Project SUCCEED:
A Health Department Intervention to Eliminate Hepatitis C in People Living with HIV in NYC

NYC Health Department
Viral Hepatitis Program | HIV Care & Treatment Program
In NYC, 15% of 81,664 people living with HIV (PLWH) ever had hepatitis C (HCV).
HCV Care Continuum for HIV/HCV Co-infected Individuals, NYC 2015

- 100% Reported with HCV
- 79% RNA positive ever
- 58% Evaluated for treatment
- 27% Initiated treatment
- 13% Cured

HCV screening rates in PLWH were reported as over 91% in eHIVQual (2013)
NYC Care Continuum: HIV vs HIV/HCV

NYC HIV care cascade, 2015

- HIV-diagnosed: 92%
- In care: 84%
- Retained in continuous care: 68%
- Virally suppressed: 72%

NYC HIV/HCV care cascade, 2015

- RNA positive ever: 79%
- Evaluated for treatment: 58%
- Initiated treatment: 27%
- Cured: 13%
Project SUCCEED Model

Analysis of Co-Infected Population through matching of HIV and HCV surveillance data

Provider Education & Training
Clinical Practice Facilitation
Outreach & Linkage to Care
Project SUCCEED Timeline

January 2017
Project SUCCEED Began

May 2017
HIV/HCV surveillance data match completed
Target high burden health care facilities identified

November 2017
HCV Clinical Training and Patient Navigation Training began

January 2018
HIV/HCV "Dear Colleague Letter" sent to NYC providers

January-March 2018
HCV/HIV dashboards and patient lists provided to high burden health care facilities

May 2018
Clinical practice facilitation with 9 high burden health care facilities began

June 2018
Outreach and linkage to care began

June 2019
Project SUCCEED Ended
Identifying NYC’s Co-Infected Population

HIV and HCV surveillance data were matched in May 2017:

- **85,890** HIV-diagnosed people as of December 2016*
- **11,536** ever infected with HIV and HCV
- **88,710** HCV-diagnosed people as of December 2016*

**4,200** PLWH currently HCV RNA positive

*To better account for out-migration and deaths, the number of individuals considered to be diagnosed and living in NYC has been restricted to people who had at least one HCV or HIV lab test reported since 2014 and weren't known to have died prior to 2017.
Provider Education & Training
Provider Guidance

- Low threshold intervention to:
  - Increase awareness of latest HCV screening treatment guidance for PLWH
  - Connect HIV providers to HCV care coordination resources
- Key messages:
  1. Test all PLWH for HCV at intake to care
  2. Retest people at risk annually
  3. Treat all coinfected patients
## Provider Education & Training

**November 2017 - June 2019**

<table>
<thead>
<tr>
<th>Training</th>
<th>Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HCV Patient Navigation</strong></td>
<td>209 patient or peer navigators</td>
</tr>
<tr>
<td>(full day)</td>
<td></td>
</tr>
<tr>
<td><strong>HCV Medication Coverage</strong></td>
<td>61 navigators and clinical providers</td>
</tr>
<tr>
<td>(2-day)</td>
<td></td>
</tr>
<tr>
<td><strong>HCV Basics</strong></td>
<td>606 frontline staff from community orgs</td>
</tr>
<tr>
<td>(1 hour)</td>
<td></td>
</tr>
<tr>
<td><strong>HCV Clinical Care/Treatment</strong></td>
<td>138 clinical providers</td>
</tr>
<tr>
<td><strong>Preceptorship</strong></td>
<td>12 clinical providers</td>
</tr>
<tr>
<td><strong>61 in-person/online trainings</strong></td>
<td>&gt;1,000 providers trained</td>
</tr>
</tbody>
</table>
Provider Training Outcomes: Overall

1,244 Pre/Post Tests

<table>
<thead>
<tr>
<th></th>
<th>Pre Test</th>
<th>Post Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge</td>
<td>74%</td>
<td>91%</td>
</tr>
<tr>
<td>Attitude</td>
<td>83%</td>
<td>93%</td>
</tr>
<tr>
<td>Self-Efficacy</td>
<td>61%</td>
<td>91%</td>
</tr>
</tbody>
</table>
Provider Education & Training: Communities of Practice and Learning

To facilitate dissemination of best practices in coinfection care, Project SUCCEED convened:

• 4 NYC Hep C Task Force meetings
• 4 HIV/HCV Treatment Access Committee meetings
• 2 HCV Elimination in PLWH research symposiums

Attended by representatives from health care facilities and community organizations serving high-burden populations
Provider and Public Awareness

- People who have used drugs are at risk for HepC. Protect your liver, get tested today: on.nyc.gov/2p8pBs8
- Knowing your HepC and HIV status protects you and fellow New Yorkers – get tested today! Find free screening for hepatitis C: on.nyc.gov/hepc HepFreeNYC NBHAAD
Clinical Practice Facilitation
HCV Dashboard

Methods:
Facility-specific surveillance based dashboards, emailed to 57 HIV health care facilities, showing:
• Proportion of HIV-positive patients with HCV
• Proportion of patients who initiated treatment - compared to NYC overall

Outcomes:
• 2,221 patients represented on dashboards
• 869 (39%) patients cured of HCV by end of intervention
Hepatitis C Status Report for HIV Care Providers, 2016

**PROVIDER A**

**CONFIRMED HCV INFECTION AMONG HIV-POSITIVE PATIENTS**

- 2,368 HIV-positive Patients
- 266 patients with confirmed HCV infection (11.2%)

**HCV TREATMENT INITIATION AMONG COINFECTED PATIENTS**

- **Provider A**
  - 266 Coinfected Patients
  - 33.1% Initiated HCV Treatment

- **NYC**
  - 7,234 Coinfected Patients
  - 57.1% Initiated HCV Treatment
I would add a slide with just this image.
Melissa Ip, 8/23/2019

OK
Nirah Johnson, 8/23/2019
Co-Infected Patient Lists

Methods:
29 of 47 high-burden HIV health care facilities requested and received surveillance-based patient lists to:
• Review and promote HCV treatment
• Report patient disposition back to the Health Department

Outcomes:
• 1,199 patients on lists sent
• 27 lists reviewed and returned
• 274 (23%) cured of HCV by end of intervention
Co-Infected Patient Lists

Patient List Dispositions of 63% of patient still in need of HCV Treatment

- Lost to care: 16%
- To be returned to care: 13%
- Not treatment candidate*: 9% * As assessed by providers
- Currently on treatment: 7%
- Declined treatment: 3%
- Other: 15%

Barriers To Treatment Reported

- Adherence (Medication and/or Appointments): 25%
- Substance use: 20%
- Other comorbidities: 10%
- Mental health issues: 9%
Clinical Practice Facilitation

Methods:
9 highest burden facilities participated in a one-year project:
• Electronic Health Record (EHR) data review
• HCV service improvement plan, e.g. EHR screening alerts, case conferencing, leveraging existing HIV outreach/care coordination services

Outcomes:
• **595** patients represented at 9 facilities
• Screening rates lower than state-level indicators suggested; ranged from 57% to 100%
• **15%** increase in PLWH screened for HCV from 2017-2018
• **108 (18%)** cured by end of intervention
Outreach & Linkage to Care
Outreach and Linkage to Care

Targeted co-infected patients:
- Not at a facility receiving HCV dashboards
- In HIV care, but not treated for HCV
- Focus on jail reentrants

From May 2018–May 2019
Two Health Department navigators called 633 patients and provided education, linkage to care and return to care support

Outcomes:

<table>
<thead>
<tr>
<th>Interviewed</th>
<th>Linked to HCV care*</th>
<th>Cured</th>
</tr>
</thead>
<tbody>
<tr>
<td>195</td>
<td>125</td>
<td>37</td>
</tr>
<tr>
<td></td>
<td>64%</td>
<td>19%</td>
</tr>
</tbody>
</table>

*Appointment attended or HCV RNA test after case interview
Project SUCCEED Outcomes
Project SUCCEED Cohort Outcomes, May 2017 - June 2019

1,917 (45.6%) RNA positive

4,200 SUCCEED Patient Cohort

1,440* (34.3%) RNA negative

843 (20.1%) No follow up needed

*Result at the time of their last test, as of June 15, 2019.
Project SUCCEED Jurisdiction-wide Outcomes: 2015–2018

Percentage of coinfected patients initiating HCV treatment in NYC

- 2015: 36%
- 2016: 53%
- 2017: 63%
- 2018: 69%
Findings, Recommendations & Dissemination
Findings

Patient-level findings:
- Many coinfected patients do not consistently engage in clinical care, though they do not meet the HIV “out of care” definition.
- Patients with unsuppressed viral load or substance use are less likely to initiate HCV treatment.

Provider-level findings:
- HCV screening rates of HIV patients needs improvement. Facilities need support to accurately monitor and increase HCV (re)screening rates of HIV patients.
- Providers need supportive resources (time, manpower) to link patients to HCV care, especially people with unsuppressed viral load or substance use disorders.
- Peer-to-peer learning, explicit clinical recommendations, and organizational commitment can increase HCV treatment prescribing among HIV providers.
Recommendations

To achieve HCV elimination in PLWH:

- **HIV and HCV surveillance infrastructure** is critical to develop targeted linkage to HCV care interventions and monitor progress.
- **Sustained funding** for outreach and linkage to care staff is needed to retain hard-to-engage co-infected patients in care.
- **Low threshold interventions** are needed to treat HCV in PLWH who use drugs (test and treat).
- HIV providers need **practical training, care coordination support, and encouragement** to treat people who use drugs or alcohol and people non-adherent with HIV medications.
Dissemination Plan

• HCV Elimination in PLWH Toolkit
  • Electronic Heath Record Query Tool
  • Provider Recommendations
  • Hep C Treatment in People who use Drugs Training
  • HCV Clinical Training
  • HCV Navigation Training

• Training in data-to-care approach
  • Practice Facilitation
  • Quality Improvement Training
New York City Health Department  
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A special *Thank You* to our Practice Transformation Sites & CPL Participants!  

This initiative is funded through the U.S. Department of Health and Human Services (HHS) Secretary’s Minority AIDS Initiative Funding (SMAIF) and administered through the Health Resources and Services Administration (HRSA)’s HIV/AIDS Bureau (HAB) through the Special Projects of National Significance (SPNS) Program (Grant number U90HA30517). This information and its conclusions are those of the authors and should not be construed as the official position or policy of HRSA or the U.S. Government. Responsibility for the content of this report rests solely with the named authors.
HIV Undetectable, Hep C Cured!

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