Eliminating HCV in Massachusetts: Leveraging Assets

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NASTAD Viral Hepatitis TA Meeting
29 November 2017
Number of Confirmed and Probable HCV Cases Reported in MA by Year, 2007-2015


Data as of November 16, 2016 and subject to change.
Confirmed and Probable HCV Cases Reported in MA, 2015


Data as of November 16, 2016 and subject to change.
Number of Reported Confirmed and Probable HCV Cases by Official Massachusetts City/Town*: 2015

Case Count (N=8,008)
- No Reported Cases
- ≤ 5
- 6 - 10
- 11 - 25
- 26 - 50
- 51 - 100
- > 100

* Unknown Official City (N = 720)

Note: 351 cases with residences listed in the 33 federal, state, and county correctional institutions in Massachusetts were excluded.

* Data as of 15 NOVEMBER 2016 and are subject to change.
Context of HCV in Massachusetts

• **Enabling policy**
  » Clinical capacity for treatment
  » Universal health care
  » No treatment restrictions
  » SSPs, syringe access
  » Birth cohort testing statute
  » State funding

• **Public Health Infrastructure**
  » Deep experience
    » targeted and integrated services
    » Novel strategies
  » Robust disease surveillance
    » Informatics expertise
    » Novel strategy for consuming EHR data
  » Public health laboratory
    » Adoption of new/emerging technologies
    » Commitment to public health intervention
Leveraging Assets: Massachusetts’ Testing/Linkage System

• HIV testing and linkage service contracts
  » Conventional testing
  » Required co-testing HIV & HCV
  » Submission of services data
  » Required submission to SPHL
  » Testing/linkage in SSP, OEND, HOC, other venues serving high risk for HCV
  » Document linkage

• Surveillance/Informatics capacity
  » Linkage verified by surveillance data
  » Service data augment surveillance

• SPHL Capacity
  » Platform allows for co-testing
  » 3rd party-billing for testing
  » Retained revenue account
Integrated HIV/HCV/STI Testing Services 2012 – September 2017

- 35 funded agencies
  - 11 CBOs
  - 16 CHCs
  - 7 hospitals
- State and local corrections
- 120+ sites
Volume HCV Tests/Ab+, 2012 – 2017

- Architect
- HIV RT Phase-out
- HIV/HCV Co-Testing

16% HCV+
Characteristics of HCV+ Jan – Sep 2017 (N=4,360)

- IDU, 81%
- MSM, 2%
- Undet, 9%
- Hetero, 7%
- Other, 3%

- White, 66%
- Black, 10%
- Hisp, 21%

- 31% < 30 yo
- 20% homeless
- 34% incarcerated
Leveraging Assets: Success and Opportunities

- Program
- State Public Health Laboratory
- Surveillance
Successes

• Program productivity:
  – 80% increase in HCV Tests
  – 90% increase in HCV Ab+

• Identifying infection/linkage:
  – Statewide 2016: 32% of probable/18% confirmed cases from integrated services system
  – 36% of cases identified from integrated services system newly identified
  – 43% confirmed linked to care
Successes

• Public health laboratory capacity
  – Efficient identification of infection
  – 3rd party billing generates revenue to support lab operations

• Enhanced surveillance
  – Enables monitoring of linkage, cure
  – Timely data for case completion/classification
  – Facilitates utilization of data for field investigation
Opportunities

• New integrated services procurement
  – Intensified focus on IDU <30 yo
  – Short-term navigation services
    • Correctional linkages
  – Expansion of SSPs
Opportunities:
Massachusetts Syringe Services Programs
September 2017

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Opportunities

• Public health laboratory capacity
  – NAT reflex testing (July 2018)

• Strengthening surveillance w/ EMR data
  – Monitor linkage, retention, cure
  – Quality improvement