

HealthHCV

HCV 20X20

RESOURCE

GUIDE

FOR INCREASING SCREENING
AND LINKAGE TO CARE IN
YOUR ORGANIZATION



About HealthHCV



HealthHCV Advocacy

- Advocate for Public Health Policy that Facilitates Access and Retention in the HCV Care Continuum.
- Increase the Number of Individuals Aware of HCV Infection
- Improve Care Options for Individuals Living with Chronic Hepatitis C
- Build Surveillance and Research Capacity



HealthHCV Education and Training

Providing relevant and comprehensive medical and consumer education on HCV screening, testing, and treatment remains a core focus. **HealthHCV** will focus on education and training to address HCV in HIV care and primary care settings. Initiatives include:

- HealthHCV's HCV 20/20 Project: A Clear Vision for HCV Testing and Linkage to Care
- HealthHCV's HCV Primary Care Training & Certificate Program™
- Addressing the Evolving Opioid and HCV Epidemics Through Community Engagement and Education: Curriculum-Based Live and Online Activities



HealthHCV Research and Evaluation

Lack of comprehensive HCV data on a national level has impacted education and capacity building efforts, as well as funding for HCV prevention, care and treatment activities and research. HealthHCV conducts an annual State of HCV Care National Survey™ among HIV and primary care providers, and develops infographics to visualize trends in HCV and the broader healthcare landscapes.

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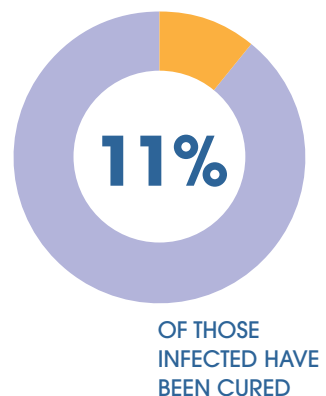
Introduction

An estimated **2.4 million** people are living with chronic HCV in the U.S., at least 50% of whom are unaware of their status, and only 11% of those infected have been cured. Despite the burden of illness, HCV remains a “silent epidemic” and there is limited awareness and discussion by the public, policymakers, and healthcare providers.

The advancement of medical regimens that are simple and highly effective in curing HCV reinforce the ability of primary care physicians (PCPs) to administer HCV medical care and decentralize the role of specialists in HCV management. Universal screening recommendations also provide rationale to expand HCV screening and treatment in primary care settings.

HealthHCV’s HCV 20x20 Resource Guide was developed throughout a year-long technical assistance project with ten organizations working to increase their HCV screening and care capacity. These sites, situated around the country, ranged from large multi-site hospitals and health centers to small community based organizations and substance use treatment facilities. Because of this diversity, the resources in this document provide insight into HCV care in a number of settings and with a variety of populations.

Four subject matter experts from both government and clinical fields guided the collection of these resources and helped inform the direction of the research. All links and information included in this resource were accessible as of April 2021.





HCV Care Basics for Navigators and New Staff

Resource	Description
<u>HCV Guidance: Recommendations for Testing, Managing, and Treating Hepatitis C</u>	This website details the AASLD Updated recommendations for HCV testing and treatment sites. It provides well organized/provider-oriented links to further information on a wide variety of HCV treatment topics including: testing, evaluation, and monitoring of HCV; initial treatment of HCV infection by genotype; retreatment in patients in whom prior treatment failed; and management of unique and key populations.
<u>Hepatitis C: Prevention and Harm Reduction</u>	This website provides multiple links to high-level information on harm reduction, drug types, safer drug use practices, safer sex, safer tattooing, universal precautions, and preventing HCV transmission. This resource would be helpful in providing introductory information to navigators looking to incorporate harm reduction into their work.
<u>Screening and Diagnosis of Hepatitis C Infection Overview</u>	This free, online course covers five HCV-related topics including: HCV epidemiology in the US, recommendations for HCV screening, HCV diagnostic testing, counseling for prevention of HCV transmission, and diagnosis of acute HCV infection.
<u>The HCV Care Continuum</u>	This very brief presentation is part of the HIV/HCV Co-infection: An AETC National Curriculum. While this presentation focuses solely on the HCV Care Continuum, it is possible to access the rest of the course and other HCV/HIV co-infection resources from this website.
<u>HCV Linkage and Navigation to Cure Webinar</u>	This webinar highlighted models and successful strategies for HCV linkage to care, patient navigation, care coordination, and case management including health department funded, health department staffed, and CBO run.
<u>Check Hep C Patient Navigation Program Protocol</u>	This document provides in detail the program overview for the Check Hep C model, a program that aims to “link HCV-positive persons to medical care and support complete HCV medical evaluation, successful HCV treatment and maintain liver health after treatment.” The protocol describes a Check Hep C Patient Navigator’s activities in depth, the necessary infrastructure for their work, what training they receive, what details need to be specified at each organization using the model, the requirements for having a multidisciplinary team, materials needed for the Check Hep C program, and requirements for data management.
<u>HCV Screening and Linkage-to-Care Algorithm</u>	This article, written by Trookskin et al. includes an HCV testing and linkage-to-care flow-chart. This flowchart was developed for the Do One Thing project, a neighborhood-based HIV and HCV screening and linkage program in underserved and high-risk neighborhoods. The study found that non-clinical screening programs with patient navigators are effective in diagnosing, linking, and retaining/re-engaging patients in HCV care and that patients with CHC benefited from eliminating referral requirements for subspecialty care.
<u>Navigating to Curative Treatment: Tennessee’s Viral Hepatitis Case Navigator Program</u>	This document provides a high-level overview of the Tennessee Department of Health’s Viral Hepatitis Case Navigator (VHCN) program. The VHCNs provide navigation to HCV care and treatment services, as well as other supportive services, including mental health, substance use disorder treatment, and insurance enrollment. The document describes the program background, VHCN’s core activities, funding, stakeholders and a program contact, and the model’s strengths and limitations.



HCV Care Basics for Patients

Resource	Description
<u>CDC “Know More Hepatitis” Campaign</u>	This website links to printable HCV posters, fact sheets, social media content, and digital badges. Content addressed in the campaign materials includes the consequences, prevalence, and transmission of Hepatitis, as well as recommendations for testing.
<u>“What Baby Boomers Need to Know About Hepatitis C” Pamphlet</u>	This pamphlet, specifically targeted towards baby boomers, provides a brief introduction to HCV prevalence, symptoms, and treatment.
<u>Passport to Cure</u>	This interactive patient engagement brochure helps individuals track clinic visits and monitor their HCV treatment progress to achieve a sustained viral response. The brochure is available in English, Spanish, or Haitian Creole.
<u>CDC Patient Education Materials</u>	This website links to Viral Hepatitis patient education materials that cater to specific populations including MSM, Asian Americans, Native Hawaiians and Pacific Islanders, People from Africa, and pregnant women.
<u>American Liver Foundation Hepatitis C Booklet</u>	This semi-in-depth handbook provides an introduction to HCV, HCV’s symptoms, how HCV is diagnosed, and how it is treated.
<u>Living with HCV and Treatment Options Booklet</u>	This in-depth booklet contains comprehensive information about living with HCV, managing HCV symptoms, and understanding HCV treatment options.
<u>Caring Ambassadors: Pamphlets in Spanish & English</u>	This website offers free HCV educational pamphlets for specific populations, including Latinos, African Americans, Native Americans, people with HIV, veterans, people who use drugs, and people who are incarcerated.





Leveraging Resources to Support a Navigation Program

Resource	Description
<u>Medicare Learning Network (MLN) Matters Article: HCV</u>	This article describes the process to follow for physicians, other providers, and suppliers submitting claims to Medicare Administrative Contractors (MACs) for Hepatitis C Virus (HCV) screening services provided to Medicare beneficiaries.
<u>HCV Treatment and Insurance Protocol</u>	This document details the steps involved in one health center’s process of insurance authorization and obtaining medication to get a patient started on treatment. There is significant detail regarding how to incorporate and utilize a navigator throughout this process.
<u>Leveraging Bridge Counselors to Develop a Hepatitis C Care Cascade in North Carolina</u>	This document provides an overview of a Bridge Counselor program implemented in North Carolina to engage people in HCV care. The focus of this program has been on connecting people with non-judgmental care and approaching the needs of the whole person so ensuring that people are linked to substance use treatment, mental health, primary care and other services in addition to or if they are not ready for HCV treatment.
<u>Efforts at the Frontlines: Implementing a Hepatitis C Testing and Linkage-to-Care Program at the Local Public Health Level</u>	This article, written by Seña et al., describes how HCV testing and linkage to care can be facilitated with the support of federal funds and by leveraging existing HIV/STD programs and provider networks to deliver a coordinated system of care. The article describes how bridge counselors were leveraged to link patients with HCV into care.
<u>From Care to Cure: Demonstrating a Model of Clinical Patient Navigation for Hepatitis C Care and Treatment in High-Need Patients</u>	This article, written by Ford et al., evaluates the impact of a HCV patient navigation program on treatment initiation and care outcomes among chronically infected HCV patients. The results of this study demonstrate the utility of patient navigation services in supporting chronically infected HCV patients in achieving care outcomes, particularly HCV care and cure.
<u>The Hepatitis C Cascade of Care: Identifying Priorities to Improve Clinical Outcomes</u>	This article uses “simulation modeling to estimate the impact of loss to follow-up on HCV treatment outcomes and to identify intervention strategies likely to provide good value for the resources invested in them.” One of the strategies studied included an analysis of peer navigation effectiveness.



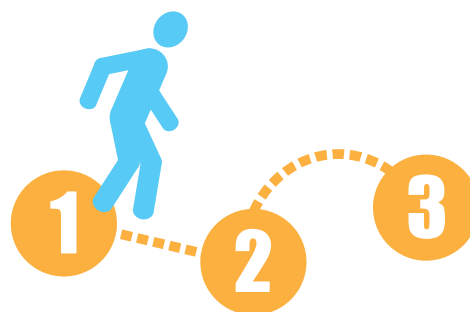


Examples for HCV Navigation Protocols

Resource	Description
<u>NASTAD HCV Community Navigator Toolkit</u>	This toolkit consists of program protocols, data collection tools and patient education materials used in the hepatitis C patient navigation programs developed by the NYC Health Department. The toolkit guides patient and peer navigators to conduct targeted outreach to priority populations; provide harm reduction services, plain language health promotion, appointment accompaniments, medical interpretation, and referrals to health insurance and supportive services; and support patients throughout treatment.
<u>Disparities in Hepatitis C Linkage to Care in the Direct Acting Antiviral Era: Findings from a Referral Clinic with an Embedded Nurse Navigator Model</u>	This article, written by Sherbuk et al., evaluates linkage to care in a non-urban HCV referral clinic with a nurse navigator model. Findings from this article indicate that use of the embedded nurse-navigator model significantly heightened linkage to care rates, even with a high population of uninsured patients.
<u>HCV Screening and Linkage-to-Care Algorithm</u>	This flowchart shows the process for HCV testing and linkage-to-care developed for the Do One Thing project, a neighborhood-based HIV and HCV screening and linkage program in underserved and high-risk neighborhoods. The study found that non-clinical screening programs with patient navigators are effective in diagnosing, linking, and retaining/re-engaging patients in HCV care and that patients with CHC benefited from eliminating referral requirements for subspecialty care.
<u>Navigating to Curative Treatment: Tennessee’s Viral Hepatitis Case Navigator Program</u>	This document provides a high-level overview of the Tennessee Department of Health’s Viral Hepatitis Case Navigator (VHCN) program. The VHCNs provide navigation to HCV care and treatment services, as well as other supportive services, including mental health, substance use disorder treatment, and insurance enrollment. The document describes the program background, VHCN’s core activities, funding, stakeholders and a program contact, and the model’s strengths and limitations.
<u>‘Check Hep C’ Patient Navigation Program Protocol</u>	This document provides an overview of the Check Hep C model, a program that aims to “link HCV-positive persons to medical care and support complete HCV medical evaluation, successful HCV treatment and maintain liver health after treatment.” The protocol describes a Check Hep C Patient Navigator’s activities in depth, the necessary infrastructure for their work, what training they receive, what details need to be specified at each organization using the model, the requirements for having a multidisciplinary team, materials needed for the Check Hep C program, and requirements for data management.
<u>HCV Linkage and Navigation to Cure Webinar</u>	This webinar highlighted models and successful strategies for HCV linkage to care, patient navigation, care coordination, and case management including health department funded, health department staffed, and CBO run.

Examples for HCV Navigation Protocols

Resource	Description
<u>Building a Hepatitis C Clinical Program: Strategies to Optimize Outcomes</u>	This article, written by Zuckerman et al., describes how a multi-modal approach involving care coordination and technology resources improves patient engagement and reduces the disparity in HCV diagnosis and linkage to care. The research indicates that outcomes can be improved in an HCV practice with regards to patient navigation through a number of recommendations.
<u>Identification and Linkage to Care of HCV-Infected Persons in Five Health Centers — Philadelphia, Pennsylvania, 2012–2014</u>	This article describes the results of “a project to integrate routine HCV testing and linkage-to-care in five federally qualified health centers in Philadelphia, PA. Replicable system modifications that improved HCV testing and care included enhancements to electronic medical records (EMRs), simplification of HCV testing protocols, and addition of a linkage-to-care coordinator.”
<u>Care2Cure: A Randomized Controlled Trial Protocol for Evaluating Nurse Case Management to Improve the Hepatitis C Care Continuum Within HIV Primary Care</u>	This article, written by Starbird et al., describes the model for a nurse care management intervention used in Hepatitis C treatment.





HCV Navigator Position Descriptions

Example Job Listing

Job Title	(Indicate exact role title)
Job Title	(Indicate role of supervisor)
Status	(Indicate full- or part-time)
Supervises	(Indicate who reports to this individual)
Job Summary	The HCV Navigator’s role is to support clients through HCV screening, testing, linkage to treatment, and treatment adherence. The Navigator is responsible for addressing barriers to client engagement in the HCV care continuum, including but not limited to scheduling, transportation, lack of access to social services, understanding of the healthcare system, and enrollment in HCV benefits and entitlement programs.
Responsibilities and Duties	<ul style="list-style-type: none"> • Deliver client education related to HCV treatment, harm reduction, chronic disease management, medication adherence, and other HCV-related issues • Provide case management, as well as a treatment adherence and support services for clients diagnosed with HCV • Facilitate client support groups for individuals newly diagnosed with HCV and undergoing treatment • Conduct outreach and schedule home visits to assist clients in accessing appropriate care and ensure retention in care • Accompany clients to HCV-related appointments when necessary • Support clients through the process of enrolling in HCV benefits and entitlement programs
Education	(Indicate preferred education credentials)
Skills/Experiences	<ul style="list-style-type: none"> • Experience working with individuals with opioid use disorder • Experience conducting community outreach, preferably related to health or social service programs • Ability to work with uninsured, under-served and underrepresented populations • Extensive knowledge of harm reduction and motivational interviewing • Extensive knowledge of HCV transmission and prevention strategies, as well as laboratory and treatment information • Proficiency in Microsoft Office suite and data collection • Ability to work effectively and professionally in a fast-paced environment



HCV Navigator Position Descriptions

Resource

[Mount Sinai Primary Care Hep C Program Hep C Patient Navigator / Outreach Worker Job Posting](#)

[Health Federation of Philadelphia Health Navigator Job Posting](#)

[Description of responsibilities and activities for care navigation HCV outpatient screening and care from Stop Hepatitis C](#)

[Linkage to Care Specialist at Washington Heights CORNER Project Job Description](#)

[Hep C Linkage to Care Specialist at Brightpoint Health Job Description](#)

[Hudson River HealthCare Hepatitis C Peer Case Manager Job Description](#)





Information on CDC Recommendations for One-Time HCV Screening of All Adults

SECTION 3: SCREENING FOR HCV



Resource	Description
<u>Screening and Diagnosis of Hepatitis C Infection Overview - Free Online Course on Hepatitis C Online</u>	This course focuses on the application of Evidence-Based Recommendations to Provide Screening and Diagnosis of HCV Infection. The course is intended for any clinician who may encounter persons with HCV and would like to establish core competence in testing for HCV, counseling patients on preventing HCV transmission, and diagnosing acute HCV infection. Topic 2 of the course addresses the rationale behind the new screening guidelines for HCV.
<u>CDC Recommendations for Hepatitis C Screening Among Adults — United States, 2020</u>	This page summarizes the rationale of the CDC recommendations, including the epidemiology of HCV, a description of the virus and its transmission, who is at risk for HCV infection, clinical features and the natural history of the disease, diagnosis and elimination of HCV, clinical management and treatment, the methods for determining the recommendations, considerations on cost effectiveness, a testing strategy for HCV, testing considerations, and relevant post-test follow up with clients.
<u>Applying Strategies from Universal HIV Screening to Birth-Cohort HCV Screening: Lessons Learned in an Urban Federally Qualified Health Center (FQHC) Network</u>	This PowerPoint is a presentation by Melissa Kraus Schwarz at the national conference SYNChronicity. The presentation covers how to understand the application of the TEST model to expand HIV and HCV screening, identifies barriers in HIV and HCV screening/treatment and strategies to overcome them, discusses the use of data to inform quality improvement, and applies lessons learned from ACCESS' testing expansion initiatives to their own projects. While she specifically discusses implementing birth cohort testing for HCV, the lessons are applicable to universal screening.
<u>Universal Screening for Hepatitis C Virus Infection: A Step Toward Elimination by Dr. Camilla S. Graham</u>	This article describes a high-level overview of the history of HCV screening guidelines and explains the importance of introducing the universal screening recommendation in correlation with advances in drug treatments for HCV. The article describes the impact universal screening can have on reducing HCV in America by 2030.
<u>Universal Hepatitis C Virus (HCV) Screening and Treatment Programs in Community Health Centers Part 1: HCV Programming in Community Health Centers</u>	This website links to a slide deck and recording of a presentation entitled, "Universal Hepatitis C Virus (HCV) Screening and Treatment Programs in Community Health Centers - Part 1: HCV Programming in Community Health Centers." The presentation discusses who should be tested for HCV using universal screening, the HCV treatment cascade, the reasons behind treating HCV, how to treat HCV, and successes and lessons learned. The presentation also discusses how to connect with your health department to expand testing practices.

Information on CDC Recommendations for One-Time HCV Screening of All Adults

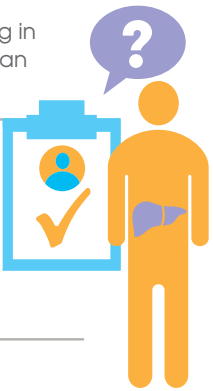
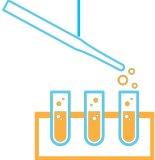


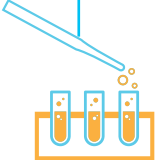
Resource	Description
<u>Universal Hepatitis C Virus (HCV) Screening and Treatment Programs in Community Health Centers Part 2: HCV Care Team Formation and Linkage to Care</u>	This website links to a slide deck and recording of a presentation entitled, "Universal Hepatitis C Virus (HCV) Screening and Treatment Programs in Community Health Centers - Part 2: HCV Care Team Formation and Linkage to Care." The learning objectives of the presentation include learning how to routinize universal HCV screening for health center staff and optimize team roles to provide comprehensive, team-based treatment. The presentation discusses how to build interdisciplinary care teams and optimize their use for patient-centered care; how to clarify team roles and responsibilities to optimize efficiency, outcomes, and accountability; and how to explore strategies to enhance patient-provider engagement and team communication.
<u>Universal Hepatitis C Virus (HCV) Screening and Treatment Programs in Community Health Centers Part 3: Health Economics 101 – Comparing Standard v. Enhanced HCV Screening and Treatment</u>	This website links to a slide deck and a recording of a presentation entitled "Universal Hepatitis C Virus (HCV) Screening and Treatment Programs in Community Health Centers - Part 3: Health Economics 101 - Comparing Standard v. Enhanced HCV Screening and Treatment." The presentation discusses the steps associated with HCV programs in health centers; describes a case study of the HCV program cost-benefit analysis in Philadelphia, PA; and explains how to value the costs and benefits of implementing a universal screening program.
<u>Universal Hepatitis C Virus (HCV) Screening and Treatment Programs in Community Health Centers Part 4: Utilizing the HCV Cost Benefit Calculator to Evaluate Resources</u>	This website links to a slide deck and a recording of a presentation entitled "Universal Hepatitis C Virus (HCV) Screening and Treatment Programs in Community Health Centers - Part 4: Utilizing the HCV Cost Benefit Calculator to Evaluate Resources." This presentation describes how to use a cost-benefit calculator to evaluate the impact of universal screening on health centers. NNCC's HCV Cost Calculator is an interactive tool designed to evaluate the costs and benefits of Standard vs Universal HCV Care. The HCV Cost Calculator uses a numerical value-based model of health center staff training, screening, and treatment regimen to output comparisons in cost, revenue, and cost-benefit return on investment (ROI).



Unique HCV Testing Models

Resource	Description
<u>Hepatitis C Point-of-Care Screening in Retail Pharmacies in the United States</u>	This article, written by Kugelmas et al., assesses the implementation of HCV screening in retail pharmacies (Walgreens). The results of this study provide evidence in support of point-of-care HCV screening in retail pharmacies for at-risk individuals in the United States.
<u>Colocalization in Hepatitis C Virus Infection Care: The Role of Opioid Agonist Therapy Clinics</u>	This article, written by Dr. Lynne E. Taylor, proposes colocation of HCV screening at opioid agonist therapy (OAT) programs.
<u>We Know DAAs Work, So Now What? Simplifying Models of Care to Enhance the Hepatitis C Cascade</u>	This article, written by Lazarus et al., highlights potential locations for HCV screening, including: Pharmacies and Addiction and Harm Reduction Centers.
<u>Community HIV Testing and Screening</u>	This webpage provides recommendations for potential non-clinical, community settings for testing. This webpage also provides examples of how various organizations are currently employing community-based testing, and important considerations for implementation.
<u>The Role of Community Based Testing in Hepatitis Elimination</u>	This slide deck from a NASTAD webinar provides existing models and recommendations for implementation of community-based testing. This document also suggests potential partners for implementing community-based testing, including churches, veterans gatherings, and tattoo conventions.
<u>Towards Universal Voluntary HIV Testing and Counselling: A Systematic Review and Meta-Analysis of Community-Based Approaches</u>	This article, written by Suthar et al., aims to systematically review all community-based HIV testing and counseling approaches to inform global and national HIV programming.
<u>Pharmacy-Based HIV Testing</u>	This document discusses the implementation of HIV testing at Walgreens Pharmacies. Evaluation of the testing intervention found that offering testing in tandem with other point-of-care screenings normalized the act of seeking an HIV test, thereby increasing service uptake among first-time testers.
<u>A Multilevel Intervention with African American Churches to Enhance Adoption of Point-of-Care HIV and Diabetes Testing, 2014–2018</u>	This article, written by Wingood et al., highlights the implementation of HIV and diabetes testing through churches.



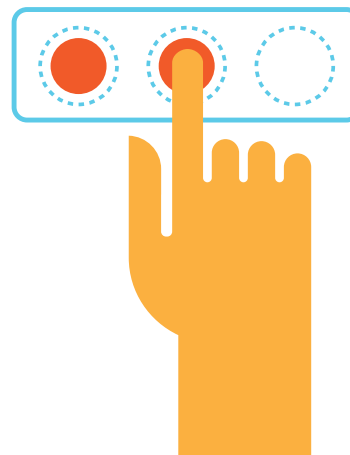
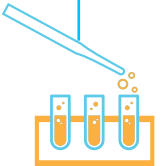


Dried Blood Spot Testing for HCV

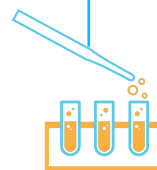
Resource	Description
<p><u>Hepatitis-B and -C Screening Using Dried Blood Spot Testing</u> (From England)</p>	<p>This form is used in England to collect patient contact information, collect patient history, and obtain consent for a blood spot test. It also includes a pre-test checklist for providers, as well as an explanation of the implications of a positive result.</p>
<p><u>Interventions to Enhance Testing, Linkage to Care and Treatment Uptake for Hepatitis C Virus Infection Among People Who Inject Drugs: A Systematic Review</u> (Research from Australia)</p>	<p>This article, written by Bajis et al., evaluates the effectiveness of dried blood spot testing (DBS) as an intervention to enhance HCV testing, linkage to care, and treatment uptake among people who inject drugs (PWID). Benefits of DBS testing identified by the article include high acceptability among PWID, opportunities for expansion of testing services into community-based settings and remote areas, and the ability of DBS to be performed by lower-skilled healthcare workers. Disadvantages of DBS identified in the article include the need for laboratory-based assays for sample processing and the need for patients to return for results.</p>
<p><u>The Effect of Introducing Point-of-care or Dried Blood Spot Analysis on the Uptake of Hepatitis C Virus Testing in High-risk Populations: A Systematic Review of the Literature</u> (Research from the UK)</p>	<p>This article, written by Coats & Dillon, evaluates the effect of DBS testing on up take of HCV testing in high-risk populations. Benefits of DBS testing identified by the article include the non-invasive sampling method, ease of storage, ability to analyze for both anti-HCV antibody and HCV RNA, and non-technical process in comparison to phlebotomy. The main disadvantage of DBS testing identified in the article is the reliance on a transport to a laboratory, necessitating a delay in the availability of results.</p>
<p><u>Dried Blood Spots: A Tool to Ensure Broad Access to Hepatitis C Screening, Diagnosis, and Treatment Monitoring</u> (Research from France)</p>	<p>This article, written by Soulier et al., investigates the use of DBS testing for diagnosing and monitoring of HCV. Benefits of DBS testing identified in this article include ease of specimen collection, lower cost, and minimal storage facility and transport requirements. Two main disadvantages of DBS testing identified in this article include the fact that a low HCV RNA level can prevent determination of the HCV genotype, and that sensitivity for the detection of HCV RNA is altered in specimens from DBS, compared with plasma or serum specimens.</p>
<p><u>Evaluation of the Diagnostic Accuracy of Laboratory-Based Screening for Hepatitis C in Dried Blood Spot Samples: A Systematic Review and Meta-analysis</u> (Research from Spain)</p>	<p>This article, written by Vázquez-Morón et al., evaluates diagnostic accuracy of DBS testing. Benefits of DBS testing identified by the article include the fact that DBS samples are highly stable at room temperature, and that the internal validity of HCV screening tests in DBS samples is very high.</p>

Dried Blood Spot Testing for HCV

Resource	Description
<u>Blood Collection and Handling – Dried Blood Spot (DBS)</u>	This document from the World Health Organization outlines how to collect dried blood spots (DBS), package and store DBS in a way to maintain specimen integrity, maintain DBS records, and distinguish between valid and invalid DBS results.
<u>Assessing Molecular Point-of-Care Testing and Dried Blood Spot for Hepatitis C Virus Screening in People Who Inject Drugs</u> (Research from France)	This article, written by Chevaliez et al., aims to evaluate the acceptability and feasibility of DBS testing in risk-reduction centers. Benefits of DBS testing identified by the article include testing simplification, cost-effectiveness, and ease of collection in PWID when compared to venous access for blood collection.
<u>ClinicalTrials.gov - Dried Blood Spot and Hepatitis C</u>	This webpage from the National Institute of Health highlights clinical trials related to dried blood spot testing for HCV.



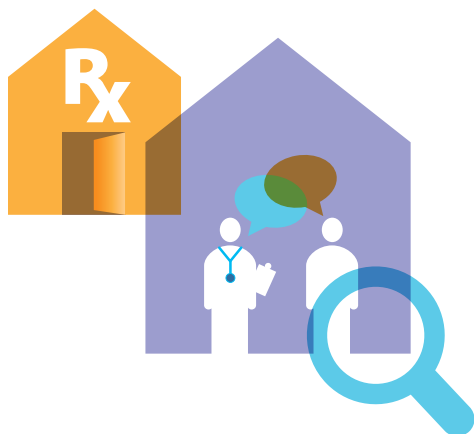
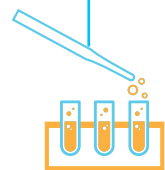
Conducting HCV Screening in Outpatient Settings



Resource	Description
<u>High Prevalence of Hepatitis C Infection Among Adult Patients at Four Urban Emergency Departments</u>	This report of four emergency departments across the US found that implementing opt-out, universal HCV screening identified positive HCV antibody tests in 9% of individuals screened, 47% of which were individuals born after 1965 (outside birth cohort).
<u>Implementing Hospital-Based Baby Boomer Hepatitis C Virus Screening and Linkage to Care: Strategies, Results, and Costs</u>	This article, written by Turner et al., details helpful strategies for implementing a large-scale in-hospital screening program. These suggestions include in-depth training for providers on HCV screening to increase confidence, relaxed consent procedures (opt-out consent), and patient education training for non-clinic staff to take the burden off of providers.
<u>Recommendations to Improve Outcomes When Establishing an HCV Practice</u>	This article, written by Zuckerman et al., details various recommendations to improve outcomes within aspects of an HCV practice including outpatient settings, including spending significant resources on linkage to care managers and intentionally spreading HCV resources/information throughout communities impacted (e.g., connecting with community centers etc.).
Multiple studies demonstrate extremely successful results from the implementation of electronic prompting systems in their outpatient settings, as well as metrics informing providers of their own screening rates compared to colleagues, etc.	
<u>Study 1: Implementation of a Large System-Wide Hepatitis C Virus Screening and Linkage to Care Program for Baby Boomers</u>	Study 1: 145% increase in HCV screening associated with implementation of an electronic health record (EHR) clinical decision support tool
<u>Study 2: An Electronic Health Record-based Intervention to Promote Hepatitis C Virus Testing Among Adults Born Between 1945 and 1965</u>	Study 2: Testing rate of 20.2% at intervention sites with an EHR-embedded best practice alert (BPA), compared with 1.8% at control sites
<u>Study 3: Hepatitis C: Improving the Quality of Screening in a Community Hospital by Implementing an Electronic Medical Record Intervention</u>	Study 3: Testing rate of 89.7% after implementation of an EHR intervention to flag patients for HCV testing, compared to 47.2% pre-intervention

Conducting HCV Screening in Outpatient Settings

Resource	Description
<u>HCV Screening and Linkage-to-Care Algorithm</u>	This article, written by Trooskin et al., features a flowchart, depicting the process for HCV testing and linkage-to-care developed for the Do One Thing project, a neighborhood-based HIV and HCV screening and linkage program in underserved and high-risk neighborhoods. The study found that non-clinical screening programs with patient navigators are effective in diagnosing, linking, and retaining/re-engaging patients in HCV care and that patients with CHC benefited from eliminating referral requirements for subspecialty care.
<u>Electronic Medical Record Alert Activation Increases Hepatitis C and HIV Screening Rates in Primary Care Practices Within a Large Healthcare System</u>	This article, written by Tapp et al., assesses the impact of HCV and HIV electronic medical record (EMR) alerts on screening rates and linkage to care. Article findings indicate that implementation of EMR alerts is associated with improved screening for HCV and HIV, and enhanced linkage to care for those testing positive.
<u>Medicare Coverage of HCV Screening</u>	This page details Medicare coverage of HCV screening (highlighting screening coverage for birth cohort patients and at-risk patients).
<u>Pharmacist-Initiated Hepatitis C Virus Screening in a Community Pharmacy to Increase Awareness and Link to Care at the Medical Center</u>	This article, written by Isho et al., evaluates an initiative where a hospital-affiliated community pharmacy provided HCV screening and education to patients waiting for prescription pickup and reported positive results.



Starting an Effective Mobile Unit

Resource	Description
<u>UNDOC: Abscess Prevention and Management for Injecting Drug Users</u>	This 35-page document provides comprehensive information on wound care. The document includes abscess basics, safe injection and abscess prevention education materials, abscess management information, and guidelines for day-to-day operations.
<u>Mobile Health Clinics: Improving Access to Care for the Underserved</u>	This slide deck provides an overview of mobile health Clinics, including profiles of various clinic models in use across the US. Page 17 includes an in-depth checklist of steps to consider when implementing a mobile clinic.
<u>Wounds on Wheels: Implementing a Specialized Wound Clinic within an Established Syringe Exchange Program in Baltimore, Maryland</u>	This article, written by Robinowitz et al., details the implementation of a mobile wound clinic in Baltimore, MD. The article demonstrates that wound care can be effectively delivered via mobile outreach, at a substantially lower cost than clinic-based treatment.
<u>Mobile Health Care for Homeless People: Using Vehicles to Extend Care</u>	This comprehensive manual touches on many aspects of mobile health care, including staffing, community partner specifics, outreach and marketing capacities, sample marketing materials, inventory checklist/suggestions, service/referral forms, and job descriptions.
<u>Wound Care for Persons Who Inject Drugs (PWID)</u>	In this four-minute video, a clinician details three cases of wound care experienced in her clinic and procedures for treatment.
<u>A Cost Analysis of Hospitalizations for Infections Related to Injection Drug Use at a County Safety-Net Hospital in Miami, Florida</u>	This article, written by Tookes et al., aims to estimate the cost and mortality associated with injection drug-use related bacterial infections over 12 months in a county safety-net hospital in Miami. Findings indicate that skin and soft tissue infections (SSTIs) were reported in 64% of injection drug users, and that the total cost for treatment of injection drug-use related infections over a 12 months period at the Jackson Memorial Hospital was \$11.4 million.



Starting an Effective Mobile Unit

Resource	Description
<u>The Scope and Impact of Mobile Health Clinics in the United States: A Literature Review</u>	This article, written by Yu et al., examines available literature related to the role of mobile health clinics (MHCs) in the US healthcare system. The article provides significant justification for the use of mobile units, including the associated cost-savings and improved health outcomes, as well as the reduced barriers to care. Common challenges for MHCs identified in this article include financial instability and difficulty following up with patients.
<u>Offering Community Based Wound Care as Part of a Comprehensive Syringe Access Program</u>	This dissertation, written by Christina Wang, outlines the development and implementation of a community-based wound care program to increase access to wound care and calculate average cost of wound care per patient. Wang finds that a community-based wound care program is a less expensive, effective alternative to emergency department services, particularly for high-risk populations that face multiple barriers to accessing care.
<u>College of Medicine Gelps with Ground-breaking Program to Provide Mobile Hepatitis C Testing</u>	This article describes a mobile HCV testing unit operated by Drexel University medical students, highlighting several best practices. Best practices mentioned in the article include engaging the community by meeting with local clergy and business owners; publicizing the mobile unit's location via twitter; and connecting those who test positive with patient navigators.
<u>Mobile Health Unit Impact Tool</u>	This interactive tool was created to help organizations articulate the impact of their mobile health units, by using data to demonstrate Quality Adjusted Life Years (QALYs) saved, emergency room visits avoided, or financial gains for the organization.
<u>Self-treatment of Skin Infections by People Who Inject Drugs</u>	This article, written by Monteiro et al., articulates the need to educate injection drug users about the signs of serious skin and soft tissue infections (SSTIs).





Covering Transportation and Medication Costs for HCV Services

Resource	Description
<u>HIV/HCV Co-Infection Watch - Information on Medication Assistance Programs for HCV Treatment</u>	This slide deck provides formulary information in every state and territory covered by ADAP, as it relates to coverage for HCV drug therapies; formulary information for HCV drug therapies covered by the State Medicaid programs; formulary information for HCV drug therapies covered by the Veterans Affairs system; and information about patient assistance programs (PAPs). The slide deck also includes state-specific harm reduction data for HCV and public policy changes, statistics related to HIV/HCV co-infection, and up-to-date information related to HCV treatment under the US Department of Veterans Affairs.
<u>Programs Available to Help Pay for Hepatitis C Medication</u>	This website provides a list of different medication assistance programs broken out into what specific medications they can cover. It provides a description of the assistance programs as well as contact information for each. At the end, there is a list of additional resources including further information on both public and private medication assistance, resources on insurance, and resources available to patients with chronic conditions like Hepatitis C.
<u>Hepatitis C Patient Assistance Programs</u>	This website provides a list of patient assistance programs available to patients with Hepatitis C. It includes a short description of each program and a link to their corresponding website or contact information.
<u>Patient Assistance Programs for Hepatitis C Medication Costs</u>	This website provides a list of medication assistance programs available to patients with Hepatitis C. It includes a short description of each program, eligibility criteria, and a link to their corresponding website or contact information.
<u>Rural Transportation Toolkit</u>	The modules in this toolkit contain resources focused on developing, implementing, evaluating, and sustaining rural transportation programs.



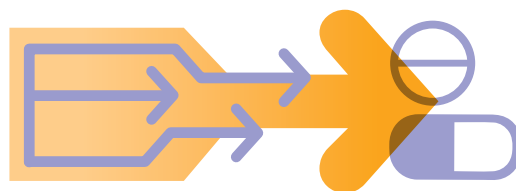
Covering Transportation and Medication Costs for HCV Services

Resource	Description
<u>Rideshare-Based Medical Transportation for Medicaid Patients and Primary Care Show Rates: A Difference-in-Difference Analysis of a Pilot Program</u>	This article, written by Chaiyachati et al., evaluates the impact of a rideshare-based medical transportation program on the proportion of Medicaid patients attending scheduled primary care appointments. Findings suggest that a ridesharing program could be scaled up in a cost-effective manner to increase medical appointment “show rates”.
<u>Innovative Health Care Mobility Services in the US</u>	In this article, Wolfe & McDonald utilize an environmental scan to identify examples in which ridesourcing technology has been used to facilitate non-emergency health care transportation and increase patient access to health care facilities. Wolfe & McDonald identify three main categories of innovative healthcare mobility services, including (1) partnerships between healthcare providers and ridesourcing companies, (2) collaborations between insurers and ridesourcing companies, and (3) partnerships between paratransit providers and ridesourcing companies.
<u>Uber Health: Frequently Asked Questions</u>	This “Frequently Asked Questions” page provides a brief introduction to Uber Health and its costs. Under the “How do I get started?” section, there are instructions for how organizations can begin working with Uber Health.



HCV Treatment Simplification

Resource	Description
<u>Simplification of Care for Chronic Hepatitis C Virus Infection</u>	This article, written by Pawlotsky et al., discusses strategies for simplification of HCV screening and diagnosis; pretreatment; and treatment and monitoring.
<u>Hepatitis C Virus Diagnostics: The Road to Simplification</u>	This article, written by Dr. Jordan J. Feld, describes approaches to simplifying the HCV testing process for patients. Dr. Feld outlines considerations that must be made when seeking to reduce the number of required appointments and tests and determining which testing protocols are most appropriate, (based on cost effectiveness, availability of labs, etc.).
<u>We Know DAAs Work, So Now What? Simplifying Models of Care to Enhance the Hepatitis C Cascade</u>	This article, written by Dr. Jordan J. Feld, describes approaches to simplifying the HCV testing process for patients. Dr. Feld outlines considerations that must be made when seeking to reduce the number of required appointments and tests and determining which testing protocols are most appropriate, (based on cost effectiveness, availability of labs, etc.).
<u>Strategies to Simplify the HCV Care Continuum</u>	This downloadable slide set from Clinical Care Options reviews data on evolving HCV epidemiology and screening recommendations, simplified HCV screening and diagnosis, simplified treatment with pangenotypic regimens for most patients with HCV, and the need to engage nonspecialists in achieving HCV elimination.



Retaining People in HCV Care Who Are Not Stably Housed

Resource	Description
<u>Hepatitis C Treatment Program in Toronto ImProves Access to Housing, Income, and Healthcare</u>	This resource details a low-barrier community-based multidisciplinary team model for providing HCV care. This highly successful program, based in a bi-weekly HCV support group, includes a meal, transit fare, housing support, and healthcare appointments that take place during the group meeting time. During group meetings, members share experiences with care and receive advice from peers and providers.
<u>Recommendations for Implementing Hepatitis C Virus Care in Homeless Shelters: The Stakeholder Perspective</u>	This article, written by Fokuo et al., details the results of focus group interviews with staff at homeless shelters and unstable housing outreach organizations. Recommendations highlighted in the article include assisting unstably housed individuals with paperwork related to offsetting HCV costs, appointing an HCV specialist to link shelters with providers and deliver HCV education, integrating HCV care with mental health and SUD treatment, and working to correct patients' perceptions of HCV treatment ineffectiveness.
<u>A Moving Target: Tracking Down HCV in the Homeless</u>	This resource details a variety of strategies used by linkage-to-care coordinators and others in a program that aims to bring HCV care to unstably housed folks. Strategies outlined in this resource include addressing provider biases regarding effectiveness of providing care to unstably housed individuals, hiring staff who possess experience with obtaining medication-offset money to help defray costs, making visits to shelters, employing needle exchange programs, and seeking to understand needle networks/patient transmission groups.
<u>Adapting Your Practice: General Recommendations for the Care of Homeless Patients</u>	Though not solely focused on HCV service delivery, this resource provides a detailed list of recommendations regarding care for homeless patients. Recommendations include providing incentives for visits (i.e., food and clothing), anticipating and accommodating unscheduled clinic visits, dispensing medication on site, providing understandable patient information and resources (models available here), developing a realistic adherence plan that does not include medical jargon, and asking questions about housing history/current living conditions.
<u>From Peer-Based to Peer-Led: Redefining the Role of Peers Across the Hepatitis C Care Pathway: HepCare Europe</u>	This article, written by Surey et al., describes the role of peer support in linking homeless individuals, people who inject drugs, and incarcerated people with HCV specialist treatment services.



Retaining People in HCV Care Who Are Not Stably Housed

Resource	Description
<u>Directly Observed Therapy Improves HCV Care in Opioid Agonist Programs</u>	This article, written by Akiyama et al., describes the results of a randomized control trial used to evaluate the effectiveness of Directly Observed Therapy (DOT) on HCV treatment completion among PWID receiving Opioid Agonist Therapy (OAT). Many of the study’s participants were unstably housed or experiencing homelessness. Study findings demonstrate higher treatment adherence and sustained virologic response among members of the DOT intervention group, compared to those in the self-initiated treatment groups.
<u>Mobile Care for Homeless People: Using Vehicles to Extend Care</u>	This resource reports on the outcomes of 33 Health Care for the Homeless (HCH) grant projects that employed mobile units to provide a variety of primary care services, including HCV testing. The report discusses the rationale for mobile health outreach to homeless populations, services provided and staffing models, types and designs of mobile units, financing and administration of mobile health programs, obstacles encountered, and strategies to address them.



Keeping Clients Retained in Care When SUD Treatment Ends

Resource	Description
<u>Exploring Transitional Care: Evidence-Based Strategies for Improving Provider Communication and Reducing Readmissions</u>	This article, written by Mansukhani et al., offers evidence-based recommendations for enhancing provider communication and reducing client readmissions. The strategies presented, though not exclusively focused on clients leaving SUD treatment, include reviewing patient care plans, as well as discussing future access to providers, medication, and medical equipment with patients prior to discharge.
<u>Promoting HCV Treatment Completion for Prison Inmates: New York State's Hepatitis C Continuity Program</u>	This article, written by Klein et al., describes the development of a statewide program focused on ensuring continuity of HCV treatment to prisoners upon release to the community.
<u>The Continuing Care Model of Substance Use Treatment: What Works, and When Is "Enough," "Enough?"</u>	This article, written by Proctor & Herschman, focuses specifically on continuing care for individuals with SUD, but offers general recommendations for maintaining contact with clients.



Engaging Undocumented Clients in Care in a Non-Threatening and Welcoming Way

Resource	Description
<u>Good Sanctuary Doctoring for Undocumented Patients</u>	This article, written by Kuczewski et al., provides an introduction to sanctuary doctoring and recommendations for providers interested in incorporating sanctuary doctoring into their practices.
<u>Treating Fear: Sanctuary Doctoring - Loyola University of Chicago: Neiswanger Institute for Bioethics & Healthcare Leadership</u>	This webpage includes a video demonstration of sanctuary doctoring. Other resources available on this webpage include templates for patient brochures and provider lapel pins that highlight the connection between immigration status and health, and create opportunities for patients to discuss their immigration status.
<u>Attitudes and Experiences of Undocumented Latino Immigrants When Seeking Medical Services</u>	This article, written by Susana Michelle De Leon, describes the individual-level obstacles experienced by undocumented immigrants when seeking medical services, such as fear of deportation, cultural and language barriers, high costs, lack of healthcare system knowledge, and stigma. The article also provides recommendations for practices that can address these individual-level barriers, such as conducting outreach work in the immigrant community to increase awareness of available medical services, employing certified translators, training providers in cultural competency, and articulating the rationale for collection of certain personal information.
<u>Promising Practices to Improve Immigrants' Health and Well-Being</u>	This resource outlines important practices for outreach, education, cultural competency, and language access when working with immigrant populations. Overarching recommendations include the use of culturally appropriate materials and messaging, information distribution within immigrant community contexts, and greater employment of bilingual/bicultural medical staff.
<u>Stress & Trauma Toolkit for Treating Undocumented Immigrants in a Changing Political and Social Environment</u>	This toolkit highlights health risk factors facing undocumented immigrants, such as racism and discrimination, fear and distrust, and low SES. The toolkit also offers recommendations for providers and health facilities related to caring for this population. Recommendations include considering protective factors, examining personal implicit and explicit biases, and informing patients of their rights.
<u>Not in my Exam Room: How U.S. Immigration Enforcement Is Obstructing Medical Care</u>	This article, written by Stoughton & Hampton, discusses how US immigration actions interfere with medical care and provides recommendations for healthcare facilities regarding care of undocumented patients. Recommendations include establishing an explicit policy of non-discrimination on the basis of immigration status, prohibiting the recording of immigration status on medical records, educating staff on patient rights, and preparing for interactions with immigration agents.



Engaging Undocumented Clients in Care in a Non-Threatening and Welcoming Way

Resource	Description
<u>Barriers to Health Care for Undocumented Immigrants: A Literature Review</u>	<p>This article, written by Hacker et al., describes obstacles faced by undocumented immigrants when seeking healthcare services, and provides recommendations for addressing these barriers. Barriers identified include a need for documentation to obtain services, limited access to transportation, lack of translational services and cultural competency, discrimination, communication challenges, lack of financial resources, and limited knowledge regarding to how the US healthcare system works. Recommendations mentioned in this article include facilitating a cultural competency training with providers, educating providers regarding relevant legislation, and engaging in specialized outreach to the undocumented immigrant community to facilitate utilization of the healthcare system.</p>
<u>Innovations to Champion Access to Primary Care for Immigrants and Refugees</u>	<p>This resource recommends promising practices for improving immigrants' access to healthcare services. Overarching recommendations included in this resource include utilizing mobile clinics to provide care where patients live, engaging in workplace outreach to provide care where patients work, and employing language/cultural brokers to provide care that patients understand.</p>

SECTION 5: SERVING POPULATIONS WITH UNIQUE NEEDS

