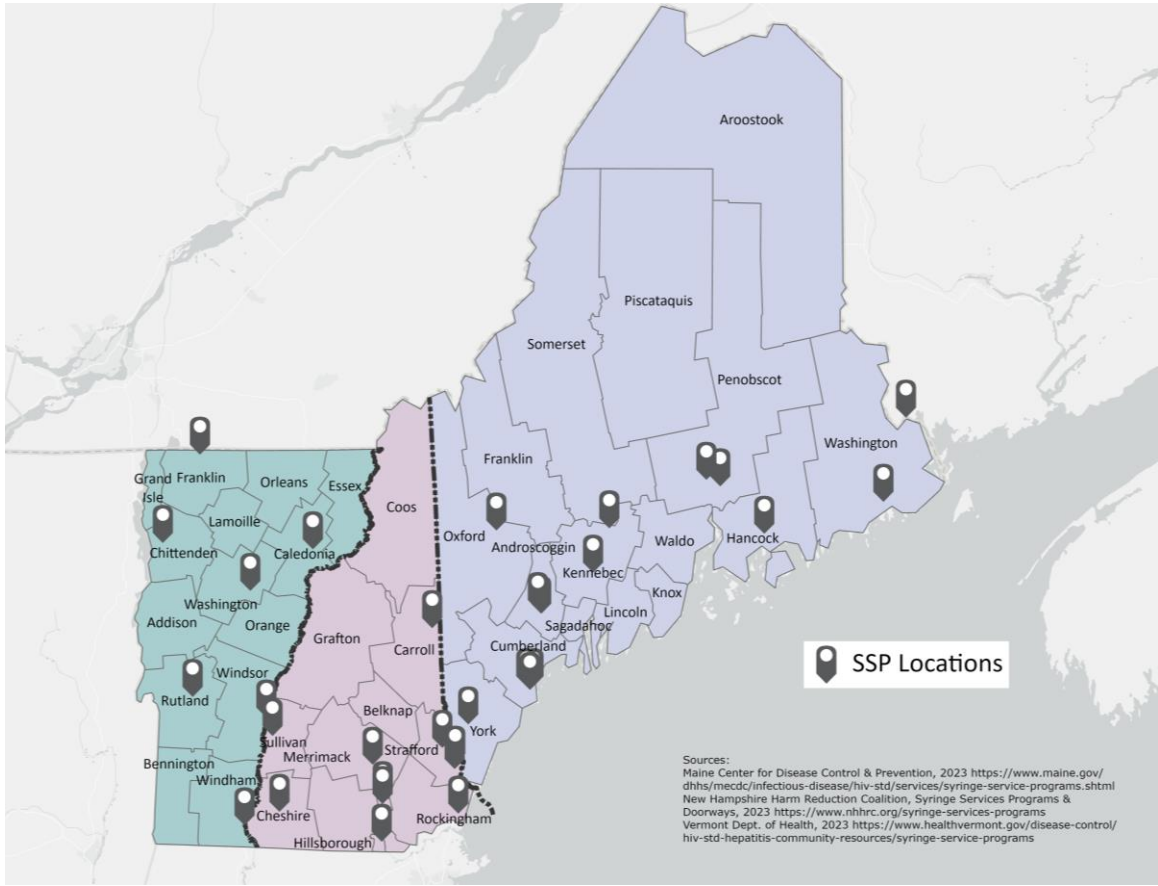
- All new residents of Department of Corrections (DOC) in each state are screened for viral hepatitis (with opt out consent) at intake and potentially again as part of annual health exams.
- Treatment for Hep C is also provided to residents at all adult facilities in each state as indicated. For example, from July 2019 to June 2022, 323 Maine DOC residents received Hep C treatment. Among those residents receiving Hep C treatment, 78% also received Medication for Substance Use Disorder services.
- Re-entry services including discharge planning, activation of health insurance benefits, community partnerships for continuity of care, and health records exchange during transfers of care are significant areas of emphasis and challenge.
- A related area of challenge is treatment initiation and completion with residents with relatively short lengths of stay or unknown release dates including county jail and pre-trial detainees.

"I got tested when I was in prison. They were going to treat me, but my stint wasn't long enough. I actually thought of finding a way to do more time… just so I could get treatment."

Substance Use Disorder Treatment and Syringe Service Program Locations
Northern New England, 2023

Substance Use Disorder Treatment Locations





Syringe Service Program Locations

Hep Free Northern New England

Voices of People with Lived Experience

Increase education and increase the frequency of mobile type stuff. The more its around the more people will see it and think about it.

Be more open door and inviting about it. Don't look at it as an illness but an opportunity to prevent an illness. Approach it with prevention rather than diagnosis. It's scary for some people to be told you are positive.

Teach the next generation that it's important, make it so common its one of those regular things you do at the doctor without any fuss.

Having more access to doctors that will treat the disease. Doctors need to start talking about this to their patients, maybe like in the form of screening questions like they do with mammograms and colonoscopies.

Incentive and making it very easy. More hours at mobile vans. Bringing the mobile vans to methadone clinics and syringe programs.

Your Questions?

Our Questions:

Do these observations and findings fit with your experience? with the experience of people you serve?

Are there any surprises? What's missing?

Coming up next!

10:45-11:00am – Break

11:00-11:45am – Interactive Priority-Setting for the Elimination Plan

11:45am-12:00pm – Next Steps and Closing Q&A

Please do not leave the breakout room or the Zoom meeting!

- **You will be brought back to the main Zoom room automatically at 10:59am**