Integrating HCV Testing & Linkage to Care in Tennessee

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Viral Hepatitis Prevention Director
Objectives

- HCV Testing Pilot
- Statewide HCV Testing
- Viral Hepatitis Navigator Program
HCV Testing Pilot
HCV Testing Pilot

• Supplemental grant funding
  – One time funding from June 1, 2016 to October 31, 2016 to characterize ongoing HCV epidemic
  – Assure persons living with HCV are identified, linked into care
  – “Opt out” HCV screening & testing at 3 Metropolitan Health Departments in Eastern Tennessee
    • Sexually Transmitted Disease Clinics
    • Family Planning Clinic

• Tennessee Department of Health (TDH) Laboratory
  – HCV Testing and Lab-Based Surveillance by Global Hepatitis Outbreak Surveillance Technology (GHOST)
HCV Education and Support for Pilot

- Trainings and On-Site Support
- Coding Encounters
- Collecting Risk Factors
- Weekly/Monthly Conference Calls
- Developed Hepatitis C Testing & Counseling Tools
  - General information
  - Testing & counseling messages
- Developed Specimen Collection and Transport Guidance
- Referrals Process
### HCV Testing Pilot: Results

- 4,753 persons tested
  - 8.4% Ab positive
  - 74.1% RNA positive

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Total n (%)</th>
<th>HCV Ab (+) n (%)</th>
<th>HCV Ab (-) n (%)</th>
<th>P Value</th>
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<tbody>
<tr>
<td></td>
<td>N=4753</td>
<td>N=397</td>
<td>N=4356</td>
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<tr>
<td>Injection drug use</td>
<td>425 (8.9)</td>
<td>276 (64.9)</td>
<td>149 (35.1)</td>
<td>&lt;0.0001</td>
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<td>Intranasal drug use</td>
<td>967 (20.3)</td>
<td>295 (30.5)</td>
<td>672 (69.5)</td>
<td>&lt;0.0001</td>
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<td>Tattoo / piercing</td>
<td>1092 (23.0)</td>
<td>188 (17.2)</td>
<td>904 (82.8)</td>
<td>&lt;0.0001</td>
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<td>Incarceration</td>
<td>1309 (27.5)</td>
<td>303 (23.1)</td>
<td>1006 (76.9)</td>
<td>&lt;0.0001</td>
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<td>Transfusion</td>
<td>62 (1.3)</td>
<td>13 (21.0)</td>
<td>49 (79.0)</td>
<td>0.0003</td>
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<td>No risk factors</td>
<td>2598 (54.7)</td>
<td>39 (1.5)</td>
<td>2559 (98.5)</td>
<td>&lt;0.0001</td>
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Statewide HCV Testing
HCV Testing: TDH Resources

• Health Department Roll-Out (April 1, 2017)
  – HCV testing available local county health departments, Statewide
  – Record Risk Factor(s) – Patient Billing Management Information System (PTBMIS) supplemental screen
  – Clinics – Primary Care, STD, FP, others...
  – Provide linkage to care via Viral Hepatitis Navigators
  – Uptake varied by region

• Protocols
  – Nursing Protocol
  – Coding Encounters
  – HCV Testing & Training Manual
HCV Testing: Local Health Departments

• One time test for all patients that are:
  – Born from 1945 to 1965
  – Identified as high risk
  – Seeking evaluation and/or treatment for STIs
  – Requesting HCV testing or counseling

• Persons with ongoing risk for HCV infection may have repeat screening at intervals of ≥ 12 months, including:
  – Injection drug use (even once)
  – Illicit intranasal drug use (even once)
  – History of incarceration
  – Receipt of an unregulated tattoo
  – High-risk sexual behaviors (multiple sex partners, unprotected sex or sex with an HCV-infected person or an injection drug user)
Background

- **Viral Hepatitis Regional Responsibilities (Existing)**
  - Field and contact investigation
    - Perinatal HBV
    - Acute HAV, Acute HBV, Acute HCV

- **Viral Hepatitis Navigators (New)**
  - 8 new positions established across Tennessee in highest morbidity regions
  - Provide Referrals for HCV (+) Individuals Identified via
    - Health Department testing
    - Acute HCV investigations
  - Implementation models may vary from region to region
  - VHPC, point of contact
Training

• Navigator In-Person Training
  – All navigators and their supervisors

• Monthly Calls

• Navigator Training Manual
  – Overview of VH and reportable diseases
  – Screening & diagnosis
  – Post-test counseling (checklist & flow chart)
  – Interview techniques
Navigation Services

- Identify
- Engage
- Refer
- Document
Step 1: Identify

- HCV RNA (+) individuals identified via
  - Health Department
    - Imported from Patient Billing Management Information System (PTBMIS) to Research Electronic Database Capture (REDCap) weekly
    - Acute HCV Case investigations or any other clients navigated
      - Navigators manually enter these cases

- Referral to navigators may vary
  - Notification process defined by each region/metro
Step 2: Engage

• Contact Client (per Region/Metro procedures)
  – Face to Face
  – Phone
  – Letter

• Utilization of Facebook (per Region/Metro procedures)

• Cultivate Rapport with Clients
Step 3: Refer

- Conduct Navigation Services
  - Provide list of referral services without bias
  - Client contacts providers to schedule appointment

- Client Centered Goals and Behaviors

- Identify Steps to Reduce Barriers and Increase Access

- Positive Reinforcement for Successes
## Provider Directory

**KNOX COUNTY**

### HCV Providers Directory

<table>
<thead>
<tr>
<th>First</th>
<th>Last</th>
<th>Credentials &amp; Specialties</th>
<th>Practice/Facility</th>
<th>Address</th>
<th>City</th>
<th>County</th>
<th>Phone</th>
<th>Other</th>
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Step 4: Documentation

• REDCap
  – **Track & document all navigation services**

  – Start date July 3, 2017 to enter all navigation services in REDCap

  – Clients tested in health department (RNA + cases) import every Monday in REDCap

  – Document all acute HCV cases, regardless of testing site (or any other client navigated)
    • Manually enter in REDCap

  – On-site technical assistance available from Central Office upon request
Thank You!