



HEP C FREE LOUISIANA

LOUISIANA HEPATITIS C
ELIMINATION PLAN: **2019-2024**

DECEMBER 2019

MISSION

The mission of the Louisiana Departments of Health and Corrections' Hepatitis C Elimination Plan is to outline a comprehensive, collaborative, and systematic approach to achieving statewide elimination of infection from Hepatitis C virus (HCV), defined by the World Health Organization as diagnosing 90% and treating 80% of Louisiana residents.

VISION

A "Hep C Free Louisiana" where HCV is no longer a threat to public health, the quality of life for our citizens is improved and health inequities related to HCV are eliminated.



OVERVIEW OF THE LOUISIANA HEPATITIS C ELIMINATION PLAN

Hepatitis C is a deadly virus transmitted through blood and causes severe inflammation and scarring in the liver, often resulting in chronic liver disease, cirrhosis, liver cancer, and death. Tens of thousands of people in Louisiana's Medicaid program and Correctional facilities are known to be chronically infected with HCV, a disproportionate number of whom are low-income and/or incarcerated. Moreover, the rate of new infections continues to grow dramatically as a result of injection drug use associated with the opioid epidemic.

The introduction and continued development of direct-acting antivirals (DAAs) has revolutionized the treatment of HCV. Treatment with DAAs can achieve cure rates as high as 99%. However the high cost of treatment previously prohibited the State from providing this cure to all persons who are infected, including those in Medicaid. In 2018, less than 3% of the patients in Medicaid or Corrections were able to access treatment despite the State spending more than \$30 million on DAAs. This limited coverage approach reflects the high costs of DAA treatment and limited State resources.

Transformational change is required to have any chance of slowing and, ultimately, reversing this growing epidemic. The 2019-2024 Hepatitis C Elimination Plan ("the Plan") is comprised of seven broad strategies that reflect a collaborative, comprehensive approach to maximizing the potential of modern HCV treatment. Input and recommendations for the State Plan were solicited from a diverse group of stakeholders including federal and State governmental agencies, clinicians, healthcare policy makers, pharmaceutical manufacturers, and residents at risk for or living with chronic HCV infection.

OVERVIEW OF THE LOUISIANA HEPATITIS C ELIMINATION PLAN (CONTINUED)

The cornerstone of the 5-year Plan is the design and implementation of an innovative, first-in-the-nation DAA purchasing arrangement, called a Modified Subscription Model, which effectively caps the State's spending on Hepatitis C DAAs and generates an incentive to treat as many infected people as possible, regardless of disease severity. This model will allow the State to transform the delivery system and achieve our interim goal of providing curative treatment to 10,000 Medicaid-enrolled and incarcerated individuals by 2020, as well as the ultimate goal of HCV elimination. Other core strategic priorities addressed in the Plan encompass capacity-building provider training and support, expanded screening for priority populations, prevention and risk reduction education, streamlined treatment, improved disease surveillance, and increased access to harm reduction and substance use disorder services. Finally, the Plan includes partnering with private payers for statewide elimination. The Plan requires effort and collaboration from individuals, agencies, organizations, and health systems at all levels in each of Louisiana's 64 parishes. The Louisiana Departments of Health and Corrections are committed to ending HCV-related stigma and reducing health disparities for people at risk or living with HCV, especially people who inject drugs. The 'e' in elimination is for equity.

STATE OF THE STATE

Estimating the number of persons living with chronic HCV infection in Louisiana is challenging. Reporting of HCV has historically been incomplete and, due to limited resources, little public health follow-up has been conducted for known cases of HCV infection. The primary method of HCV reporting has been from laboratory reports of positive HCV test results. Additionally, persons for whom positive test results have been recorded in existing surveillance systems may have cleared the infection on their own, been successfully treated, moved outside of Louisiana or passed away. For these reasons, it is difficult to obtain an accurate number of persons who are living with HCV and in need of treatment. Despite these challenges, available surveillance data indicate that there is significant disease burden in the state. As surveillance activities ramp up and the state moves toward comprehensive reporting of population level HCV screening and collection of treatment data, a clearer picture of the incidence and prevalence of chronic HCV infection in Louisiana will develop.

WHAT WE KNOW TODAY:

- ▶ From 2007 to 2017, laboratory results reported to the state showed 40,000 Louisianans with a probable or confirmed case of chronic HCV.
- ▶ As of 2017, there were at least 1,290 people living with HIV in Louisiana who were co-infected with HCV. Recent research estimates 50,000 persons to be infected with HCV in Louisiana in 2016 (Rosenberg et al., 2018).
- ▶ Research estimates that 2.4% of the population in the Southern United States has injected drugs in their lifetime (Tempalski et al., 2013; Oster et al., 2015; Lansky et al., 2014). Based on 2017 U.S. Census Bureau data, 2.4% of Louisiana's population equates to 112,424 Louisianans at very high risk for HCV infection.
- ▶ Louisiana has high rates of liver and bile duct cancers driven by both HBV and HCV. In 2015, Louisiana had the 5th highest rate (10.1 per 100,000 population) of liver and bile duct cancers in the United States and ranked 3rd for rate (8.4 per 100,000 population) of death from liver and bile duct cancers (National Cancer Institute. State Cancer Profiles: Incidence Rate Report of Liver & Bile Duct Cancer, 2015).



CORE STRATEGIES

The following pages will detail the seven strategies that comprise the Louisiana Hepatitis C Elimination Plan. This Plan is ambitious and can only be achieved by implementing systematic changes to reduce incidence and prevalence of HCV across the state. Success will require the support of governmental agencies, private funders, statewide partners and a commitment to the lofty goal of elimination by 2024. While these core strategies have been selected, the partners, funding, and other resources needed to fully implement them are still being identified. The State is making efforts to identify funds to support all activities and leverage existing resources to maximize impact.

COLLECTIVE IMPACT

Eliminating Hepatitis C in Louisiana over the next five years is an ambitious goal that will only be achievable if we harness the collective efforts of our health systems and providers, public health resources, and communities across the state. To accomplish this, Louisiana's Hepatitis C Elimination Plan is structured around the collective impact model. Serving as the backbone support organization, LDH will engage and coordinate the efforts of stakeholders across the state to accomplish our common agenda to "eliminate HCV as a public health threat in Louisiana." The core strategies outlined in this plan provide a framework for the mutually reinforcing activities LDH and our partners will undertake in the years to come. Accurately measuring our progress against our elimination goals will be as important as effectively sharing that progress publicly and with partners. The data we collect and share amongst partners will help to identify areas where progress is slow or stalling early enough to intervene, and will also serve to facilitate the State's commitment to health equity and reducing health disparities through this program.

ELIMINATION PLAN OVERVIEW

- ▶ Eliminate HCV in Louisiana by 2024
- ▶ Focus on meaningful measures of progress and outcomes
- ▶ Office of public health - led coalition
- ▶ Build trust & alignment through transparency
- ▶ Coordinated efforts across seven core strategies

STRATEGY I:

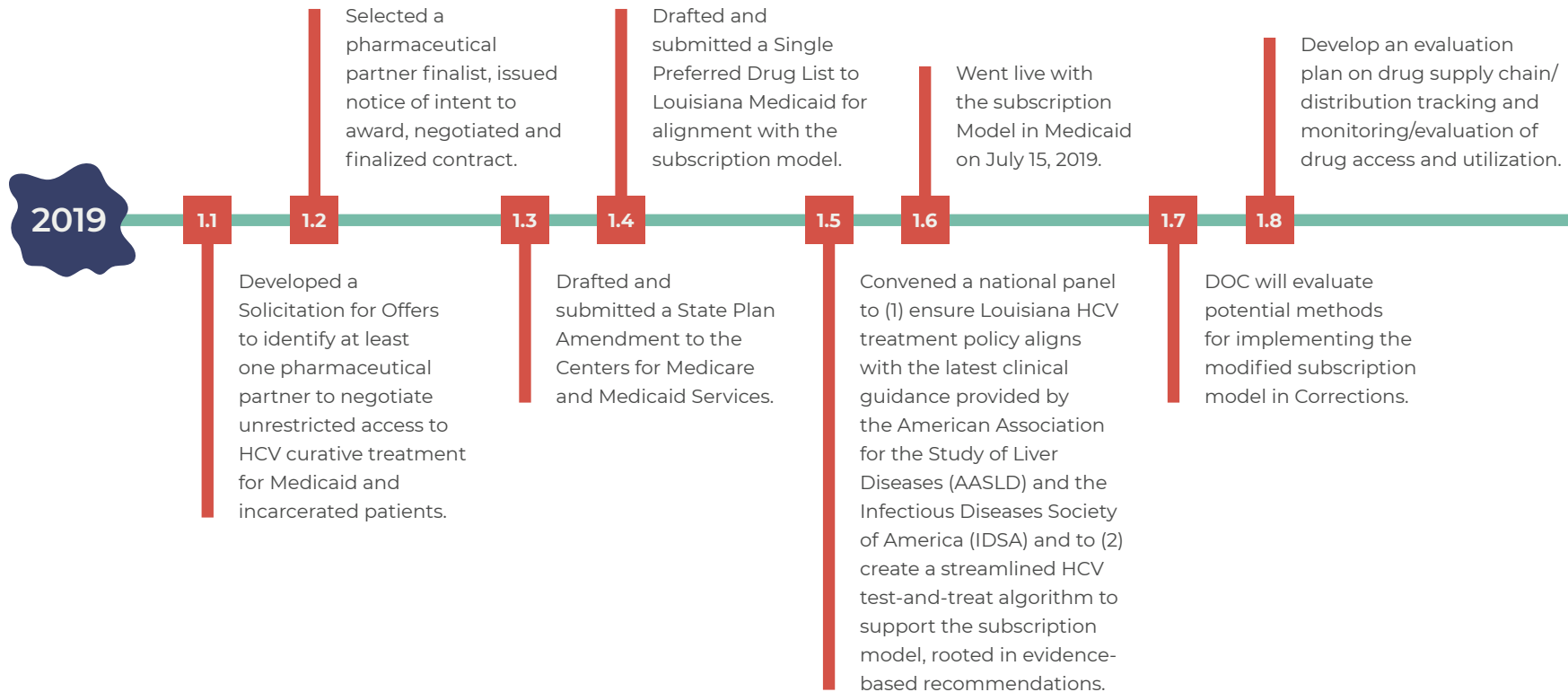
ESTABLISH HEPATITIS C TREATMENT SUBSCRIPTION MODEL FOR MEDICAID AND CORRECTIONS

The subscription model is an innovative drug pricing and payment mechanism that will enable Louisiana to dramatically expand access to HCV treatment within its Medicaid and incarcerated populations. This model effectively caps the State's spending on DAAs at 2018 levels while also creating an incentive to treat as many infected people as possible. After a competitive proposal process, Louisiana selected Asequa Therapeutics, a wholly owned subsidiary of Gilead Sciences, Inc., as its pharmaceutical partner. Under the agreement, Asequa will provide unrestricted access to the authorized generic for Epclusa (sofosbuvir/velpatasvir) for Medicaid eligible and incarcerated Louisianans for 5 years.



STRATEGY I:

ESTABLISH HEPATITIS C TREATMENT SUBSCRIPTION MODEL FOR MEDICAID AND CORRECTIONS



STRATEGY I: CONT.

2020

1.9

Monitor outcomes in real-time and disseminate information on successful approaches and potential pitfalls encountered.

1.10

Cure at least 10,000 Medicaid-enrolled and incarcerated individuals by 2020.

2021

1.11

Achieve WHO elimination metric by 2024: 90% of HCV patients in Medicaid screened and identified and 80% of those identified cured.

2022

1.12

Assess all individuals without any form of insurance for Medicaid eligibility and enroll where appropriate.

2023

2024

STRATEGY 2:

EDUCATE PUBLIC ON AVAILABILITY OF CURE AND MOBILIZE PRIORITY POPULATIONS FOR SCREENINGS

Public awareness of risk factors for HCV infection, the importance and availability of screening and unrestricted access to curative treatment is essential to successfully reaching at-risk patients and building support for statewide elimination. The Plan will incorporate a high-profile outreach campaign focused on coordinating efforts to increase detection of HCV with newly available access to treatment. The goal is to raise public awareness of the virus, risk factors for contracting the infection, and information for both traditional and more marginalized populations to be screened, linked to and retained in care until cured.



STRATEGY 2:

EDUCATE PUBLIC ON AVAILABILITY OF CURE AND MOBILIZE PRIORITY POPULATIONS FOR SCREENINGS

2019

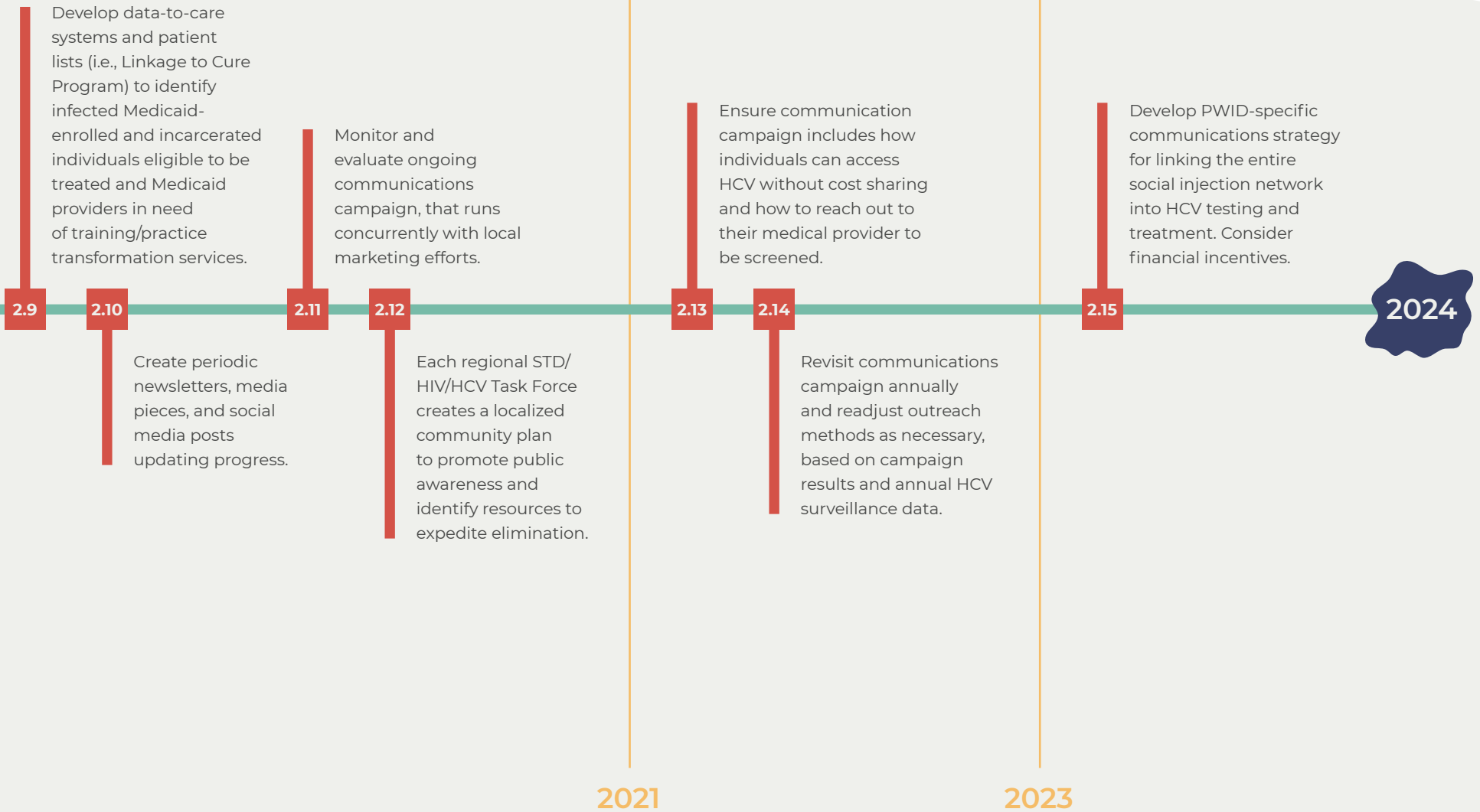


By December 2019, the following marketing, branding & public education goals will be met:

- ▶ **2.2a** Vendor will produce at least 7 mixed-media assets with messaging to share the latest information about HCV, including risk factor for contracting the infection, which will be strategically placed across multiple media formats as advertising in Louisiana.
- ▶ **2.2b** Paid digital marketing advertisements will garner 1M impressions via social and digital ad buys.
- ▶ **2.2c** As a result of the paid digital marketing advertisements, click-throughs will generate at least 10,000 page views to the HCV landing pages, specific to providers and laypersons, from Louisiana geolocation.
- ▶ **2.2d** 1,000 health education pamphlets/palm cards will be printed and distributed to healthcare facilities listed on the HCV provider directory.

2020

STRATEGY 2: CONT.



STRATEGY 3:

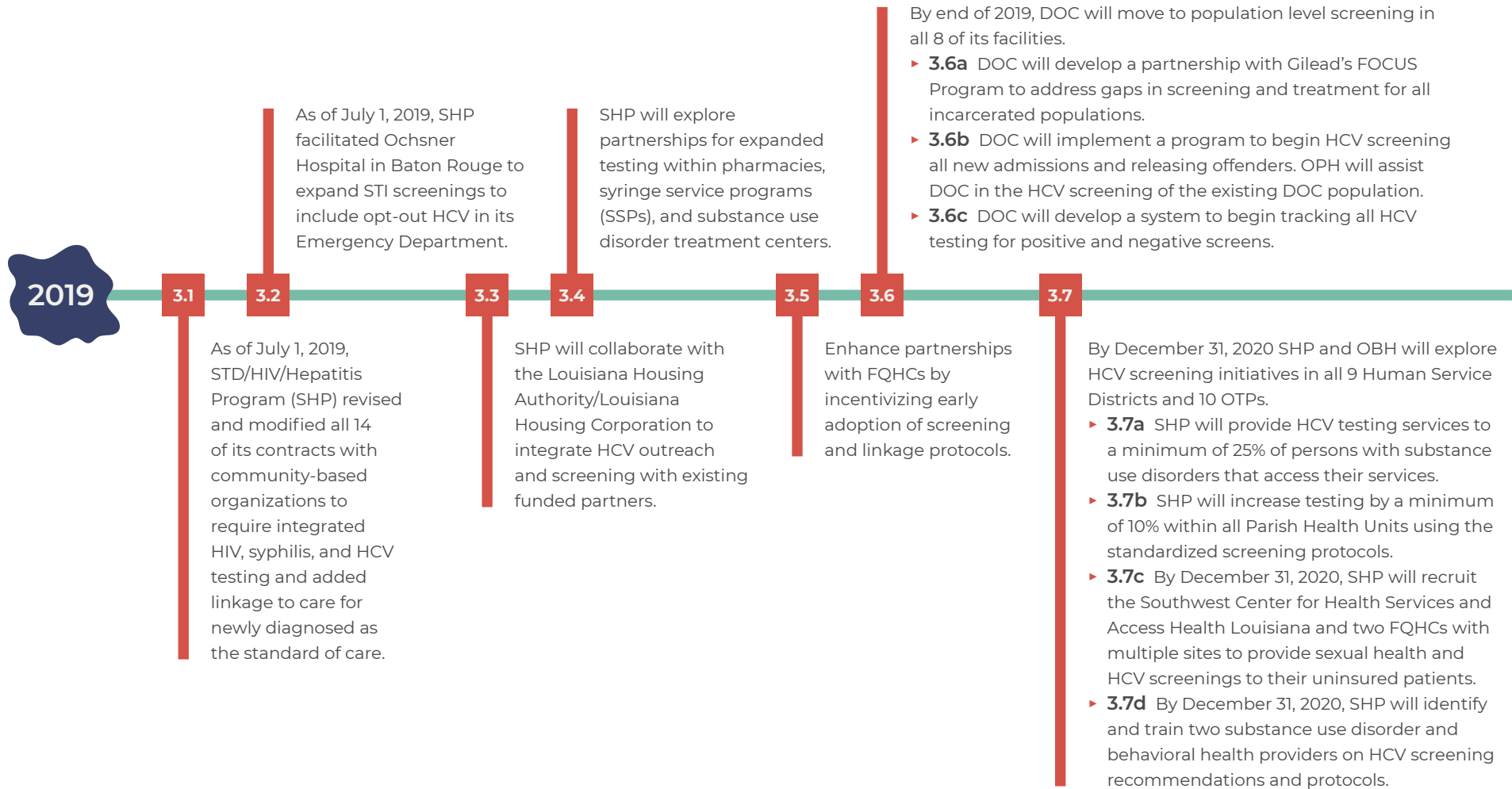
EXPAND HCV SCREENING AND LINKAGE TO HCV CARE

Medicaid, along with the Offices of Public Health and Behavioral Health will partner to develop standardized contractual language that requires integrated HIV and HCV testing (at minimum) for all patients/clients of detox centers, substance use disorder treatment centers and methadone and suboxone clinics. These three state offices will, in turn, collaboratively engage MCOs and Local Governing Entities (LGEs), also known as Human District Resource Authorities, to directly contract for services with substance use disorder facilities. DOC will develop HCV screening strategies for all new intakes into DOC facilities. Stigma and bias towards people who inject drugs is an anticipated barrier to effective implementation of expanded HCV services.

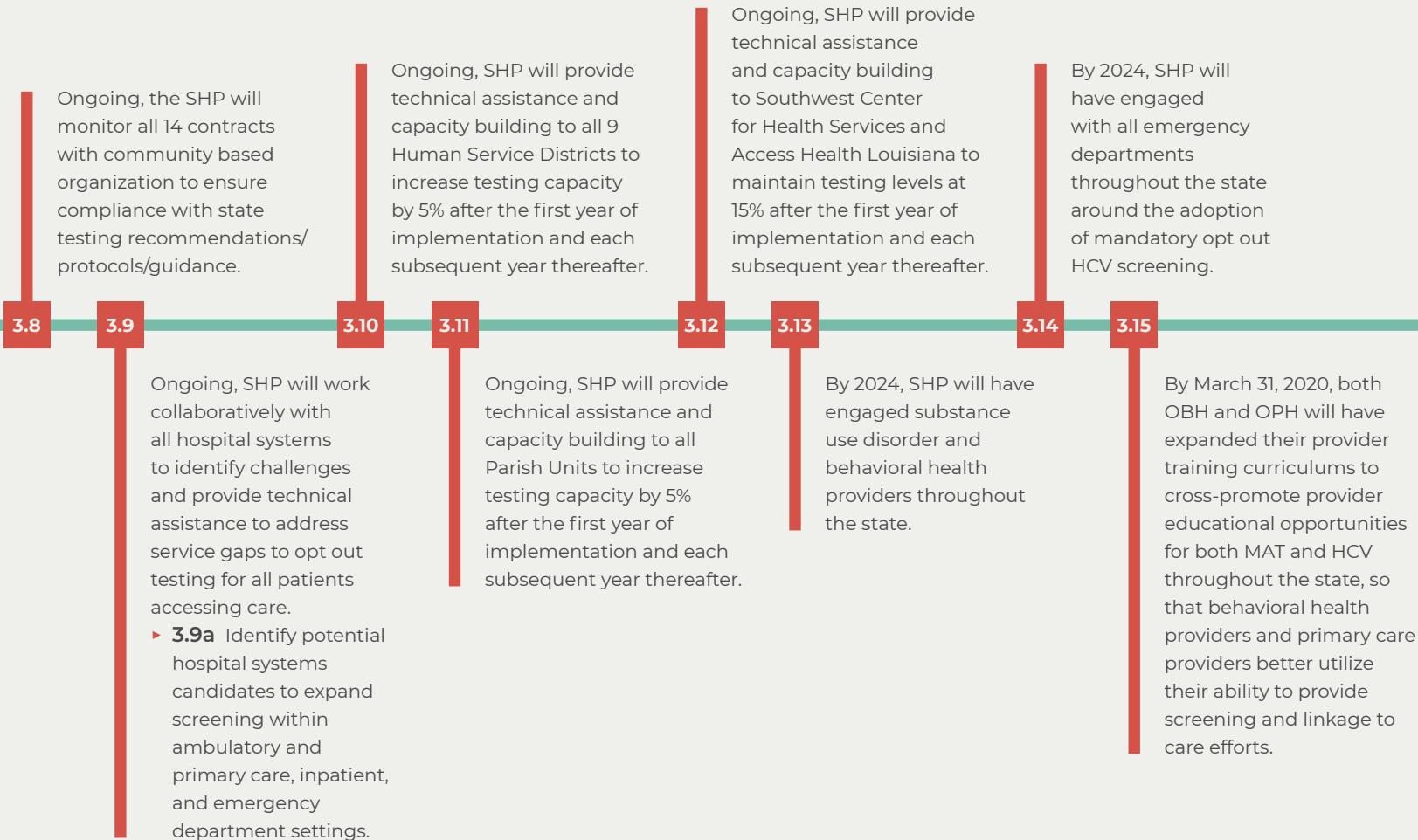


STRATEGY 3:

EXPAND HCV SCREENING AND LINKAGE TO HCV CARE



STRATEGY 3: CONT.



2024

STRATEGY 4:

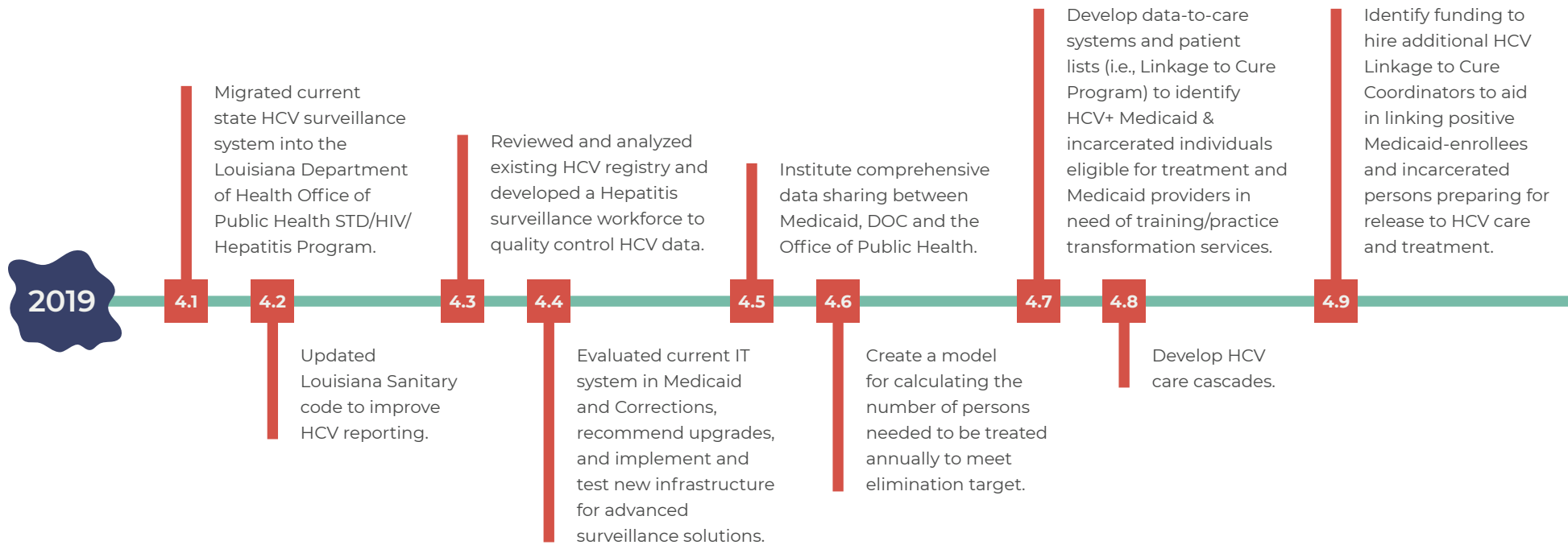
STRENGTHEN ACTIVE SURVEILLANCE AND SCALE-UP DATA TO HCV CURE PROGRAMS

There is a need for substantial, sustained investment in a state-of-the-art Hepatitis C surveillance system that can adequately support the identification of HCV patients, maintain access to linkage to care data, treatment information and proof of sustained virologic response and reinfection data for research, public reporting, and clinical support purposes. Upgrades to existing surveillance data streams supporting the HCV elimination strategy for a data-to-care approach are underway.



STRATEGY 4:

STRENGTHEN ACTIVE SURVEILLANCE AND SCALE-UP DATA TO HCV CURE PROGRAMS



STRATEGY 4: CONT.

2020

4.10

Produce annual reports on HCV surveillance data.

4.11

Evaluate advanced surveillance solutions and implement upgrades as required.

2021

4.12

Update data-to-care lists in real-time and provide continuous monitoring and evaluation.

2022

4.13

Use data-to-care system to update the HCV care cascade annually.

► **4.13a** Increase the progression of people who have HCV through the entire care continuum.

4.14

Use best practices to ensure the Department of Corrections Re-entry Program includes linkage to HCV care, if the incarcerated person did not complete their treatment and confirmed SVR while housed.

2024

STRATEGY 5:

EXPAND PROVIDER CAPACITY TO TREAT HEPATITIS C

To fully implement the Plan, it is critical to expand the state's health care delivery system and capacity to treat HCV. Training and supporting primary care providers, substance use treatment providers, physician extenders and pharmacists, as well as creating a specialty referral system, for complicated and treatment failure cases will be key to reaching infected individuals and ensuring their successful treatment initiation, retention in care and follow-up.



STRATEGY 5:

EXPAND PROVIDER CAPACITY TO TREAT HEPATITIS C

2019

5.1

Create a full-time Provider Network Director position at OPH to support HCV provider training.

5.2

Develop, deliver and incentivize HCV treatment provider trainings each month, including in-person, teleconference and e-education modules, in each of Louisiana's nine health department regions.

5.3

Develop branded provider campaign and quality improvement initiative with guidance, protocols, resources, and best practices related to the HCV care continuum, all reflected in provider packets and on the www.louisianahealthhub.org landing page for providers.

5.4

Created a Streamlined Test & Treat algorithm to reduce the barriers to provider uptake and engagement with HCV care.

5.5

Identify and engage key providers and safety net partners to be early adopters and HCV Champions so that there is at least one Champion in each public health region.

5.6

Identify models and leverage health information technology (HIT)-based solutions to support clinical HCV prevention/care and service delivery.

5.7

Establish a referral network/provider directory for linking persons diagnosed with HCV to care and treatment in both Medicaid and Corrections.

5.8

OPH & DOC will work with providers to ensure they maintain consistent supply of Hepatitis A and Hepatitis B vaccines for patients accessing HCV treatment. DOC will contract with a provider to provide training for HCV treatment to DOC practitioners.

STRATEGY 5: CONT.



STRATEGY 6:

IMPLEMENT HARM REDUCTION AND COMPLEMENTARY TREATMENT STRATEGIES

Community-level prevention and harm reduction measures are dependent on public trust in available services and information to empower people to reduce harm and improve their health and wellness. The Offices of Public and Behavioral Health will work to systematically increase the reach of existing Syringe Service Programs (SSPs) while assisting jurisdictions that have not yet authorized them to do so. In addition, these Offices will support culturally competent engagement with people who inject drugs through the utilization of evidence-based medical and behavioral therapies, HCV screening, and grassroots engagement. By increasing HCV testing among people who inject drugs, treating those who are positive, preventing new infections, and providing additional support services, Louisiana will make significant strides toward eliminating HCV in this particularly high-risk population.



STRATEGY 6:

IMPLEMENT HARM REDUCTION AND COMPLEMENTARY TREATMENT STRATEGIES



STRATEGY 6: CONT.

6.10

Support medical discharge planning from corrections.

6.11

▶ **6.11a** Create a full-time position within LDH to coordinate the harm reduction strategy across OPH, OBH, and BCP.

6.11

▶ **6.11b** Develop a comprehensive, coordinated harm reduction strategy across state departments/offices to better align messaging, core service requirements and protocols.

6.12

Integrate comprehensive screening and treatment, including after discharge at both in-patient and out-patient methadone centers, opiate treatment programs, and substance use treatment centers.

6.13

▶ **6.13a** Redirect federal funds to contract with SSPs to include provision of wrap around services.
▶ **6.13b** Fully authorize SSPs statewide.

6.14

Link to Addiction Technology Transfer Center (ATTC) Network to develop capacity for HCV screening and treatment in substance use treatment settings.

2020

2021

2022

STRATEGY 6: CONT.

6.15

Increase system-level coordination and integration of care for people living with HIV, HIV/HCV and opioid use disorder.

6.16

Ongoing, SHP will work to expand syringe services to all 9 Public Health Regions throughout Louisiana.

2024

2023

STRATEGY 7:

EXPAND ELIMINATION EFFORTS TO ALL POPULATIONS WITHIN THE STATE

Many Louisianans infected with Hepatitis C are neither Medicaid beneficiaries nor incarcerated. To truly achieve statewide elimination, the State will work with new and existing partners, including commercial insurers, health systems, and entities serving the uninsured through other appropriate mechanisms. However, we believe it is imperative the state coordinate with other state and federal providers to increase treatment rates via programs like the Ryan White HIV/AIDS Program, the Veterans Administration, Medicare, and Substance Abuse and Mental Health Services Administration grantees, in order for the Elimination Plan to be successfully expanded across the state.



STRATEGY 7:

EXPAND ELIMINATION EFFORTS TO ALL POPULATIONS WITHIN THE STATE

2019

7.1

Prioritize payers that already participate as MCOs for initial engagement.

7.2

Develop economic models to quantify value proposition from private payer perspectives.

7.3

Partner with payers for data & research opportunities.

7.4

Engage with manufacturer-partner around expanding patient assistance programs targeting uninsured patients.

7.5

Target key employers and business groups representing insurance purchasers.

2020

2021

2022

STRATEGY 7: CONT.

7.6

Work with payers to provide data indicating lower total cost of care associated with HCV screening & treatment.

7.7

Create/enhance multi-payer models to support HCV prevention/treatment within primary care.

2024

2023