Creating A Hepatitis C Navigation and Linkage-to-Care Program

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Objective: ***Using new testing and treatment methods, the NO/AIDS Task Force aimed to create an HCV Linkage-to-Care program adapted to unique client populations.***

Background: The NO/AIDS Task Force, a 30 year-old AIDS Service Organization, recently underwent a transformation to becoming a Federally Qualified Health Center, allowing for services to expand beyond providing care for those HIV-infected. At about the same time, treatment options for Hepatitis C as well as HCV point-of-care testing became accessible to the agency. While the need for HCV testing has always existed, the agency lacked the capacity and resources to provide testing or link those infected to care.

Create a Testing-to-Navigation Flow to identify clients.

Assess unique individual barriers facing clients.

Methods:

- First, we assessed the need of the community and begin testing for HCV. The organization began offering free rapid HCV testing to at-risk populations through municipal courthouse testing and through the state's only syringe access program, providing education and harm reduction simultaneously.
- The agency worked to create organizational protocols for linkage, which were based mostly on the HIV Linkage-to-Care model. A Navigation and Support Services Specialist was put into play to help clients enroll in Primary Care and have their initial blood draw to confirm HCV infection. The NSS would also serve as a point of contact, a counsellor, and a guide to other resources that clients would need on their medical journeys.
- NSS helps clients through step-by-step follow-up. NSS is able to schedule and escort the client to the Primary Care clinic at CrescentCare clinic through incentives and travel assistance.
- Clients receive RNA tests, enroll in primary care, obtain coverage through the Marketplace, and are seen by an infectious diseases specialist if the RNA test confirms infection.
- The goal is to administer the newly available treatments for HCV to infected patients.
- With the help of CrescentCare staff, clients are able to apply for medication assistance in a way that is beyond some of their own self-efficacies.

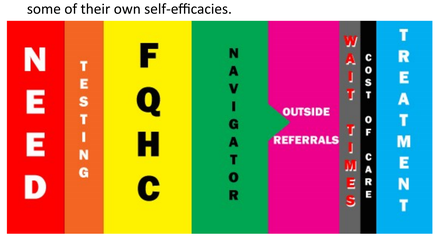
When faced with barriers you cannot not immediately overcome, refer to other programs and agencies.

Key Observations:

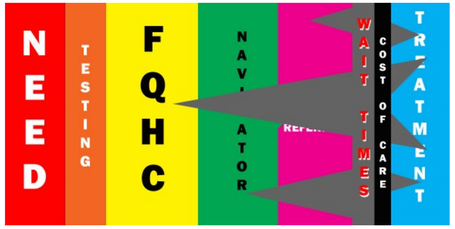
- Regular communication within the agency is a key component.
- When barriers were encountered which were outside of the agency's scope, NSS was responsible for making out-of-agency referrals which were in the clients' best interests.
- While cost of care would almost always be a factor, other challenges could be managed.
- Behavioral Health Counselling was very helpful through the process.
- NSS and clinic staff should be very sensitive to issues of health literacy with some populations
- This is *not* a failsafe system, however. For example: wait times for primary care appointments can deter clients, no matter how much the agency follows up. Without such provisions as Ryan White funding, it's more difficult to link HCV-positive clients to care.
- Bear in mind the unique challenges of *your* agency and be prepared to find ways to adapt your program.

Results:

Before September 2014, HCV linkage-to-care was unknown and presumably 0%. From September 2014 through April 2015, 208 HCV tests were performed with 82 (40.5%) receiving positive results. 12% of those who tested antibody-positive successfully accessed primary care: 39 of the 82 HCV-positive clients accepted a referral for follow-up, 15 scheduled follow-up appointments, and 10 enrolled in care to access treatment. The agency directs a population burdened with the limitations of few-to-no resources toward the best possible outcomes for HCV infection.



Be aware of wait times and other obstructions presenting the potential for losing clients to follow-up.



Find creative and innovative ways to keep clients engaged and allocate resources for their benefits.

Conclusions:

Using lessons learned from a successful HIV Linkage model already established within the agency (roughly a 92% successful linkage rate), cultural competency for at-risk populations, incentives, and cross-departmental collaboration, CrescentCare has begun the process of reaching similar successes with HCV linkage-to-care.