

# **Industry Role in Viral Hepatitis Advocacy**

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## **A Public Health Perspective on the Industry Role in Viral Hepatitis Advocacy**

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# Agenda

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- What is a viral hepatitis coordinator?
- Introduction to NYC Office of Viral Hepatitis Coordination
  - Overview of DOHMH Viral Hepatitis Activities
- Gaps and barriers in hepatitis screening, care and treatment in public health
- Unmet needs and **THE COST**

# Adult Viral Hepatitis Prevention Coordinator (AVHPC)

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## Purpose:

Improve the delivery of viral hepatitis prevention services in health-care settings and public health programs that serve adults at risk for viral hepatitis

1. Primary prevention: Decrease the incidence of new viral hepatitis infections
2. Secondary prevention: Decrease risks for chronic liver disease, including cirrhosis and liver cancer, in persons with chronic HBV infection or chronic HCV infection

# Role of the AVHPC

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- Management and coordination of activities directed toward prevention of viral hepatitis infections:
  - Identification, counseling and referral for medical management of persons with chronic HBV or HCV infection
  - Integration of viral hepatitis prevention services into health care and public health services for adults at risk for viral hepatitis.

# Activities

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1. Develop/update a viral hepatitis prevention plan to guide the delivery and coordination of recommended viral hepatitis prevention services, training and educational activities, and community-level prevention messages.

# Activities (cont.)

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2. Integrate the following core viral hepatitis prevention services into health-care services and other programs serving adults at risk:
  - General community awareness
  - HBV and HCV counseling & testing
  - Hepatitis A and B vaccination
  - Viral hepatitis prevention counseling for at-risk adults
  - Training for professionals serving at-risk adults
  - Referral for substance abuse treatment
  - Services for HIV-infected persons

# Activities (cont.)

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3. Collaborate with public health programs and primary and specialty medical care providers to design and implement effective viral hepatitis prevention interventions
  - e.g., STD, HIV, immunization, correctional health, substance abuse treatment, syringe exchange

# Activities (cont.)

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4. Monitor and evaluate delivery of viral hepatitis prevention services

# Where?

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- Funded in most states, and:
  - New York City
  - Philadelphia
  - Chicago
  - Houston
  - Los Angeles
- Usually located within DOH in:
  - HIV/AIDS
  - Communicable Diseases
  - Immunization
  - STD

# Office of Viral Hepatitis Coordination (OVHC)

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## Purpose:

**To coordinate city-wide efforts to prevent, control and eliminate viral hepatitis infections in New York City.**

- Work cooperatively with all service providers – within DOHMH and throughout the community
- Provide the most accurate and current information on viral hepatitis
- Develop and enhance programmatic interventions for promoting viral hepatitis prevention and care.

# Initiatives

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- Integrate viral hepatitis prevention, counseling and referral activities
- Coordinate free viral hepatitis testing and linkage to care in high-risk communities
- Promote hepatitis A and B vaccination
- Train health care providers about viral hepatitis prevention and care
- Promote public awareness of viral hepatitis
- Coordinate Hepatitis C and B Task Forces in targeted areas
- **Support advocacy efforts** with the most current viral hepatitis information

# Other Activities

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- Expanded hepatitis B screening
- HCV Research Consortium
- Hepatitis B linkage-to-care pilot projects
- Correctional discharge planning
- City-wide online referral directory
- Educational materials as needed

# Rapid HCV Test Field Evaluation

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- Objectives:
  1. Evaluate testing staff use of the rapid test and integration into the site's testing program.
  2. Compare the results of the rapid test device to the conventional serum testing
- 500 clients at 6 HCV testing sites who do not know their HCV status will enroll in the evaluation from April 27 - August 28, 2009.

# Hepatitis B & C Task Forces

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- Viral Hepatitis Task Forces
  - Purpose is to provide a forum for dissemination of information, networking, sharing of existing resources & development of multi-organizational committees to work on projects to fill gaps in service

# Sample Task Force Projects

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- Law Enforcement Training for SEP Participants
- Validated HCV Risk Assessment Card
- Health Outreach Worker Training & Blitz Day
- Expanding Peer Delivered Syringe Exchange and Public Biohazard Disposal
- Health Care Access for HCV Mono-infected Clients Training
- HCV Referral Pathway Map
- Awareness & Advocacy
- Medicaid Reform & HCV Treatment Reimbursement Educational Forum for Providers

# NY Hepatitis C Research Consortium

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- Conceived as a way to keep abreast of HCV research activities in NY
- Critical to inform our work as AVHPCs
- Unique joint sponsorship:
  - NYC DOHMH
  - NYS DOH
  - American Liver Foundation
- Planning Committee meets regularly
- Online researcher survey in Dec. 2008

# First Meeting: September 24, 2009

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- Introductory presentations by each research institution
- Poster presentations of relevant research
- Participation coordinated by Primary Delegates from each institution

# Meeting Outcomes

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- Compendium of current NY hepatitis C research
- Sharing valuable and scarce resources
- Improved access to clinical trials for those chronically infected with HCV
- Strategy for increased hepatitis C research?
- Position paper on hepatitis C research needs?

# Gaps and barriers - Testing

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- No staff/infrastructure to provide testing directly
- Not able to provide funding to CBOs to test
  - Need staff, supplies, incentives, etc.
- The case management/linkage to care piece is vital for positives, at-risk
- Grants are harder to come by

# Gaps and barriers – Medical Care/Treatment

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- Can't cover uninsured, undocumented
- Few trained providers
  - Mono-infection
  - Willing to treat IDUs
- Interruption in treatment due to insurance plan disruption (Medicaid managed care plan changes, insurance refusing payment for continuing treatment)
- Patient out-of-pocket costs for treatment (deductibles, Medicare “donut hole” )

# Unmet Needs

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- Testing, testing and more testing
  - Likely increase in volume with arrival of protease inhibitors, rapid test
- Case management for chronically infected
- Medical care/treatment for uninsured, underinsured, undocumented
- Uniform treatment reimbursement procedures and protocols for Medicaid Managed Care programs

# THE COST

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- NYC Viral Hepatitis Prevention Program:
  - 5 staff + fringe = \$500K
  - OTPS (printing, postage, computers, travel, etc.) = \$290K
  - Testing = \$250K (not including lab staff time)
  - TOTAL: \$1,040,000/year
- **Not included:**
  - Immunization staff and vaccine
  - Surveillance staff
  - Correctional Health staff and services
  - STD clinic staff and services

# Where to go to get funding

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- Federal grants (CDC, NIH, SAMHSA)
- HIV/AIDS program grants
- Enhanced surveillance grants
- Tax dollars (decreasing dramatically)
- Foundation grants
- Industry grants (decreased access due to increased restrictions)

# Barriers to Industry/Public Health Partnerships

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- Most DOH's cannot take industry funds directly
  - If possible, must go through non-profit instead
- Increased industry restrictions on funding
  - Some only sponsor national organizations
  - Some new restrictions may unintentionally block access to grant programs
  - “Dueling” grant requirements may impact the purpose and quality of the programs
    - Some require CME, while others prohibit credit
    - Some only fund HCV, while others only fund programs that include both HBV and HCV

# One Negative Consequence of Limited Funding

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- Try to fit viral hepatitis projects into funding for other, better funded health issues
  - Not ideal fiscally or programmatically
  - Not able to use the funding to address the gaps adequately

# Stop-Gap Measures

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- Federally Qualified Health Centers should be able to take up the slack?
  - Public hospitals tapped out
  - Increase capacity of primary care providers
  - Will require more funding from HRSA
  - Will need to cover un-insured, undocumented
- Ryan White service providers and Special Needs Plans (medical homes for HIV)
  - But only for co-infected

# Wish List

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- Federal \$ designated for testing
- Increase Medicaid and Medicare reimbursement
- Ryan-White & ADAP for viral hepatitis
- Comprehensive Centers of Excellence for Mono-Infected Viral Hepatitis
  - Or increased funding for Ryan White providers to serve mono-infected