IMPLEMENTATION PLAN

from the

Eliminate Hepatitis C San Diego County Initiative

to the

San Diego County Board of Supervisors

July 13, 2021

Cover photo: End Hep C San Diego Team at the 2019 Live Well San Diego 5K

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The activities and tactics defined in this document are jointly the responsibility of the community, providers, and the local health jurisdiction. The Hepatitis C Task Force will be the central group focusing on coordination and collaboration regarding the implementation of different elements of the plan. Some activities and tactics will be implemented when funding is secured.

This document was developed through a public private partnership with the County of San Diego and community stakeholders that started in November of 2018 and ended in April of 2021.

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INTRODUCTION

It is now possible to eliminate hepatitis C as a public health threat due to treatments that cure the disease. In the past five years, a growing number of hepatitis C elimination projects have emerged at the international, national, state, and local levels. It is the mission of the World Health Organization (WHO) to eliminate viral hepatitis as a global public health threat by 2030. In 2017, the National Academies of Science, Engineering, and Medicine released *A National Strategy for the Elimination of Hepatitis B and C,* outlining a set of recommendations to eliminate these diseases. The growing hepatitis C virus (HCV) elimination projects in New York State, New York City, and San Francisco have inspired the County of San Diego (County) to replicate similar efforts. As a result, local public health officials—in collaboration with a diverse coalition of public and private sector stakeholders—have coalesced around the idea that this is the right time to pursue hepatitis C elimination in San Diego County.

HCV infection is a chronic liver disease spread to others through contact with the blood of a person infected with the virus. HCV profoundly impacts San Diego County, with nearly 54,000 individuals currently living with the virus. HCV infection can cause significant liver damage that may lead to disability, cancer, and death. HCV can be easily identified with available blood tests and oral treatment, with few side effects, and can cure nearly all infected patients. Unfortunately, most individuals with HCV are not aware that they are infected, and most are not being treated, according to the Centers for Disease Control and Prevention (CDC). With resources now available, identifying San Diegans living with HCV and connecting them to curative care and treatment could substantially reduce HCV-related illness and death, prevent future infections, and ultimately eliminate HCV in the County.

The tools are now available to eliminate HCV. One set of powerful tools is antiviral medications. Depending on the drug combination, viral genotype, prior treatment, and occurrence of cirrhosis, the duration of standard treatment could range from 8-12 weeks. In alignment with the WHO definition, elimination is defined as a state in which HCV no longer poses a public health threat in San Diego County. This means that those who become infected with the virus quickly learn of their status and successfully access curative treatment without delay, preventing the spread of disease.

The *Eliminate Hepatitis C San Diego County Initiative* was approved by the San Diego County Board of Supervisors in November 2018, with the Board asking the Health and Human Services Agency (HHSA) to return in twelve months with recommendations. Over the 12-month period of November 2018 to November 2019, community partners and stakeholders met and developed the Recommendation Report dated December 20, 2019. This report was approved by the Board of Supervisors on March 10, 2020 with nine recommendations to reach the following overarching targets:

- 80% decrease of incidence of chronic HCV by 2030, and
- 65% reduction of HCV mortality by 2030.

Approved Recommendations:

1. Promote awareness of HCV as a major public health concern.

2. Implement prevention strategies in alignment with current best practices.

3. Screen for HCV in line with the recommendations of the U.S. Preventive Services Task Force (USPSTF), CDC, and best practices.

4. Ensure all individuals with HCV are linked to care and treatment.

5. Build capacity within the existing workforce to treat patients in diverse health care environments.

6. Ensure individuals with HCV have access to direct-acting antivirals (DAAs).

7. Ensure adequate surveillance, evaluation, and monitoring.

8. Pursue policies in alignment with WHO/CDC that will help achieve elimination.

9. Support HCV research, implementation science, and operation research.

During the March 10th meeting, the San Diego County Board of Supervisors asked the Health and Human Services Agency (HHSA) to return with an Implementation Plan. To support the development of the Implementation Plan, the functioning committees that were formed and utilized for the planning process from November 2018 to November 2019 were dissolved, and the Hepatitis C Task Force was formed. This new Task Force convened the same committee members and continued to be co-chaired by Dr. Wilma Wooten and Dr. Christian R. Ramers.

Between March 10, 2020 and May 24, 2021, the Hepatitis C Task Force continued meeting to develop the Implementation Plan, despite the COVID-19 shutdown. To accommodate the pandemic's social distancing mandates, the Task Force held monthly meetings and conducted interviews with key informants virtually. With the exception of the period between December 2020 and January 2021, when the Committee went dark, the Task Force worked consistently throughout the shut-down period. This commitment reduced further delays.

Although COVID-19 required many community partners to adjust priorities during the last year, leadership from the Hepatitis C Task Force continued to meet to develop the Implementation Plan to support the Recommendations from the Eliminate Hepatitis C San Diego County Initiative. The Implementation Plan for the Eliminate Hepatitis C Initiative, which is summarized in this document, outlines how San Diego County will address those recommendations.

IMPLEMENTATION PLANNING PROCESS

The implementation planning process occurred over a 12-month period from November 2018 to November 2019. During this time, the End Hep C Initiative conducted 13 stakeholder interviews, assessed key findings from the End Hep C Organizational Practices survey, and coordinated extensive committee working sessions. This formative work has resulted in the development of nine consensus-driven recommendations to substantially eliminate HCV in San Diego County by 2030. The committee members also developed strategies and tactics to support each of those recommendations. The Hepatitis C Task Force reviewed each strategy and incorporated input from interviews with key experts in the development of the Implementation Plan.

RECOMMENDATIONS

To recap, the working committees and Hepatitis C Task Force identified the following nine key recommendations: 1) *Promote awareness of HCV as a major public health concern; 2) Implement prevention strategies in alignment with current best practices;* 3) *Screen for HCV in line with the recommendations of the USPSTF, CDC, and best practices;* 4) *Ensure all individuals with HCV are linked to care and treatment;* 5) *Build capacity within the existing workforce to treat patients in diverse health care environments; 6) Ensure individuals with HCV have access to DAAs; 7) Ensure adequate surveillance, evaluation and monitoring; 8) Pursue policies in alignment with WHO/CDC that will help achieve elimination; 9) Support HCV research, implementation science, and operation research.*

1. Promote awareness of HCV as a major public health concern.

The implementation plan includes the following activities and tactics:

1:1 Create a culturally and linguistically appropriate public awareness campaign.

1:1:1 Ensure materials are culturally and linguistically appropriate.

1:1:2 Place ads on billboards, benches, and municipal buses throughout San Diego.

1:1:3 Develop a campaign to include Public Service Announcements, with a social media component (Facebook, Instagram, etc.).

1:1:4 Identify opportunities for outreach and education during employee wellness events/campaigns and health screenings.

1:1:5 Coordinate media appearances during opportune dates (e.g., World Hepatitis Day - July 28 - and Hepatitis Awareness Month - May).

1:1:6 Disseminate campaign materials at large community events (Earth Day, Pride, recovery conventions, neighborhood festivals, and health fairs).

1:2 Develop a website that can provide patients with linkage to care and serve as a clearinghouse of patient-focused informational materials.

1:2:1 List community prevention, testing and treatment resources/services on website.

1:2:2 Publicize Hep C Task Force meeting information and calendar.

1:3 Create opportunities for people to access information, referral, and linkage to care 24/7.

1:3:1 Ensure a comprehensive list of community prevention, testing, and treatment resources/services is available and accessible.

1:4 Educate decision makers and political leaders about HCV.

1:4:1 Schedule and conduct meetings with non-elected decision makers.

1:4:2 Schedule and conduct meetings with elected officials.

2. Implement prevention strategies in alignment with current best practices.

<u>The implementation plan includes the following activities and tactics:</u>

2:1 Increase access to programs, services, overdose prevention, and activities to reduce harm (risk of transmission, overdose, death).

2:1:1 HCV is primarily transmitted today by unsterile needles. To eliminate new infections, support access to syringe services programs to reduce risk of transmission.

2:1:2 Conduct outreach and education to persons who inject drugs (PWID) about proper cleaning of their injecting equipment, wound care, overdose prevention, and other resources to reduce related harm.

2:1:3 Increase availability and access to clean syringe services (expand geographic scope, opening time availability and reach).

2:1:4 Assess where local and state regulators in the County stand on the issue of syringe services programs and encourage them to repeal restrictive ordinances.

2:1:5 Conduct trainings and create/update policies for the administration of proper syringe services programs to ensure that the programs reflect best practices.

2:2 Increase availability and ensure access to substance use disorder and mental health treatment.

2:2:1 Partner with the County's Behavioral Health Services to monitor available substance use disorder treatment and mental health resources, assess demand for existing substance use disorder and mental health resources, and address service gaps.

2:2:2 Increase awareness of and access to Medication Assisted Treatment (MAT) for opioid use disorder.

2:2:3 Expand the MAT provider network through trainings and technical assistance.

2:2:4 Incorporate MAT training in undergraduate/graduate programs at medical institutions, including schools for Nurse Practitioners (NPs) and Physician Assistants (PAs).

2:2:5 Train substance use disorder and mental health providers on HCV prevention strategies.

3. Screen for HCV in line with the recommendations of USPSTF, CDC, and best practices.

<u>The implementation plan includes the following activities and tactics:</u>

3:1 Expand HCV screening.

3:1:1 Promote and facilitate implementation of new draft of USPSTF recommendation to test all adults between age 18-79 for HCV in health care facilities throughout San Diego, with repeat testing for those at risk. Additionally, test those with identified risk factors who are under 18 and over 79.

3:1:2 Ensure testing of children born to mothers who are HCV positive.

3:1:3 Modify the County's client intake questionnaire at County-funded substance use disorder treatment centers to assess risk factors for HCV.

3:1:4 Ensure HCV prompts are part of electronic health records for County-funded substance use disorder treatment centers that use electronic health records (EHRs).

3:1:5 Identify nontraditional settings that would benefit from HCV screening.

3:2 Promote HCV RNA reflex testing.

3:2:1 Encourage HCV reflex testing in settings where blood is already being drawn upon intake. Such settings include correctional facilities, emergency departments, psychiatric facilities, substance use disorder rehabilitation centers, acute care hospitals, dialysis clinics, primary care settings, etc.

3:2:2 Work with health plans to ensure they cover HCV RNA reflex testing.

3:2:3 Analyze public health surveillance data to identify facilities with a high proportion of positive HCV antibody results without associated HCV RNA.

3:2:4 Explore the use of HCV RNA reflex testing by San Diego Blood Bank.

3:3 Provide screening, diagnosis, and results to individuals in nontraditional settings.

3:3:1 Identify options for free HCV rapid test kits for providers.

3:3:2 Ensure linkage to HCV care and treatment providers.

3:3:3 Utilize mobile clinics for HCV screening and diagnosis.

3:3:4 Increase opt-out testing for HCV within local detention facilities.

4. Ensure all individuals with HCV are linked to care and treatment.

<u>The implementation plan includes the following activities and tactics:</u>

4:1: Re-engage populations diagnosed with HCV but who have not accessed services or linked to care.

4:1:1 Develop a plan to identify individuals who were diagnosed with chronic HCV and did not access treatment.

4:1:2 Identify those who are unhoused, living in transitional/emergency housing, or residential drug treatment programs and have interacted with the criminal justice system.

4:2 Create a patient navigation program to provide assistance in accessing and remaining in treatment and other supportive services.

4:2:1 Create peer navigation programs to help persons diagnosed with HCV link to care and complete treatment.

4:2:2 Assess and address the comprehensive needs of persons newly diagnosed with HCV, including housing.

4:3 Engage health care systems and individual providers to create HCV care cascades.

4:3:1 Use practice-specific care cascades as the basis for program quality improvement, provider training, and technical assistance.

4:3:2 Work with health systems to develop queries for their electronic health records to identify and monitor steps in the HCV care cascade.

4:3:3 Support technology solutions across health systems to share best practices for care and prevention.

4:4 Develop population-specific strategies to engage and maintain individuals in treatment.

4:4:1 Pilot population-specific programs to improve screening, diagnosis, and care.

4:5 Identify patients with advanced liver disease.

4:5:1 Ensure HCV patients are evaluated for cirrhosis.

4:5:2 Ensure patients with cirrhosis have access to liver disease specialists.

4:5:3 Streamline communication and referral process between primary care and liver disease specialists.

4:5:4 Improve primary care provider awareness of screening and management of advanced liver disease.

5. Build capacity within existing workforce to treat patients in diverse health care environments.

<u>The implementation plan includes the following activities and tactics:</u>

5:1 Engage and support providers in non-specialty settings.

5:1:1 Survey settings to determine interest and training needs. Settings may include primary care facilities; MAT clinics; corrections facilities; rural health care operators; maternal health clinics; veteran health programs; homeless health care services, Tribal/Native American health care programs; and Transgender health care providers.

5:2 Coordinate and streamline referral pathways to treatment providers.

5:2:1 Organize a regular meeting of providers to address barriers and increase collaboration.

5:2:2 Develop a common referral form.

5:2:3 Establish Memoranda of Understanding to create fast track referrals for patients who might be at risk for not completing or accessing care.

5:2:4 Ensure the MOU includes a "real person" as a contact for patients to call for accessing care.

6. Ensure individuals with HCV have access to DAAs.

The implementation plan includes the following activities and tactics:

6:1 Advocate to streamline the prior authorization process for direct-acting antivirals.

6:1:1 Survey HCV treatment providers to identify which health plans' treatment authorization processes present the greatest barriers to timely treatment.

6:1:2 Work with health plans' medical directors to develop ways to streamline approvals.

6:2 Work with health plans to limit out-of-pocket expenses for patients.

6:2:1 Compare plan pharmacy benefits to identify current co-pay standards.

6:2:2 Advocate for limiting out-of-pocket expenses.

6:2:3 Obtain data about industry supported co-pay assistance and rebate programs.

6:2:4 Support co-pay assistance and rebate programs.

6:3 Improve ease of access of patients in filling DAAs prescriptions.

6:3:1 Work with health plans to streamline mail order service and allow for preferred shipment locations of DAAs.

6:3:2 Work with health plans to dispense at least four weeks of medication at one time.

6:4 Ensure availability of DAAs in pharmacy inventories in all regions of the County.

6:4:1 Assess the capacity and capability of pharmacies to dispense DAAs.

6:4:2 Identify gaps and recruit pharmacies to fill those gaps.

6:4:3 Maintain an inventory of pharmacies dispensing DAAs.

6:5 Bring treatment services to locations where patients are, including use of mobile treatment centers, pop-up clinics, and telemedicine.

6:6 Ensure the continuity of care for patients who enter/exit the criminal justice system.

6:6:1 Meet with the Sheriff's Medical Detention Unit and offer assistance in developing protocols.

7. Ensure adequate surveillance, evaluation, and monitoring.

<u>The implementation plan includes the following activities and tactics:</u>

7:1 Establish a local HCV case registry using public health surveillance data to characterize the HCV care cascade, assess reinfection rates, implement program evaluation, and support other initiatives.

7:1:1 Develop an initial HCV care cascade and launch a system for regular updates.

7:1:2 Implement reporting of negative HCV RNA results (per finalized state regulations) in San Diego County; integrate negative results into HCV registry.

7:1:3 Establish mechanisms to send line-listed data to California Department of Health (CDPH) for inclusion in the State's HCV registry, including line-listed test results.

7:1:4 Develop system to measure and regularly monitor progress of elimination activities and assess impact of elimination goals.

7:2 Conduct enhanced HCV surveillance among priority populations (e.g., people who inject drugs, transgender individuals, the population of men who have sex with men [MSM], and people who are incarcerated).

7:2:1 Conduct data-matching between local HCV and cancer registries and external data sources to characterize HCV-related mortality, comorbidity, HIV coinfection, vertical transmission at birth, and missed opportunities for prevention.

7:3 Conduct modeling to inform service coverage targets, to assist with resource prioritization, and to predict the impact of existing interventions on future HCV incidence and mortality.

7:3:1 Develop and deploy modeling techniques.

8. Pursue policies in alignment with WHO/CDC that will help achieve elimination.

The implementation plan includes the following activities and tactics:

8:1 Continue education, collaboration, and sharing with other aligned organizations.

8:1:1 Create Hepatitis C Task Force.

8:1:2 Create relationships with other elimination initiatives across the country.

8:1:3 Share best practices with hepatitis C stakeholders.

8:2 Work with health care providers to implement polices to increase testing screening and treatment of HCV.

8:2:1 Advocate for value-based measurements and payment incentives.

9. Support HCV Research, Implementation Science, and Operation Research.

The implementation plan includes the following activities and tactics:

9:1 Collaborate with universities and other research institutions.

9:1:1 Develop an evidence base for the comparative effectiveness and cost effectiveness of structural, social, behavioral, and biomedical interventions.

9:1:2 Support research to increase delivery and acceptability of HCV preventive services in primary care and community-based settings.

9:1:3 Support research to facilitate linkages to care.

9:2 Facilitate sharing of information related to upcoming research opportunities, current studies, and findings of completed studies.

9:2:1 Share among viral hepatitis researchers, providers, and CBOs.

9:2:2 Share through the Hepatitis C Task Force.

IMPLEMENTATION PLAN PHASES

We have identified the following potential phases of implementation based on the current assessment of feasibility, level of impact, resources, and funding. The phases may change pending opportunities for funding streams and resources, as well as changes in the impact of COVID-19. We define Phase 1 as tasks and activities that may be implemented without the dedication of resources. Phase 2 requires implementations with the usage of dedicated current, existing resources. Phase 3 requires that new resources be secured for implementation of recommended tasks and activities. Due to the complexities involved, some activities and tasks require multiple phases of implementation.

The activities and tactics defined in this document are jointly the responsibility of the community, providers, and the local health jurisdiction. The Hepatitis C Task Force will be the central group focusing on coordination and collaboration regarding the implementation of different elements of the plan. Some activities and tactics will be implemented when funding is secured.

Table 1: Implementation Plan Phases

Task/Activity	Recommendation	Phase
1. Promote awareness of HCV as a major public health concern.		
1.1	Create a culturally and linguistically appropriate public awareness campaign. *Possible Lead: County of San Diego Health & Human Services Agency*	Phase 3
1.2	Develop a website that can provide patients with linkage to care and serve as a clearinghouse of patient-focused informational materials. *Possible Lead: 2-1-1 San Diego*	Phase 2
1.3	Create opportunities for people to access information, referral, and linkage to care 24/7. *Possible Lead: 2-1-1 San Diego*	Phase 2
1.4	Educate decision makers and political leaders about HCV. *Possible Lead: Liver Coalition of San Diego*	Phase 1
2. Implement prevention strategies in alignment with current best practices.		
2.1	Increase access to programs, services, overdose prevention, and activities to reduce harm (risk of transmission, overdose, death). *Possible Lead: Harm Reduction Coalition of San Diego County*	Phase 1,2
2.2	Increase availability and ensure access to substance use disorder and mental health treatment. *Possible Lead: County of San Diego Health & Human Services Agency*	Phase 2, 3
3. Screen for HCV in line with the recommendations of the USPSTF, CDC, and best practices.		
3.1	Expand HCV screening. *Possible Lead: Health Center Partners*	Phase 1, 2, 3
3.2	Promote HCV RNA reflex testing. *Possible Lead(s): Quest/LabCorp*	Phase 2, 3
3.3	Provide screening, diagnosis, and results to individuals in nontraditional settings. *Possible Lead: FHCSD's Syringe Services Program (SSP)*	Phase 2, 3
4. Ensure all individuals with HCV are linked to care.		

4.1	Re-engage populations diagnosed with HCV but who have not accessed services of linked to care. *Possible Lead: Health Center Partners*	Phase 1, 2, 3
4.2	Create a patient navigation program to provide assistance in accessing and remaining in treatment and other supportive services. *Possible Lead: San Diego Health Connect*	Phase 2, 3
4.3	Engage health care systems and individual providers to create HCV care cascades. *Possible Lead: San Diego County Medical Society*	Phase 1
4.4	Develop population-specific strategies to engage and maintain individuals in treatment. *Possible Lead: Family Health Centers of San Diego*	Phase 1
4.5	Educate providers to Identify patients with advanced liver disease. *Possible Lead: San Diego County Medical Society*	Phase 2
5. Build capacity within existing workforce to treat patients in diverse health care environments.		
5.1	Engage and support providers in non-specialty settings. *Possible Lead: San Diego County Medical Society*	Phase 2
5.2	Coordinate and streamline referral pathways to treatment providers. *Possible Lead: San Diego Medical Society*	Phase 2
6. Ensure individuals with HCV have access to DAAs.		
6.1	Advocate to streamline the prior authorization process for DAAs. *Possible Lead: Liver Coalition of San Diego*	Phase 1
6.2	Work with health plans to limit out-of-pocket expenses for patients. *Possible Lead: Health Center Partners*	Phase 1
6.3	Improve ease of access of patients in filling DAAs prescriptions. *Possible Lead: Health Center Partners*	Phase 2
6.4	Ensure availability of DAAs in pharmacy inventories in all regions of the County. *Possible Lead: Health Center Partners*	Phase 2
6.5	Bring treatment services to locations where patients are, including use of mobile treatment centers, pop-up clinics, and telemedicine. *Possible Lead: Health Center Partners*	Phase 3
6.6	Ensure the continuity of care for patients who enter/exit the criminal justice system. *Possible Lead: Liver Coalition of San Diego*	Phase 1, 2
7. Ensure adequate surveillance, evaluation, and monitoring		
7.1	Establish a local HCV case registry using public health surveillance data to characterize the HCV care cascade, assess reinfection rates, implement program evaluation, and support other initiatives. *Possible Lead: County of San Diego Health & Human Services Agency*	Phase 2, 3
7.2	Conduct enhanced HCV surveillance among priority populations (e.g., people who inject drugs, transgender individuals, the population of men who have sex with men [MSM], and incarcerated individuals). *Possible Lead: County of San Diego Health & Human Services Agency*	Phase 2, 3
7.3	Conduct modeling to inform service coverage targets, to assist with resource prioritization, and to predict the impact of existing interventions on future HCV incidence and mortality. *Possible Lead: University of California San Diego*	Phase 1, 2
8. Pursue policies in alignment with WHO/CDC that will help achieve elimination.		
8.1	Continue education, collaboration, and sharing with other aligned organizations.	Phase 1

	Possible Lead: Liver Coalition of San Diego	
8.2	Work with health care providers to implement polices to increase testing screening and treatment of HCV. *Possible Lead: San Diego County Medical Society*	Phase 1
9. Support HCV Research, Implementation Science, and Operation Research.		
9.1	Collaborate with universities and other research institutions. *Possible Lead: Liver Coalition of San Diego*	Phase 1
9.2	Facilitate sharing of information related to upcoming research opportunities, current studies, and findings of completed studies. *Possible Lead: Liver Coalition of San Diego*	Phase 1

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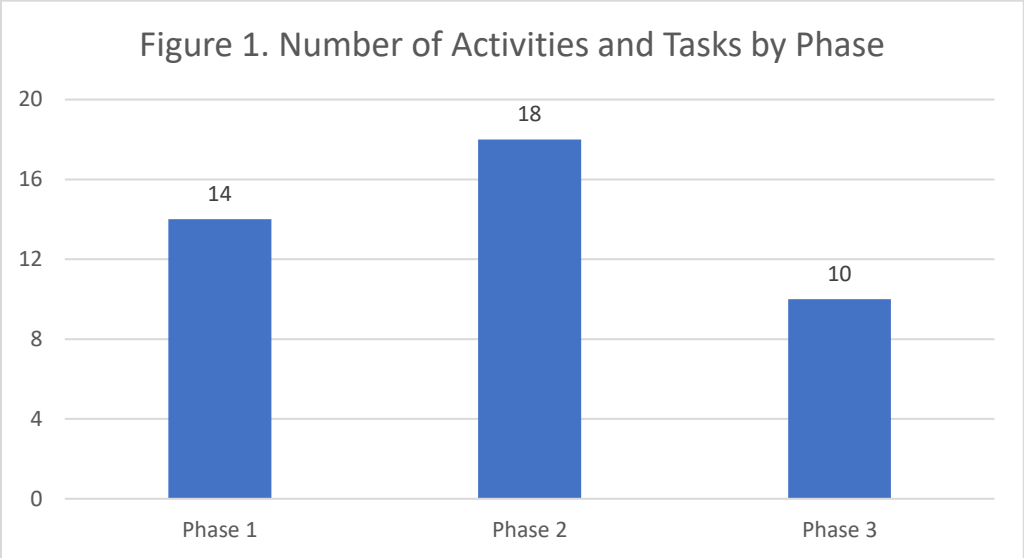

Legend:

Phase 1 Can be implemented with no resources.
Phase 2 Can be implemented with current resources.
Phase 3 Can be implemented upon securing of new resources.

NEXT STEPS

Once approved, the Eliminate Hepatitis C Initiative Implementation Plan will serve as a guideline for implementation and funding efforts for San Diego County. The Hepatitis C Task Force, a public-private partnership, will continue to meet with the primary focus of successfully implementing the strategies outlined in the Implementation Plan. The network of County stakeholders, community-based organizations, federally qualified health centers, research institutions, and other advocates will assess opportunities for funding and partnership with national, state, and local entities to execute the strategies outlined in the plan. Through organized collaboration, San Diego County can be on the forefront of successful HCV elimination.

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