



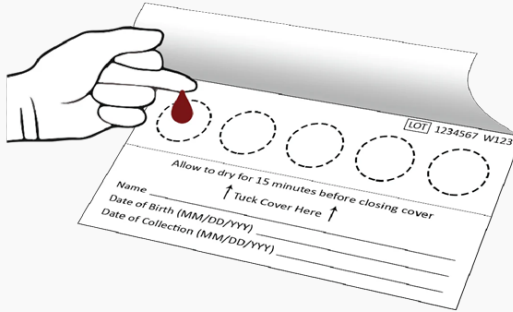
Department
of Health

New York State's Progress Toward Hepatitis C Elimination

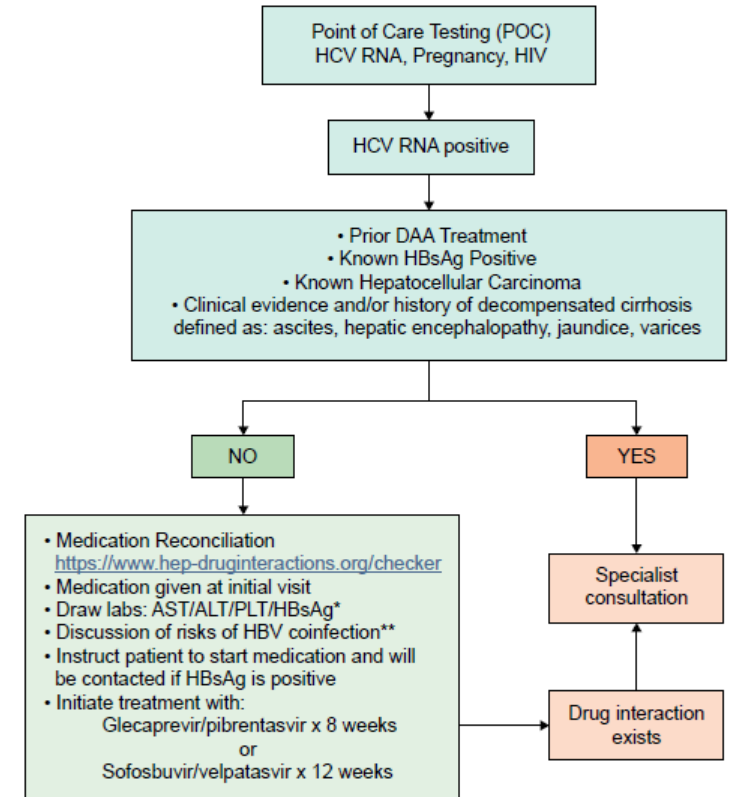
Colleen Flanigan, RN, MS
Director, Bureau of Hepatitis Health Care and Epidemiology

MAY 14, 2025

WE HAVE THE TOOLS - WE NEED TO BUILD CAPACITY



Hepatitis C Test and Treat Initial Visit



Hepatitis C: State of Medicaid Access Report Card

New York



Grade

A+

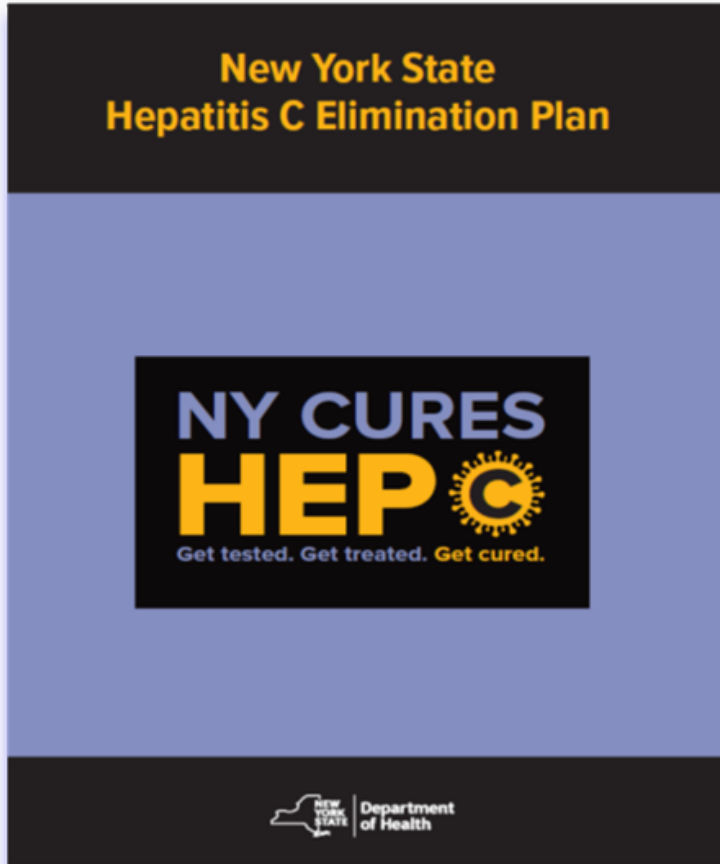
HEPATITIS C



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New York State Hepatitis C Testing Requirements

PRIORITY POPULATIONS AND SETTINGS FOR HEPATITIS C ELIMINATION



Priority Populations

People who use drugs

Currently or formerly involved
in criminal justice system

Baby Boomers

Homeless or at risk of
becoming homeless

People living with HIV

Priority Settings

Correctional facilities, jails,
prisons and courthouses

Harm Reduction Programs

Substance Use Disorder
Treatment Programs

Primary care offices,
community health centers

Settings serving homeless

ADVISORY GROUP ON HEPATITIS C TREATMENT AMONG PEOPLE WHO INJECT DRUGS

Purpose: To improve access to and acceptability of hepatitis C treatment among people who inject drugs.

Membership: Statewide experts representing harm reduction, substance use treatment, people with lived experience, clinical care, and policymakers.

Activities: A six-month long collaborative, iterative process to identify and prioritize actions that New York State (NYS) can take to increase treatment access for people who inject drugs.

FRAMING QUESTION

What are key strategies that New York State needs to implement to markedly increase access to hepatitis C treatment for people who inject drugs?

TOP FIVE STRATEGIES

1. Support robust and well-funded hepatitis C care coordination, navigation, and peer services in traditional and nontraditional settings.

2. Fund substance use disorder treatment programs and harm reduction programs to build capacity and hire staff to provide on-site hepatitis C screening and treatment to all patients.

3. Improve Medicaid reimbursement payment and/or financial incentives for treatment and care coordination in primary care, substance use, and other high impact settings.

4. Implement active case finding, contact tracing, and linkage to care with the same level of urgency that New York State does for syphilis, tuberculosis, etc., with community input.

5. Treat hepatitis C in Opioid Treatment Programs in New York State, including mobile medical units.



Capacity Building – Community Health Centers



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Survey of 86 community health centers across NYS
- September – November 2024

Collaborative with Community Health Care Associations of NYS (CHCANYS)

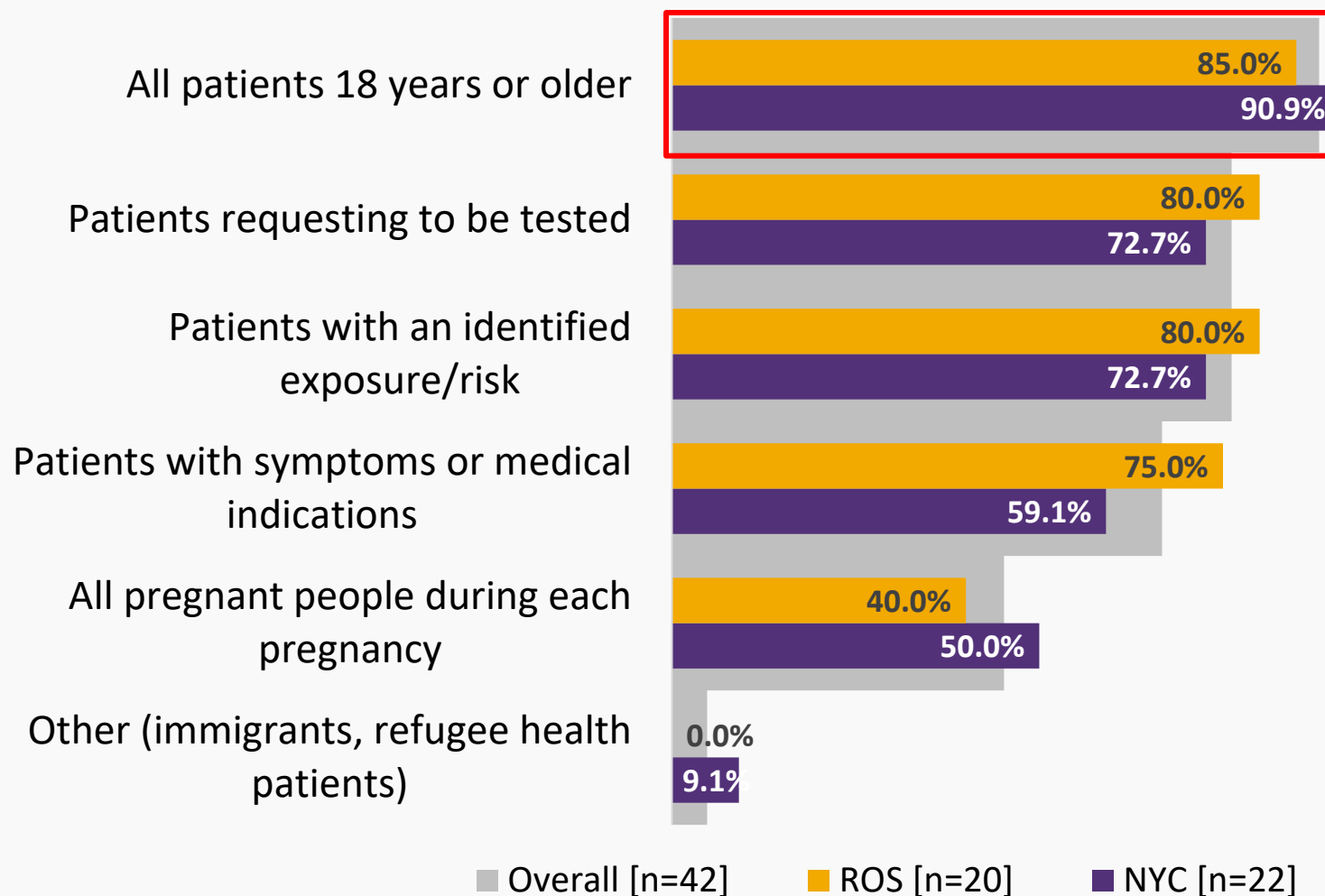
Purpose

- Assess community health center's capacity, infrastructure, and technical assistance needs associated with hepatitis C testing and treatment

Response rate

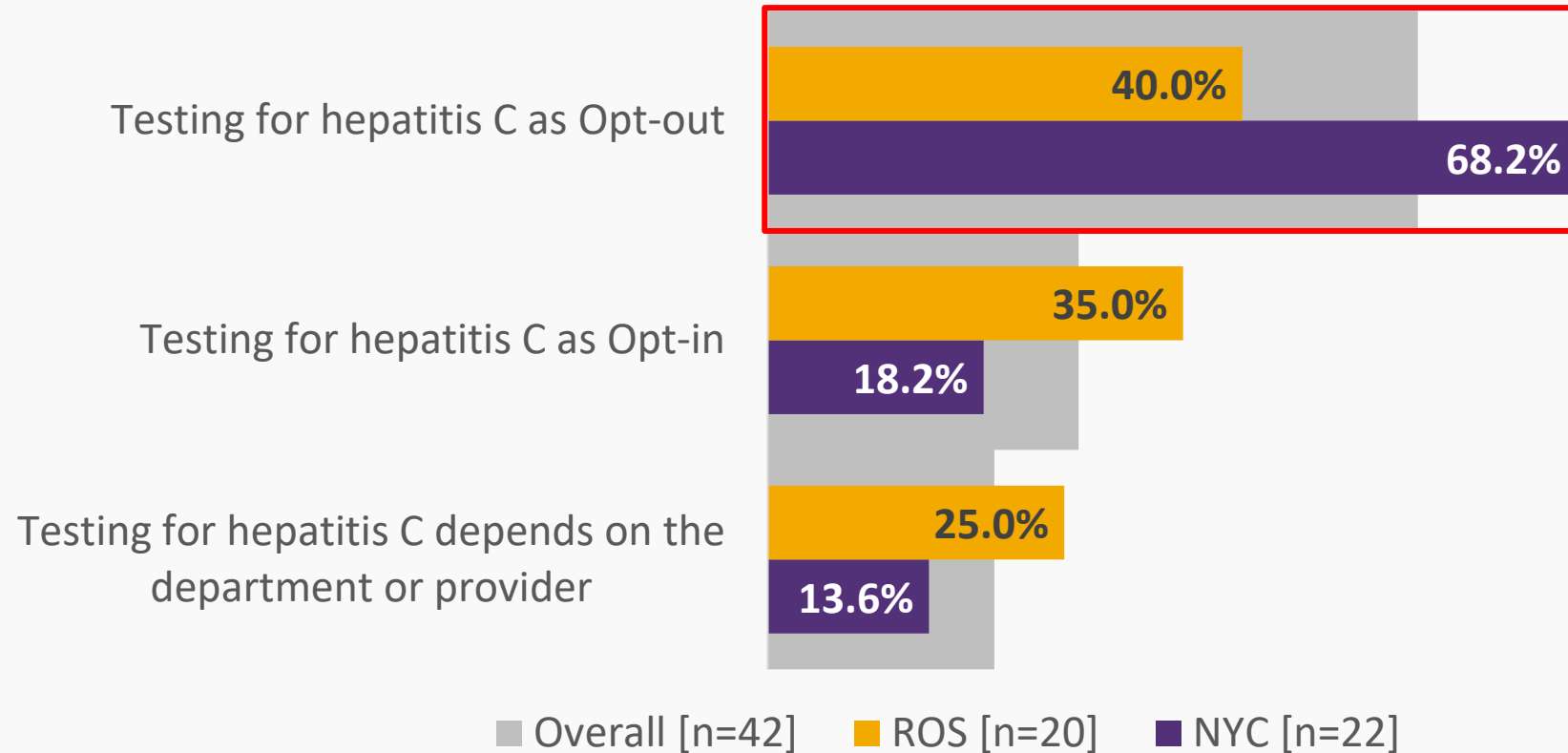
- Overall: 49% (42 health centers)
- New York City (NYC): 52%
- Rest of State (ROS)/Outside of NYC: 48%

TYPES OF PATIENTS CURRENTLY SCREENED



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OPT-IN AND OPT-OUT APPROACHES FOR HEPATITIS C TESTING

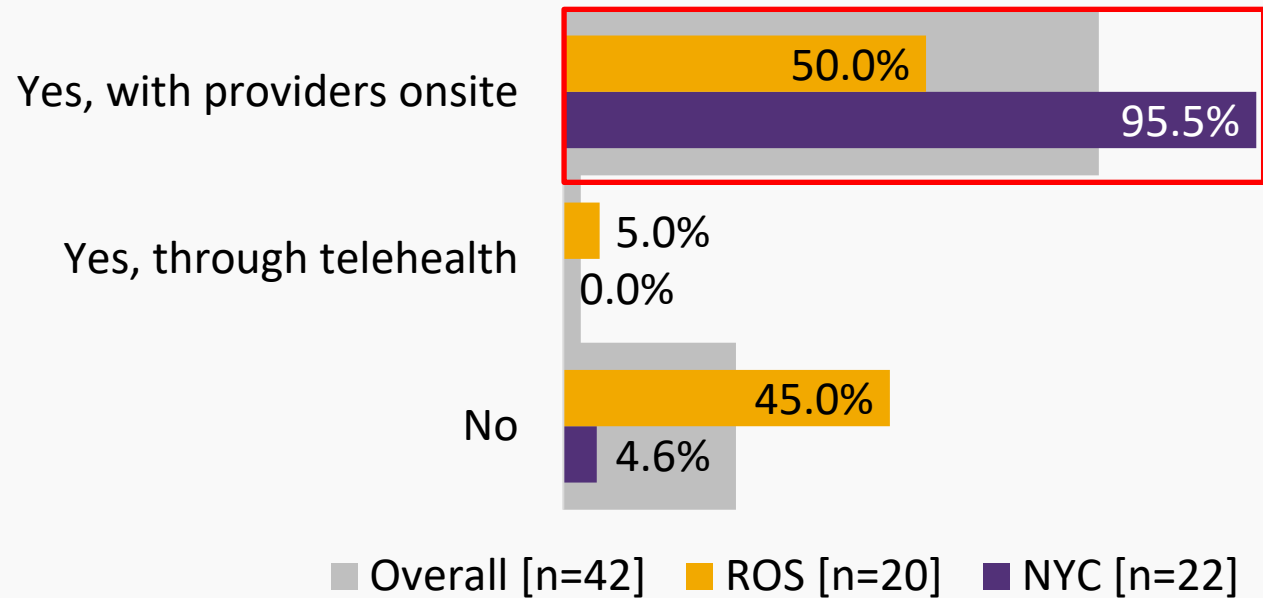


TECHNICAL ASSISTANCE NEEDS FOR HEPATITIS C TESTING

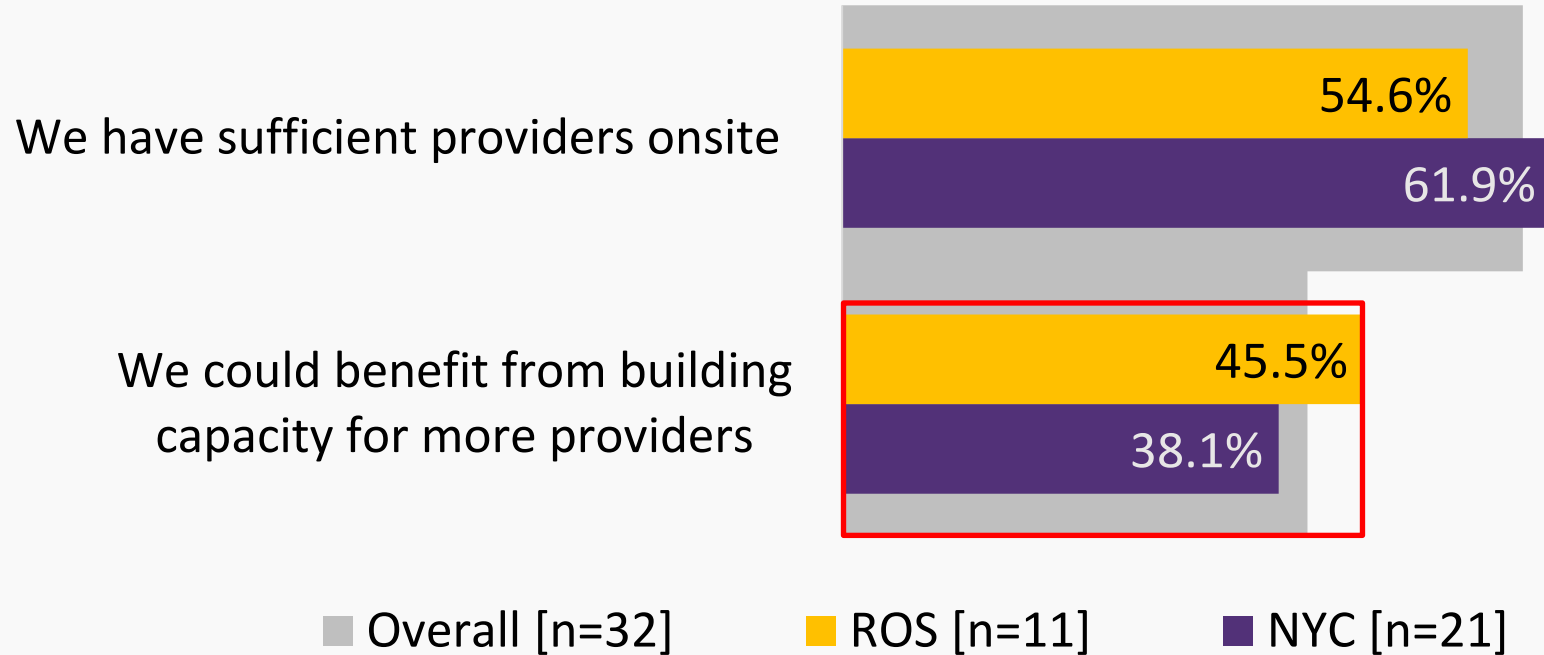
	Overall [n=42]	NYC [n=22]	ROS [n=20]
Update providers of the new Hepatitis C Testing Law and updated internal hepatitis C screening policies and procedures including electronic health record	54.8%	68.2%	40.0%
Develop a policy for opt-out testing	45.2%	50.0%	40.0%
Provide guidance to our providers on conducting opt-out testing	40.5%	40.9%	40.0%
Implement non-patient specific standing orders for nursing staff to order hepatitis C testing	33.3%	27.3%	40.0%
Develop electronic health record prompts to identify patients with unknown hepatitis C status	31.0%	40.9%	20.0%



AVAILABILITY OF ONSITE HEPATITIS C TREATMENT



CAPACITY OF ONSITE HEPATITIS C TREATMENT PROVIDERS



TECHNICAL ASSISTANCE NEEDS FOR ONSITE HEPATITIS C TREATMENT CAPACITY BUILDING

	Overall [n=42]	NYC [n=22]	ROS [n=20]
We have sufficient resources	26.2%	31.8%	20.0%
We have several components in place and can implement remaining strategies ourselves	26.2%	22.7%	30.0%
We could use assistance with....			
Building capacity among our primary care providers to treat hepatitis C	54.8%	59.1%	50.0%
Training providers with opt-out hepatitis C testing such as developing verbal scripts	40.5%	40.9%	40.0%
Increasing non-clinical capacity such as care coordinators and community health workers	33.3%	50.0%	15.0%
Developing workflow(s) for patients with confirmed hepatitis C infection to link to care	31.0%	45.5%	15.0%



Capacity Building – Opioid Treatment Programs

Survey of 102 Opioid Treatment Programs

Collaborative with NYS Office of Addiction Services and Supports (OASAS)

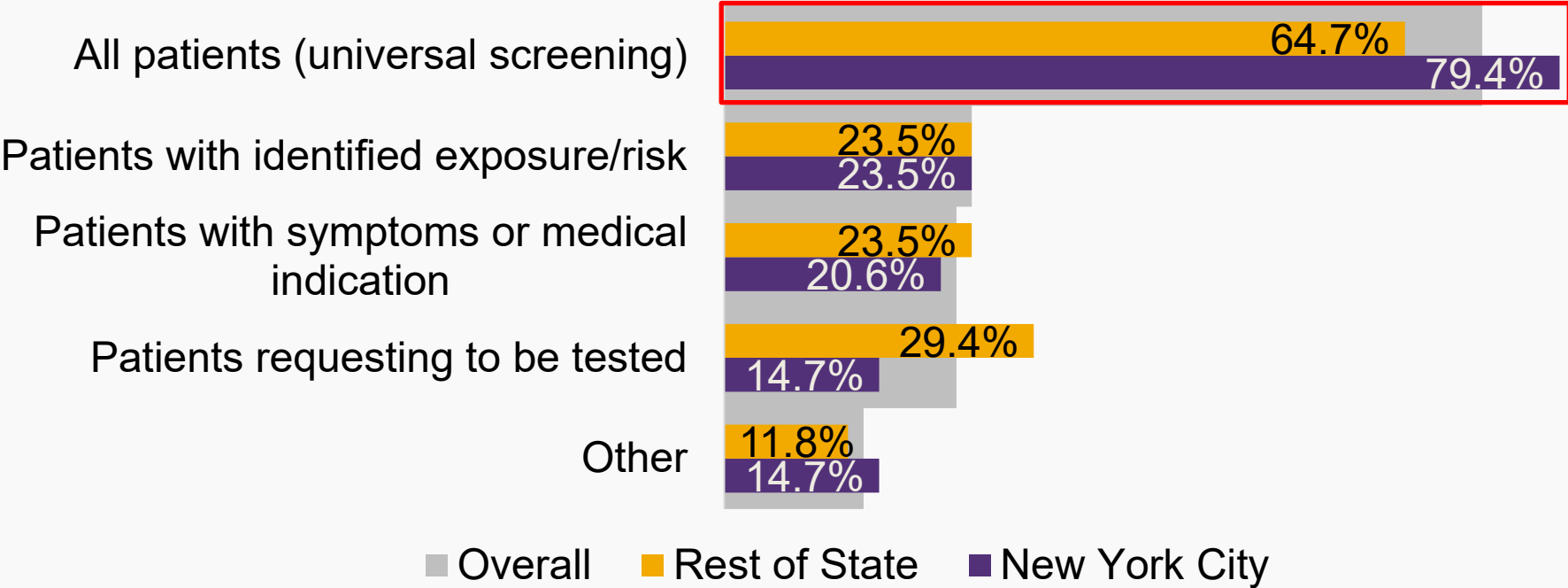
Purpose

- Understand current infrastructure to provide hepatitis C services, including screening, diagnosis and treatment, as well as to identify the barriers to providing these services

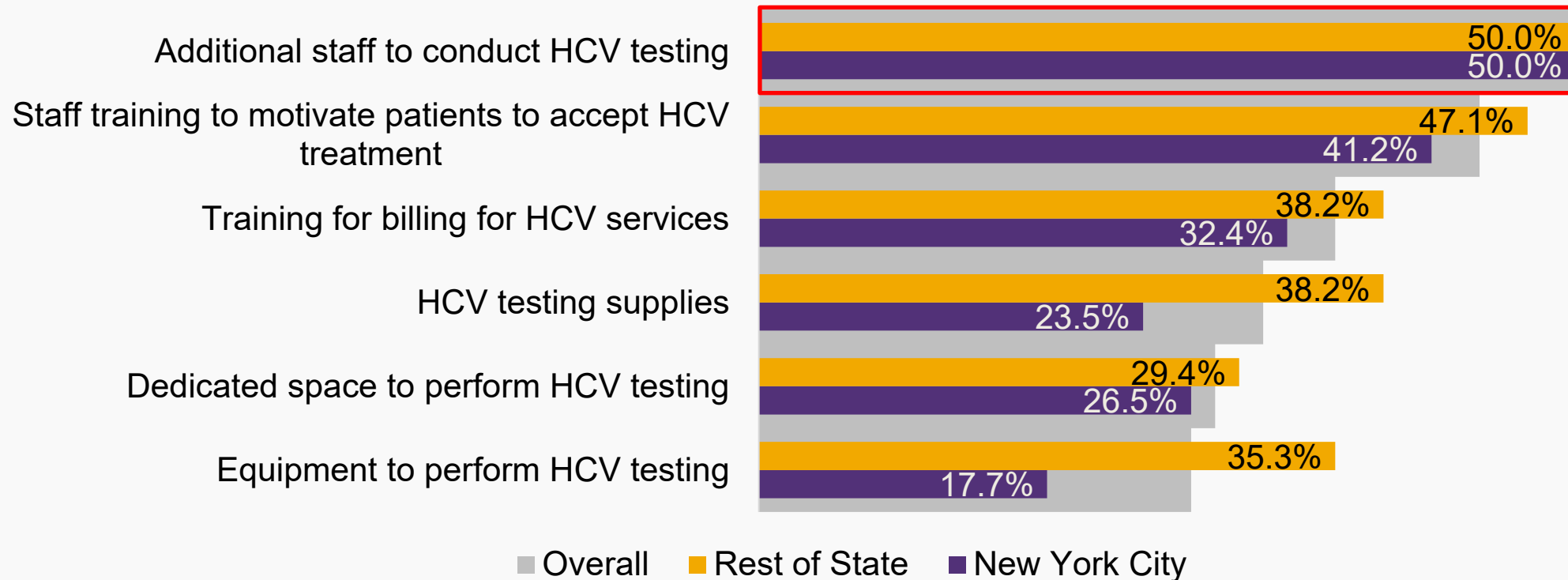
Response rate

- Overall: 67% (68 opioid treatment programs)
- NYC: 63% (34 opioid treatment programs)
- Rest of State (Outside of NYC): 71% (34 opioid treatment programs)

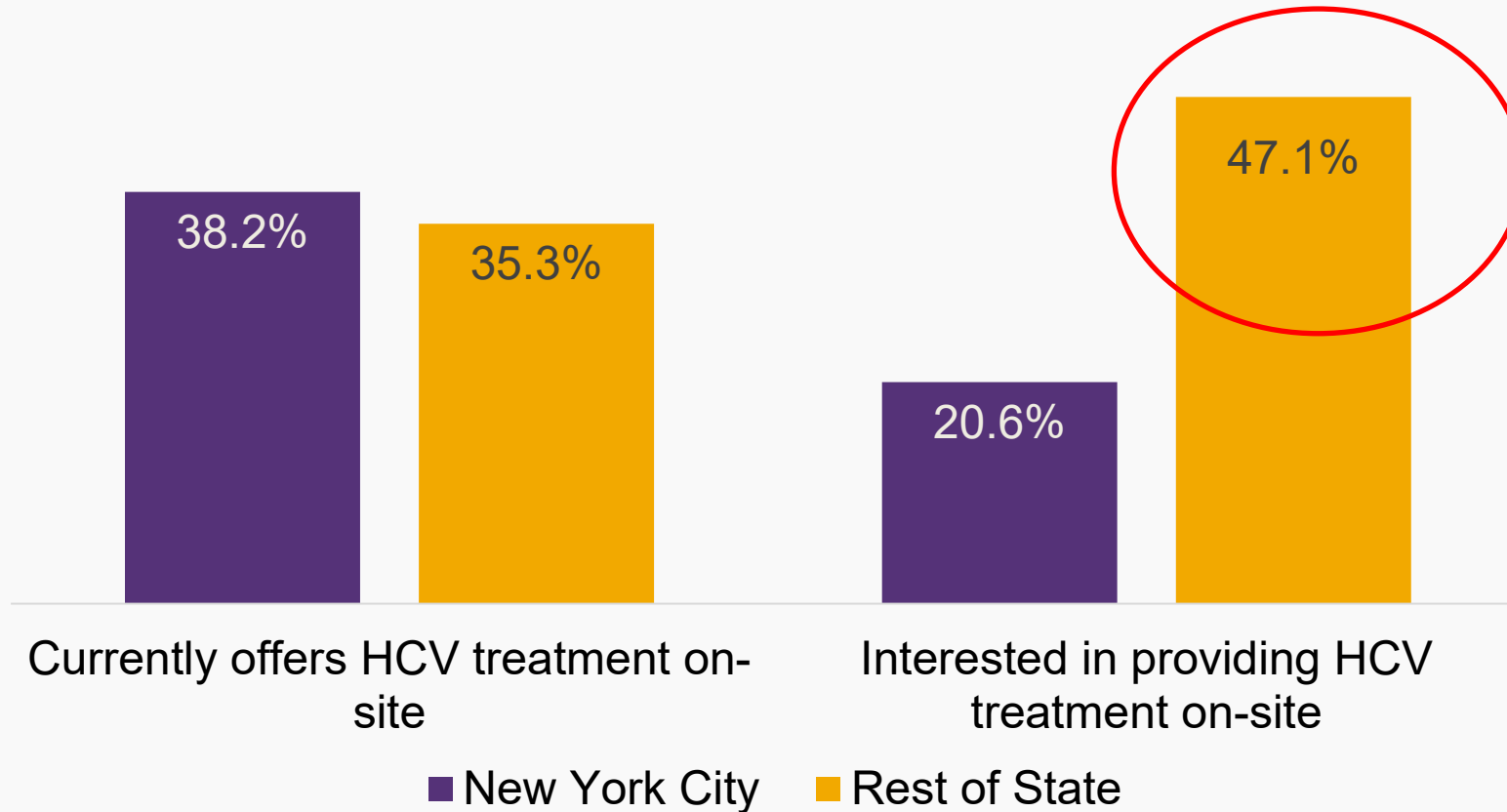
UNIVERSAL HEPATITIS C SCREENING



IDENTIFIED NEEDS TO INCREASE ON-SITE TESTING CAPACITY

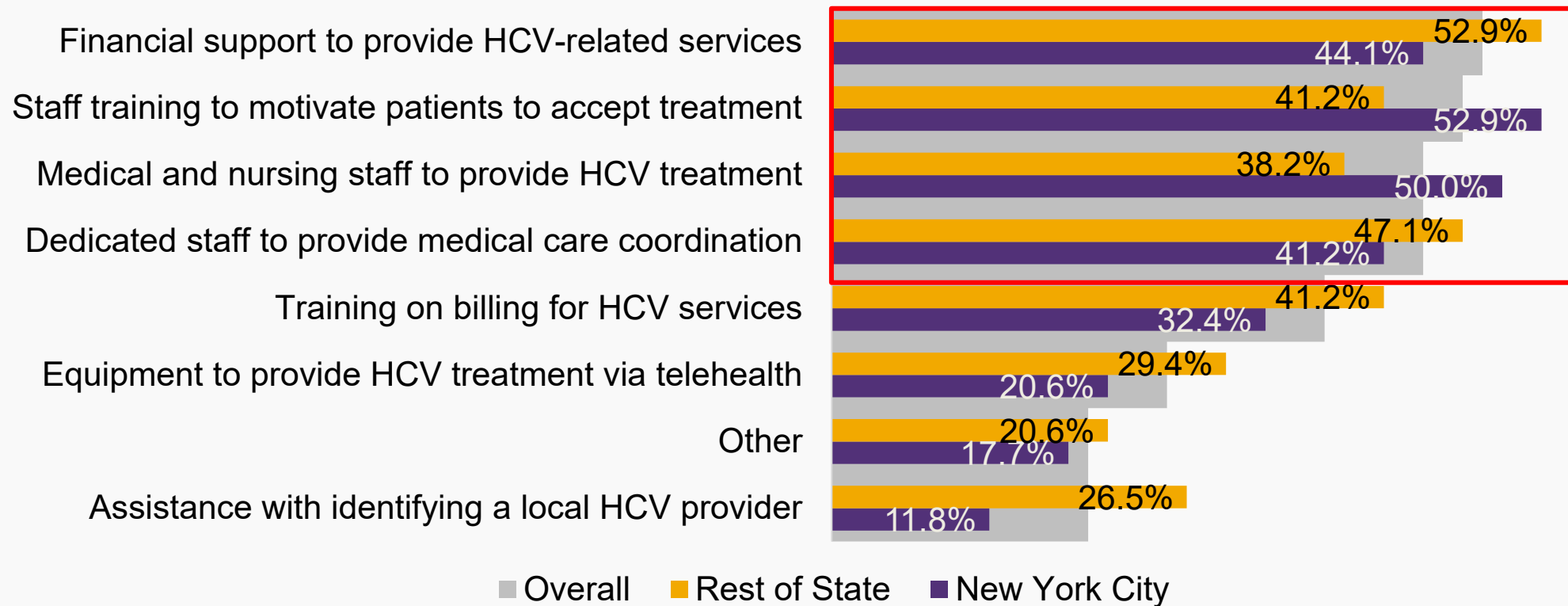


HEPATITIS C TREATMENT –CURRENT AND INTERESTED



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IDENTIFIED NEEDS TO INCREASE ON-SITE TREATMENT CAPACITY



PERINATAL HEPATITIS C PREVENTION PROGRAM

Ensure appropriate and timely hepatitis C screening of exposed infants.

Link pregnant people with hepatitis C to treatment.

Utilize NYS Newborn Screening Program data set. Match to hepatitis C registry.

Work with birthing hospitals, obstetricians and pediatricians.



NEW POINT OF CARE HEPATITIS C DIAGNOSTIC TEST

- Cepheid GENEXPERT® XPRESS
- FDA approved, CLIA* waived
- Fingerstick blood collection
- Minimal hands on
- Run up to 2-4 tests at a time
- Mobile
- Qualitative result (detected/undetected)
- Results in one hour or less
- *Expensive*

1

Collect 100µl blood in the minivette provided



2

Transfer sample to the cartridge



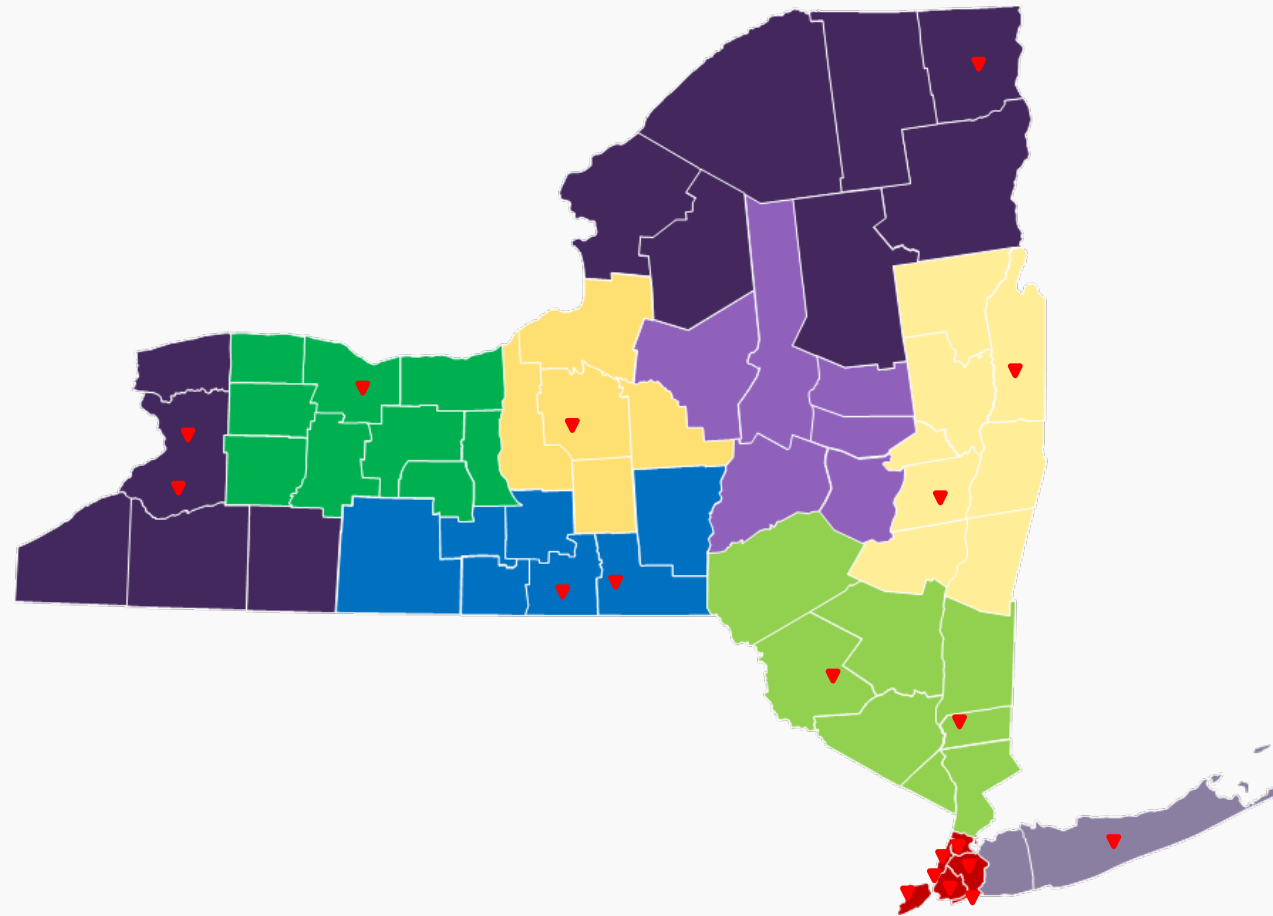
3

Insert cartridge and **start test**



https://www.health.ny.gov/diseases/communicable/hepatitis/hepatitis_c/providers/point_of_care.htm

INVESTING IN POINT OF CARE HEPATITIS C RNA TESTING



12 Drug User Health Hubs

Nine Hepatitis C Treatment Programs

Two Opioid Treatment Programs

Syringe Service Programs



**Department
of Health**

HOUSING SUPPORT FOR PEOPLE WITH HEPATITIS C

Empire State Supportive Housing Initiative (ESSHI)
**proposal to expand eligible population to include
*persons living with hepatitis C.***

Provides rental assistance and housing retention services to allow individuals to remain stably housed in permanent supportive housing

Eligibility:

- Families with a qualifying individual
- Individuals and/or young adults who are both homeless and who are identified as having an unmet housing need



MOBILIZING THE HEPATITIS C COMMUNITY

Funding to support regional hepatitis C elimination coalitions

Community education and awareness

Identify regional gaps, needs and inequities

Facilitate community action planning

Educate policy makers



Hepatitis C Legislative
Education Day

FEBRUARY 4TH,
2025

TIME: 9 AM - 4 PM

Albany Capitol: State St. and,
Washington Ave, Albany, NY
12224

Future Activities

Match of HIV registry to Hepatitis C Elimination Epidemiology Data (HEED) to understand prevalence of HIV/HCV coinfection in New York State.

Funding opportunity: Treat, Cure, Elimination: Equitable Access to Hepatitis C Treatment.

Evaluation of hepatitis C point of care testing.

Rural Health Project.

Data to Care Activities.



Acknowledgements

Bureau of Hepatitis Health Care and Epidemiology



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