

Background

Every year, more Americans die from Hepatitis C than the sixty-next most deadly infectious diseases in the United States combined, including HIV. Up to 75% of people infected with HCV do not know their status. Until the HCV cure was discovered, it was projected that about 8 out of 10 people living with HCV would retain it for life. As of July 1st, 2019 Louisiana Medicaid beneficiaries and those in Louisiana corrections, were given access to treatment at no cost through a program (the Subscription Model) that is leading the way in the effort to eradicate HCV. This issue is how to identify and link the estimated 39,000 people in the state living with HCV, to care and treatment.

Methods

Data was collected from existing agency wide HIV testing programs that each expanded to include HCV testing services. Programs included:

- Sites tailored to reach PWID
- Community partner HIV testing sites with high MSM populations
- Walk-in HIV testing clinics
- HIV testing as part of routine primary care appointments

Results

CrescentCare, in New Orleans, performed 514 rapid HCV tests in 2016, 151 (29%) of which were antibody positive (Ab+). Ab+ rates ranged from 61% at sites tailored to reach PWID but even found as high as 20% at untargeted sites in that time frame.

HCV: From **January 1st 2018 – May 31st 2019**, the agency provided 901 HCV tests to clients walking in for existing HIV testing services, with 8.3% (N=75) testing HCV reactive; during that same time frame 65 clients were given a rapid HCV test as part of routine screening with 9.2% (N=6) testing reactive.

HIV: From **January 1st, 2018 – May 31st, 2019** the agency saw 5,305 persons come in for walk-in rapid HIV testing with 1.3% (N=74) testing HIV reactive while 4,789 clients were given a HIV rapid test as part of routine screening and .9% (N=41) tested HIV reactive.

Conclusions

HCV screening can be a viable and financially prudent addition to existing HIV testing programs, particularly for those who bill Medicaid and deal with lump sum reimbursement. As Louisiana is the first state to unroll a subscription model like this for HCV individual states and clinics will required tailored approaches to patient navigation and linkage to care.

For Louisiana, the Subscription Model as already proven valuable for the health outcomes of our community evidenced by an immediate and dramatic increase in linkage to care and treatment for those living with HCV, post rollout.

Next Steps

Bringing HCV screening to at-risk populations is an effective method of identifying cases among people who do not access preventive screenings in clinical settings. Additionally, at this stage of ending the HCV epidemic, providing HCV testing in our community as part of routine care and offering HCV rapid testing at all community events will identify persons living with HCV at higher rates than we identify persons living with HIV.

For this reason, HCV screening can be a viable and financially prudent addition to existing HIV testing programs, particularly for those who bill Medicaid and deal with lump sum reimbursement. As Louisiana is the first state to unroll a subscription model like this for HCV treatment, individual states and clinics will required tailored approaches to patient navigation and linkage to care.

Works Cited

"Hepatitis C Kills More Americans than Any Other Infectious Disease." *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 4 May 2016, www.cdc.gov/media/releases/2016/p0504-hepc-mortality.html.

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Contact

For more information, contact:

Joseph Olsen at Joseph.Olsen@CrescentCare.org