

# Roadmap for Hepatitis C Elimination in North Dakota

Amber Slevin, PharmD, BCACP  
Clinical Pharmacist  
Chair, North Dakota Hepatitis Elimination Council

1

## Objectives

- ▶ Summarize the process of creating a state-specific Hepatitis C elimination plan based on national goals and guidance
- ▶ Identify opportunities to align current ND-based programs and services with the ND Hepatitis C elimination plan
- ▶ Describe and access resources available to scale up Hepatitis C services in your communities

2

## Background: Hepatitis C Virus

- ▶ Hepatitis C Virus spreads via blood to blood transmission
  - ▶ Most commonly transmitted through syringe sharing
  - ▶ Over time leads to liver damage; can cause liver cancer and liver failure
  
- ▶ Hepatitis C is CURABLE!
  - ▶ Direct acting antiviral therapies lead to cure in >95% of cases
  - ▶ Safe and simple, increasingly prescribed by general practitioners and pharmacists (with collaborative practice agreement)

3

**CDC RECOMMENDS**

# Hepatitis C Testing For:



**Every person 18+**  
At least once \*



**Every person with risk factors**  
At least once and periodically if ongoing



**All pregnant people**  
During each pregnancy \*

\*In settings where prevalence is 0.1% or greater



U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

4

## Background: Hepatitis C Elimination

- ▶ Through prevention and treatment of Hepatitis C, population wide **elimination** of the virus is possible
- ▶ World Health Organization goals (by 2030):
  - ▶ Reduce new infections by 90%
  - ▶ Reduce Hepatitis C related deaths by 65%
- ▶ Hepatitis C elimination requires an “all hands on deck” approach
  - ▶ Education, prevention, screening, linkage to care, treatment

5

## Background: Hepatitis C Elimination in ND

- ▶ The North Dakota Hepatitis Elimination Council formed in 2022
- ▶ Charged by North Dakota Department of Health and Human Services (NDHHS) with the task of creating a **5 year Hepatitis C elimination plan**

6



7

**TABLE 1: NATIONAL STRATEGIC PLAN AND NORTH DAKOTA HEPATITIS C ELIMINATION PLAN GOALS**

<b>Goal 1</b>	Prevent new viral hepatitis infections
<b>Goal 2</b>	Improve viral hepatitis–related health outcomes of people with viral hepatitis
<b>Goal 3</b>	Reduce viral hepatitis–related disparities and health inequities
<b>Goal 4</b>	Improve viral hepatitis surveillance and data usage
<b>Goal 5</b>	Achieve integrated, coordinated efforts that address the viral hepatitis epidemics among all partners and stakeholders

8

**TABLE 2: ND HEPATITIS ELIMINATION COUNCIL MEMBERS, WORK GROUPS, AND OTHER CONTRIBUTORS**

Data & Surveillance	Community-Based Interventions	Clinical Services
Goals 4 & 5	Goals 1 & 2	Goals 2 & 3
Madison Klein <i>Viral Hepatitis Surveillance Epidemiologist, NDHHS</i>	Crystal Amson, DNP, APRN, WHNP-BC <i>Nurse Practitioner, Upper Missouri District Health Unit</i>	Crystal Amson, DNP, APRN, WHNP-BC <i>Nurse Practitioner, Upper Missouri District Health Unit</i>
Alexi Murphy, PharmD <i>Quality and Operations Pharmacist, NDHHS</i>	Teliea Baker <i>Student, Minot State University</i>	John Hagan, MD <i>Physician and State Correctional Health Authority, North Dakota Department of Corrections and Rehabilitation</i>
Deanna Van Bruggen <i>Regional Field Epidemiologist, NDHHS</i>	Michael Dulitz, MPH, NRP <i>Opioid Response Coordinator, Grand Forks Public Health</i>	

Data & Surveillance	Community-Based Interventions	Clinical Services
Goals 4 & 5	Goals 1 & 2	Goals 2 & 3
	Lacresha Graham, LAC <i>Manager of Addiction &amp; Recovery Program and Policy, NDHHS</i>	Jorden Laducer <i>Community Engagement Training Coordinator, NDHHS</i>
	Deanna Van Bruggen <i>Regional Field Epidemiologist, NDHHS</i>	Kali Luecke, PA-C <i>Physician Assistant, SMP Health St. Kateri</i>
	Marilyn Yellowbird, RN <i>Director of Public Health, Elbowoods Memorial Health Center</i>	Alexi Murphy, PharmD <i>Quality and Operations Pharmacist, NDHHS</i>
		Kayla Nelson, DNP, FNP-C <i>Family Nurse Practitioner &amp; Medical Director, ShareHouse</i>
		Karly Westra, PharmD <i>Clinical Pharmacist, Belcourt Indian Health Service</i>

**Additional contributions from:**  
 Brendan Joyce, PharmD  
*Director, Clinical and Pharmacy Services, ND Medicaid*

Lindsey VanderBusch, MPH  
*Director, Sexually Transmitted and Bloodborne Diseases Unit, NDHHS*

**Council Chair:** Amber Slevin, PharmD, BCACP  
**Council Facilitator and NDHHS Liaison:** Sarah Weninger, MPH, HIV/STI/Hepatitis Prevention Coordinator, NDHHS

9

## Plan Highlights

- ▶ Finalized June 2023
- ▶ National goals, state-specific strategies and key performance indicators



## NORTH DAKOTA HEPATITIS C ELIMINATION PLAN

2023-2027

DIVISION OF PUBLIC HEALTH  
 SEXUALLY TRANSMITTED & BLOODBORNE DISEASES UNIT

<https://www.hhs.nd.gov/sites/www/files/documents/DOH%20Legacy/HIV/HCVEliminationPlan.pdf>

10

## Plan Highlights: Progress

- ▶ **Strategy 2.2.1: Increase the number of providers who treat hepatitis C** in the state of North Dakota through training of medical residents, primary care providers, SUD care providers, and interdisciplinary team members such as nurses and pharmacists
  - ▶ *10 ND healthcare professionals trained in last 1.5 years*
  - ▶ *Hep C treatment established at Sharehouse and other SUD programs*
  - ▶ *Forming partnerships with residency programs to further integrate Hepatitis C treatment into general practitioner training*

11

## Plan Highlights: Progress

- ▶ **Strategy 2.2.5: Identify and minimize cost and insurance-related barriers to viral hepatitis care and treatment**, maximizing the number of individuals treated, while maintaining payers' ability to negotiate best prices and support case management
  - ▶ *Collaboration with ND Medicaid to create "Harm Reduction" pathway to Hepatitis C treatment access and significantly simplify prior authorization criteria*

12

## Plan Highlights: Progress

- ▶ **Strategy 2.2.4: Increase the number of people screened and treated for hepatitis C in correctional facilities** by providing universal opt-out screening on admission to jails and prisons, continuing to negotiate for best pricing of HCV medications in order to offer treatment to a larger proportion of identified patients, and developing resources to provide linkage to care post-detention and post-incarceration.
  - ▶ *100% opt out screening in ND prisons*
  - ▶ *>50% of persons with Hepatitis C in prison treated while there*

13

## Plan Highlights: Progress

- ▶ **Strategy 2.3.3: Develop a provider resource directory** including a list of health care providers and sites offering hepatitis C treatment
  - ▶ *Completed, and will be published soon*
  - ▶ *Tool to aid those that provide linkage to care*

14

## Plan Highlights: On the Horizon

- ▶ **Strategy 1.1.2:** Develop training of peer support counselors to support PWID in navigation of hepatitis C care (screening, treatment, and harm reduction)
  - ▶ Plan for first training opportunity in Summer 2024!

PWID = persons with injection drug use

15

## Plan Highlights: Areas of Opportunity

- ▶ **Strategy 1.2.1:** Partner with health care providers and health systems to increase HCV screening rates during pregnancy followed by linkage to care for treatment after pregnancy.
  - ▶ *Do you work in maternal child health or OB? We're hoping to learn where we're currently at with screening rates!*



**CDC and ACOG recommend testing all patients for hepatitis C during every pregnancy.**



**hepatitis@nd.gov**

16



## Plan Highlights: Areas of Opportunity

- ▶ **Strategy 2.1.1 Scale up implementation of universal HCV screening guidelines** in clinical and non-clinical settings with a focus on settings that serve disproportionately affected populations in North Dakota (*including but not limited to SUD treatment programs, corrections facilities, and organizations serving racial and ethnic groups disproportionately impacted by HCV*).



17

## Plan Highlights: Areas of Opportunity

- ▶ **Strategy 5.1.1:** Identify and scale up hepatitis C prevention, testing, linkage to care and treatment across programs that address the **syndemic** including but not limited to **SUD** services, **mental health programs**, **homeless** clinics, **rural health** outreach, etc.
  - ▶ *Do you work in one of these areas and have interest/capacity to integrate Hepatitis C education, screening, linkage to care, or treatment services?*

[hepatitis@nd.gov](mailto:hepatitis@nd.gov)

18

## Plan Highlights: Areas of Opportunity

- ▶ **Strategy 4.1.2:** Utilize hepatitis C viral care cascade surveillance strategies to re-engage patients in need of HCV RNA testing, linkage to care, initiation of HCV treatment, and confirmation of cure
  - ▶ *Clients and patients can expect to receive outreach from NDHHS*
  - ▶ *Opportunity to link with local services*
  - ▶ *Create open feedback and education loop*

19

## Resources

- ▶ Screening services (point of care Hepatitis C testing)
  - ▶ NDHHS sponsored outreach events - bring to your community!
  - ▶ Become an official “Counseling, Testing, and Referral” (CTR) site
  - ▶ Provider/clinic detailing
- ▶ Hepatitis C Treatment
  - ▶ Tailored clinical education available for healthcare providers and professionals
  - ▶ Consultation on cases available at no charge
    - ▶ Hepatitis@nd.gov
    - ▶ Project ECHO

[hepatitis@nd.gov](mailto:hepatitis@nd.gov)

20

## Resources

- ▶ Harm Reduction training
  - ▶ “Harm Reduction Primer for HealthCare Professionals”  
Webinar: <https://register.gotowebinar.com/recording/1853686879073529008>
- ▶ Pharmacist-specific opportunities
  - ▶ Pharmacy-based Hepatitis C treatment education, counseling, and clinical management now reimbursable through ND Medicaid
  - ▶ Pharmacy-based Harm Reduction services also reimbursable!

[hepatitis@nd.gov](mailto:hepatitis@nd.gov)

21

## Assessment Questions

1. True/False: Hepatitis C elimination planning involves both preventing new infections as well as treating active infections.
  - a. True
  - b. False

22

## Assessment Questions

2. True/False: Specialist involvement is needed in order to treat Hepatitis C infections

- a. True
- b. False

23

## Assessment Questions

3. True/False: Hepatitis C screening can be conducted in a variety of clinical and non-clinical settings utilizing point-of-care testing

- a. True
- b. False

24

## References

- ▶ Hepatitis C. Centers for Disease Control. Accessible at: <https://www.cdc.gov/hepatitis-c/>
- ▶ HCV Guidance: Recommendations for Testing, Managing, and Treating Hepatitis C. Infectious Disease Society of America & American Association for the Study of Liver Disease. Accessible at: <https://www.hcvguidelines.org/>
- ▶ 2021 Guidance for Jurisdictional Hepatitis C Elimination Strategic Planning. Accessible at: <https://www.hhs.gov/sites/default/files/Viral-Hepatitis-National-Strategic-Plan-2021-2025.pdf>
- ▶ Viral Hepatitis National Strategic Plan: A Roadmap to Elimination for the United States 2021-2025. Accessible at: <https://www.hhs.gov/sites/default/files/Viral-Hepatitis-National-Strategic-Plan-2021-2025.pdf>