

Louisiana Hepatitis C Elimination Plan 2.0
LDH/OPH STD/HIV/Hepatitis Program (SHHP)

STRATEGY 1: Establish Hepatitis C Treatment Payment Model for Medicaid and Corrections

Pre-Implementation (Accomplished: January 1, 2019 to June 30, 2019)

- 1.1 Developed a Solicitation for Offers to identify at least one pharmaceutical partner to negotiate unrestricted access to HCV curative treatment for Medicaid participants and Department of Corrections incarcerated persons held at state and/or parish facilities.
- 1.2 Selected a pharmaceutical partner finalist, issued notice of intent to award, negotiated and finalized contract.
- 1.3 Drafted and submitted a State Plan Amendment to the Centers for Medicare and Medicaid Services.
- 1.4 Drafted and submitted a Single Preferred Drug List to Louisiana Medicaid for alignment with the subscription model.

Year 1 (Accomplished: July 1, 2019 to June 30, 2020)

- 1.5 Convened a national panel to (1) ensure Louisiana HCV treatment policy aligns with the latest clinical guidance provided by the American Association for the Study of Liver Diseases (AASLD) and the Infectious Diseases Society of America (IDSA) and to (2) create a streamlined HCV test-and-treat algorithm to support the subscription model, rooted in evidence-based recommendations.
- 1.6 Modified subscription model went live for Medicaid participants on July 15, 2019.
- 1.7 Evaluated potential methods for implementing the modified subscription model in Corrections.
- 1.8 Modified subscription model went live for people incarcerated in DOC state facilities on January 15, 2020.
- 1.9 Developed an evaluation plan on drug supply chain/distribution tracking and monitoring/evaluation of drug access and utilization.

Year 2 (Accomplished: July 1, 2020 to June 30, 2021)

- 1.10 Maintained and developed the public facing HCV dashboard on the LDH website. (SHHP Hepatitis Surveillance Supervisor)
- 1.11 HIV primary care provider clinics adopted a HCV screening measure and baseline data was established as part of their quality improvement project work plan to ensure quality improvement projects are implemented throughout clinics statewide (SHHP HIV Services Quality Manager)
- 1.12 Provided Medicaid MCOs a quarterly list of persons currently enrolled on their plan who have been reported to OPH with chronic HCV. Data provided will include whether or not a person has

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been prescribed DAAs through Medicaid and status of last reported HCV RNA test. (SHHP Hepatitis Surveillance Supervisor)

- 1.13 Amended agreement with Asegua Therapeutics to implement the modified subscription model in parish and local jail settings by including specific language to include DOC incarcerated persons held at the local level. (SHHP Director; SHHP Deputy Director of Programs; and, SHHP Viral Hepatitis Coordinator)
- 1.14 Facilitated discussions with Gilead's FOCUS Program to explore provision of HCV tests for parish and local jail settings as part of the modified subscription model. (SHHP Director; SHHP Deputy Director of Programs; and, SHHP Viral Hepatitis Coordinator)

Year 3 (Next 12 Months: July 1, 2021 to June 30, 2022)

- 1.15 Offer technical assistance and training to all HIV primary care provider clinics implementing HCV quality improvement projects. (SHHP HIV Services Quality Manager)
- 1.16 Assist the HIV primary care provider clinic group with meeting the group's HCV screening measure goal. (SHHP HIV Services Quality Manager)
- 1.17 Work with identified practices statewide through Practice Transformation to improve HIV/HCV micro-elimination progress towards the state goal of 90% screened. (SHHP Provider Network Supervisor)
- 1.18 Implement the modified subscription model for DOC incarcerated persons held in 3 pilot parish jails. (DOC Hepatitis Coordinator and SHHP Hepatitis Program Coordinator)
- 1.19 Develop a playbook and additional partnerships to scale DOC screen-and-treat project in parish jails from pilot stage to expanded operations. (SHHP Hepatitis Program Coordinator, DOC Hepatitis Coordinator, DOC Chief Nursing Officer, DOC HCV Nurse Practitioner and SHHP Leadership)
- 1.20 Continue monthly maintenance of the public facing HCV dashboard on the LDH website. (SHHP Hepatitis Surveillance Supervisor)
- 1.21 Explore feasibility of developing a new Asegua Agreement to include treating non-DOC incarcerated persons at parish jails. (SHHP Hepatitis Program Coordinator and SHHP Leadership)

Years 4–5 (Phase 3: July 1, 2022 to June 30, 2024)

- 1.22 Continue implementation of the modified subscription model for DOC incarcerated persons held in parish jails.

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STRATEGY 2: Educate Public on Availability of Cure and Mobilize Priority Populations for Screenings

Pre-Implementation (Accomplished: January 1, 2019 to June 30, 2019)

- 2.1 Conducted a literature review around HCV campaigns and existing marketing materials, with a focus on reducing stigma, and developed comprehensive communication and partnership strategy for different patient cohorts.
- 2.2. Through a competitive selection process, SHHP engaged a marketing and brand development vendor to create a comprehensive, multi-media campaign to promote and support the State's elimination efforts.

Year 1 (Accomplished: July 1, 2019 to June 30, 2020)

- 2.3 By December 2019, the following marketing, branding and public education goals were met:

2.3a Vendor produced at least 7 mixed-media assets with messaging to share the latest information about HCV, including risk factor for contracting the infection, which were strategically placed across multiple media formats as advertising in Louisiana.

2.3b Paid digital marketing advertisements garnered over one million impressions via social and digital ad buys.

2.3c As a result of the paid digital marketing advertisements, click-throughs generated at least 10,000 page views to the HCV landing pages, specific to providers and laypersons, from Louisiana geolocation.

2.3d At least 1,000 health education pamphlets/palm cards were printed and distributed to healthcare facilities listed on the HCV provider directory.

- 2.4 Engaged stakeholders and community partners on communication strategy, especially with people who use drugs and other marginalized groups.
- 2.5 Created materials and launched statewide HCV social marketing campaign through a variety of materials (print, social media, billboard placements, public transit ads, etc.).
- 2.6 Scheduled 9 regional symposia in cities across the state to kick-off statewide awareness of the HCV Elimination Plan, existing community services and resources, and steps to operationalizing HCV screening, linkage, and treatment.
- 2.7 Worked with MCOs on targeted messaging for Medicaid enrolled patients.
- 2.8 Worked with DOC and probation and parole on targeted messaging for incarcerated individuals and as part of pre-release Medicaid enrollment planning.

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- 2.9 Created periodic newsletters, media pieces, and social media posts to expand HCV health promotion messaging. (SHHP Social Marketing Supervisor)
- 2.10 Monitored and evaluated ongoing communications campaign that runs concurrently with local marketing efforts. (SHHP Marketing Team, Evaluation Unit and MESH)
- 2.11 Tailored funded messaging in communication campaign to include how individuals can access HCV treatment, amplify the "no sobriety requirement" message, and how to find a medical provider to be screened for HCV. (SHHP Social Marketing Team and MESH)
- 2.12 Initiated discussions and planning with key SHHP staff to brainstorm potential pathways to develop HCV Community Advisory Boards for SSPs and a larger internal/external interface). (SHHP Community Mobilization Supervisor)

Year 3 (Next 12 Months: July 1, 2021 to June 30, 2022)

- 2.13 Develop Gantt chart/timeline to highlight delivery and synchronization of development of SSP CABs and LDH SUD and ID Steering Committee for Year 3. (SHHP Community Mobilization Supervisor, SSP Coordinator, and Hepatitis Program Coordinator)
- 2.14 Convene Syringe Service Program staff meetings with STD/HIV/Hepatitis Program staff to confirm the purpose and process of SSP Community Advisory Board engagement opportunities/meetings. (SHHP SSP Coordinator and Community Mobilization Supervisor)
- 2.15 Collaborate with SSP Community Advisory Boards across Louisiana to participate in a feedback loop on HCV creatives. (SHHP Social Marketing Team, SSP Coordinator and Community Mobilization Supervisor)
- 2.16 Work with John Snow Research and Training Institute, Inc. (JSI)/NASTAD Consultant to conduct internal key informant interviews and discovery meetings across LDH offices. In result, recommendations and pathways will be created to develop a LDH Substance Use Disorder and Infectious Diseases Steering Committee. (SHHP SSP Coordinator)
- 2.17 Commence meetings of the LDH Substance Use Disorder and Infectious Diseases Steering Committee (LDH SUD & ID Steering Committee). These meetings are dependent on lifts external to SHHP and require LDH-wide ownership of the process. (TBD; OPH Co-Chair and OBH Co-Chair)
- 2.18 Revisit communications campaign annually and readjust marketing tactics based on campaign results, annual HCV surveillance data, and community advisory board input. (SHHP Marketing Supervisor and MESH)
- 2.19 Expand reach of HCV messaging by providing educational and promotional materials to Community Health Workers, Linkage to Cure Coordinators, and Disease Intervention Specialists to distribute as they engage with the public. (SHHP Social Marketing Team, Community Mobilization Supervisor, Community Health Worker Supervisor, Linkage and Adherence Supervisor, and DIS Regional Supervisors)

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Years 4– 5 (Phase 3: July 1, 2022 to June 30, 2024)

- 2.20 Revisit communications campaign annually and readjust outreach methods as necessary.
- 2.21 Each SSP Community Advisory Board creates a localized community plan to promote public awareness and identify resources to expedite HCV elimination.
- 2.22 Develop PWID-specific communications and outreach strategy for linking the entire social networks into HCV testing and treatment. Consider/explore financial incentives.
- 2.23 Include community engagement in the LDH SUD & ID Steering Committee.

STRATEGY 3: Expand HCV Screening and Linkage to HCV Care

Year 1 (Accomplished: July 1, 2019 to June 30, 2020)

- 3.1 As of July 1, 2019, SHHP revised and modified all 14 of its contracts with community-based organizations to require integrated HIV, syphilis, and HCV testing and added linkage to care for newly diagnosed as the standard of care.
 - 3.1a SHHP monitored and provided technical assistance to all 14 contracted community based organization to ensure compliance with state testing recommendations/ protocols/guidance.
- 3.2 Supported Ochsner Hospital in Baton Rouge to expand HIV screenings to include HCV testing in its Emergency Department.
- 3.3 Forged partnerships with syringe service programs (SSPs) resulting in 5 of 7 SSPs across the state offering HCV testing.
- 3.4 SHHP partnered with DOC and implemented a population level screening program in all 8 of its facilities to begin HCV screening for all new admissions and released incarcerated persons. SHHP provided personnel and lab support to assist DOC in screening the existing DOC population.
- 3.5 DOC developed a system to track all HCV testing for positive and negative screens.
- 3.6 Within Parish Health Units settings, a HCV screening protocol was developed and HCV testing was included in the standard offering of services.
- 3.7 Worked collaboratively with LCMC New Orleans and Ochsner Hospital in Baton Rouge to gather information and identify challenges and service gaps to expand HCV testing for all patients accessing care.
- 3.8 Explored partnerships with substance use disorder providers, behavioral health providers, and all 9 Human Services Districts and Authorities to create multiple points of entry to screen, treat, and link clients with HCV and opioid use disorder via co-located integrated services.
- 3.9 Developed HCV Linkage to Cure Program for Medicaid clients to access HCV care coordination through low-threshold access and high-touch support.

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- 3.10 Cross-promoted HCV provider education curriculum on screening and linkage to train treatment champions at OBH's Tulane University ECHO-MAT lecture series for Office Based Opioid Treatment (OBOT) providers who offer medication-assisted treatment (MAT).
- 3.11 HCV provider training curriculum was expanded to include harm reduction content on screening and linking people who inject drugs in addition to the benefits of co-treating HCV and opioid use disorder.

Year 2 (Accomplished: July 1, 2020 to June 30, 2021)

- 3.12 Ensured HCV tests were consistently offered in conjunction with HIV and Syphilis rapid tests per CBO contracts. Developed tools and resources to ensure ongoing integrated testing expansion roll out; issued performance improvement plans as needed. (SHHP Statewide Testing Coordinator and SHHP Regional Coordinator Supervisor)
- 3.13 Improved HCV RNA confirmation systems and testing HCV RNA confirmation test reporting from SHHP-contracted CBO partners in consultation with the state laboratory and/or private laboratories as necessary. (SHHP Statewide Testing Coordinator)
- 3.14 Continued to support HCV universal opt-out testing, HCV RNA confirmation, and linkage to care in hospital emergency departments. (Clinical Network Specialist; SHHP Provider Network Supervisor; SHHP Provider Network Coordinator; SHHP Director; and, SHHP Deputy Director of Programs)
- 3.15 Established new contracts with the following SSPs to conduct HCV testing and linkage to care: CARP, CLASS, CrescentCare and the Philadelphia Center. (SHHP SSP Coordinator; SHHP Statewide Testing Coordinator; and, SHHP Regional Coordinator Supervisor)
- 3.16 Developed a monitoring and evaluation plan for SSPs which included HCV linkage. (SHHP SSP Coordinator and SHHP Evaluation Supervisor)
- 3.17 Continued to support the DOC to complete screening the existing population of inmates in DOC facilities. (SHHP Corrections Coordinator, Services Manager, Viral Hepatitis Coordinator, and Deputy Director of Programs)
- 3.18 Continued to provide technical assistance and capacity building to all 9 Human Service Districts and Authorities in addition to other key partners to increase HCV testing capacity, as requested. (SHHP Statewide Testing Coordinator, SHHP Capacity Building Team)
- 3.19 Assessed level of HCV screening at SHHP CBO Partners who work with PWID and/or offer substance use disorder services during SHHP quarterly data review meetings better understand testing trends and gaps. (SHHP Statewide Testing Coordinator, SHHP Hepatitis Program Coordinator, SHHP Prevention Data Manager)
- 3.20 Assessed level of HCV screening at Human Services Districts and Authorities to better understand testing trends and gaps. Established partnership with JPHSA (SHHP Statewide Testing Coordinator)

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- 3.21 Continued to look for future funding to further support HCV screening and linkage to care. (SHHP Leadership and SHHP Grants Coordinator)
- 3.22 Used best practices to ensure that DOC medical release planning included linkage to HCV care if the incarcerated person did not complete the treatment and confirmed SVR while housed. (SHHP Corrections Coordinator)

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- 3.23 Improve HCV RNA confirmation systems and testing HCV RNA confirmation test reporting from SHHP-contracted CBO partners in consultation with the state laboratory and/or private laboratories as necessary. (SHHP Statewide Testing Coordinator)
- 3.24 Engage agencies that have been identified to have the lowest reporting frequencies and Conduct a needs assessment to identify the obstacles that most impact their abilities to report on confirmatory testing for clients with positive HCV results. (SHHP Statewide Testing Coordinator, SHHP Regional Coordinators, and SHHP Regional Coordinator Supervisor)
- 3.25 Meet with agencies that have higher reporting successes and pinpoint potential factors that contribute to these successes to further inform on ways in which SHHP can address the needs of CBOs experiencing difficulties with reporting. (SHHP Statewide Testing Coordinator, SHHP Regional Coordinators, and SHHP Regional Coordinator Supervisor)
- 3.26 Outline ways in which SHHP can facilitate CBOs in addressing barriers to lab-based confirmatory test reporting. Utilize survey results as a general guideline. (SHHP Statewide Testing Coordinator and SHHP HCV Testing Data Workgroup)
- 3.27 Identify areas within SHHP's internal reporting processes that make it difficult for CBOs to conduct and report lab-based confirmatory testing. Create an electronic reporting system. (SHHP Testing Coordinator, SHHP Regional Coordinators, SHHP Regional Coordinator Supervisor, and SHHP Prevention Data Management Workgroup)
- 3.28 Ensure ongoing quarterly agency HCV testing data reviews to inform process improvements. (SHHP Statewide Testing Coordinator, SHHP Hepatitis Program Coordinator, and SHHP Prevention Data Manager)
- 3.29 Continue HCV Linkage to Cure (LTC) Program for Medicaid clients under 39 who have no record of treatment to access HCV care coordination through low-threshold access and high-touch support. (SHHP Linkage and Adherence Supervisor)
- 3.30 Leverage best practices from DOC HIV medical release planning (MRP) in addition to internal LDH stakeholders across DOC, SHHP, and Medicaid to build out a HCV MRP services structure to connect to community-based providers. (SHHP Deputy Director of Programs, DOC HCV Coordinator, Medicaid Justice-Involved Pre-Release Enrollment Project Manager, DOC Chief Nursing Officer, SHHP Linkage and Adherence Supervisor, and SHHP Hepatitis Program Coordinator)

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- 3.31 Explore feasibility of new legislative priority mandating HCV universal opt-out screening in hospital emergency departments.
- 3.32 Increase testing within Parish Health Unit settings and continue to provide technical assistance and capacity building to increase testing capacity.
- 3.33 By September 1, 2023, identify grant funding to support Linkage to Treatment Coordinator staff salaries.
- 3.34 Leverage OBH testing data from the Human Services Districts and Authorities (LGEs) to formulate future concrete testing strategies in partnership with OBH and the LGEs at those locations.
- 3.35 By 2024, SHHP will have engaged 80% of all hospital emergency departments throughout the state around the adoption of HCV opt-out universal screening and will have provided technical assistance as necessary.
- 3.36 Seek grant funding to support substance use disorder treatment facilities to start HCV screening programs.
- 3.37 Facilitate discussions with OBH to explore SHHP taking a lead role in monitoring SAMHSA infectious disease testing grants and/or OBH updating Human Services Districts and Authorities contract language to include universal opt-out HCV testing requirements.

STRATEGY 4: Strengthen Active Surveillance and Scale-Up Data to HCV Cure Programs

Pre-Implementation (Accomplished: January 1, 2019 to June 30, 2019)

- 4.1 Migrated HCV surveillance system from Infectious Disease Epidemiology Program into SHHP.
- 4.2 Updated Louisiana Sanitary code to improve HCV reporting, including the reporting of all negative HCV laboratory test results.
- 4.3 Reviewed and analyzed existing HCV registry and developed a Hepatitis surveillance workforce to quality control HCV data.

Year 1 (Accomplished: July 1, 2019 to June 30, 2020)

- 4.4 Instituted comprehensive data sharing between Medicaid, DOC and the Office of Public Health.
- 4.5 Developed data-to-care systems and patient lists (i.e., Linkage to Cure Program) to identify HCV+ Medicaid and incarcerated individuals eligible for treatment and Medicaid providers in need of training/practice transformation services.
- 4.6 Identified funding to hire additional HCV Linkage to Cure Coordinators to aid in linking positive Medicaid-enrollees and incarcerated persons preparing for release to HCV care and treatment.

Year 2 (Accomplished: July 1, 2020 to June 30, 2021)

- 4.7 Developed HCV care cascades and created internal dashboard. (SHHP Hepatitis Surveillance Supervisor)

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- 4.8 Produced annual report on 2019 HCV surveillance data. (SHHP Hepatitis Surveillance Supervisor)
- 4.9 Identified and corrected reporting gaps where major laboratories were not reporting negative screening and/or confirmatory HCV tests. (SHHP Hepatitis Surveillance Supervisor)
- 4.10 Maintained quarterly data-to-treatment lists and provided continuous monitoring and evaluation. (SHHP Hepatitis Surveillance Supervisor and SHHP Data Analyst Supervisor)

Year 3 (Next 12 Months: July 1, 2021 to June 30, 2022)

- 4.11 Work with stakeholders to revamp public-facing dashboard to add in meaningful data points related to treatment completion and HCV cure cascades. (SHHP Hepatitis Surveillance Supervisor)
- 4.12 Update and publish new Hepatitis Annual Report that incorporates results from the first year of elimination activities. (SHHP Hepatitis Surveillance Supervisor)
- 4.13 Continue to monitor for and correct reporting gaps to ensure screening and documentation of cure can be reliably analyzed. (SHHP Hepatitis Surveillance Supervisor)
- 4.14 Continue improving timeliness of data-to-care lists and provide continuous monitoring and evaluation. (SHHP Hepatitis Surveillance Supervisor, SHHP Data Analyst Supervisor, and DOC Data Manager)
- 4.15 Develop and maintain suite of Tableau dashboards to monitor burden of disease for acute and chronic hepatitis C. (SHHP Hepatitis Surveillance Supervisor)

Years 4 – 5 (Phase 3: July 1, 2022 to June 30, 2024)

- 4.16 Develop care continua that compare multiple years' worth of data to show improvement along the continua.
- 4.17 Incorporate treatment data for all HCV patients throughout Louisiana from the Prescription Monitoring Program (PMP).

STRATEGY 5: Expand Provider Capacity to Treat Hepatitis C

Year 1 (Accomplished: July 1, 2019 to June 30, 2020)

- 5.1 Created a Provider Network team at OPH to support HCV provider outreach and training overseen by the Provider Network Supervisor.
- 5.2 Developed, delivered and incentivized HCV treatment provider trainings each month, including in-person, teleconference and e-education modules, in each of Louisiana's 9 Public Health Regions.
- 5.3 Developed branded provider campaign and quality improvement initiative with guidance, protocols, resources, and best practices related to the HCV care continuum. Content reflected in HCV Provider Packets and on the louisianahealthhub.org landing page for providers. Updated periodically to reflect current treatment recommendations.

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- 5.4 Created a Streamlined Test and Treat Algorithm to reduce the barriers to provider uptake and engagement with HCV care.
- 5.5 Identified and engaged 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. Ongoing Champions training occur 3-4 times a year.
- 5.6 Established a referral network/provider directory for linking persons diagnosed with HCV to care and treatment in both Medicaid and Corrections. Directory is updated monthly.
- 5.7 Provided ongoing resources, training, and education to providers and increased the number of facilities offering HCV treatment on-site.
- 5.8 Provided ongoing branded resources to providers via provider packets, and regularly updated provider landing page on louisianahealthhub.org.
- 5.9 Implemented and maintained provider training network inclusive of local AIDS Education & Training Centers. Ongoing partnership for joint presentations and event sharing.

Year 2 (Accomplished: July 1, 2020 to June 30, 2021)

- 5.10 Provided ongoing engagement with HCV Champions to support the identification of an additional Champion in each region of the state. Maintained networks of HCV providers with ongoing communications via the clinician warm-line, which was established in year 2. (SHHP Provider Network Supervisor and SHHP Provider Network Coordinator)
- 5.11 Collaborated with core partners, LPCA, Louisiana Nurse Practitioner Foundation (LNPF), and OBH to disseminate HCV updates statewide and engage new HCV providers. (SHHP Provider Network Supervisor and SHHP Provider Network Coordinator)
- 5.12 Increased outreach and training opportunities through virtual platforms such as Zoom to engage providers remotely. Targeted new providers for this training in high-incident areas, especially with providers who work with those at highest risk, such as providers who work with patients who have an opioid use disorder (OUD). (Clinical Network Specialist; SHHP Provider Network Supervisor; and, SHHP Provider Network Coordinator)
- 5.13 Created a provider training best practices toolkit for other states or health systems to adopt to train their providers on HCV treatment. The toolkit will include the HCV Screen & Treat Algorithm and guidance to establish HCV universal opt-out screening in Emergency Departments. (Clinical Network Specialist; SHHP Provider Network Supervisor; and, SHHP Provider Network Coordinator)
- 5.14 Redesigned HCV Provider Packet created in Year 1 to professionally match/incorporate marketing materials. (SHHP Provider Network Supervisor and SHHP Provider Network Coordinator)
- 5.15 Established a monthly virtual training series on co-treating HCV and OUD together. (SHHP Provider Network Supervisor and SHHP Provider Network Coordinator)

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- 5.16 Update HCV Provider Packet to include more resources that could be useful to providers including new “Letter to Physicians, clinical consideration information, and links to more HCV educational classes”. (SHHP Provider Network Supervisor and SHHP Provider Network Coordinator)
- 5.17 Leverage Negative HCV testing data to identify areas of the state where screening can be augmented. Follow-up and provide outreach to specific facilities. (SHHP Provider Network Supervisor, SHHP Provider Network Coordinator, and SHHP Hepatitis Surveillance Supervisor)
- 5.18 Utilize DAA prescriber data, LTC report, and surveillance information to identify “pain points” and target outreach efforts to recruit new providers able to deliver HCV care. (SHHP Provider Network Supervisor, SHHP Provider Network Coordinator, SHHP Linkage and Adherence Supervisor, and SHHP Hepatitis Surveillance Supervisor)
- 5.19 Increase number of parishes with at least 1 Medicaid provider to at least 90% coverage. (SHHP Provider Network Supervisor and SHHP Provider Network Coordinator)
- 5.20 Create a unified educational training website where providers can register for upcoming training events throughout year. (SHHP Provider Network Supervisor and SHHP Provider Network Coordinator)
- 5.21 Write and submit midway progress research article for publication on project status and achievements. (SHHP Provider Network Supervisor and SHHP Provider Network Coordinator)
- 5.22 At Year 2 LDH-Asegua Review Meeting, explore collaborative pathways to synergistically enhance provider education utilizing HCV provider cards that link to SHHP HCV educational training website while remaining in compliance. (SHHP Hepatitis Program Coordinator and SHHP Leadership)
- 5.23 Generate a "provider pain points" 1-pager using SHHP-accessible data sets (i.e., lab, Medicaid enrollment, and pharmacy claims) to identify persistent challenges in HCV care and recommendations. End goal will be identification of areas that require lifts by external stakeholders to motivate increased provider education as well as the adoption of recent innovations (i.e. screen-and-treat algorithm) in patient care. (SHHP Provider Network Supervisor, SHHP Provider Network Coordinator, SHHP Hepatitis Surveillance Supervisor, SHHP Linkage and Adherence Supervisor, SHHP Deputy Director of Programs, and SHHP Hepatitis Program Coordinator)
- 5.24 Annually re-assess provider training curriculum to incorporate feedback from training sessions, annual HCV surveillance data on the populations receiving treatment, updates to clinical methodology, etc. (SHHP Provider Network Supervisor and SHHP Provider Network Coordinator)

Years 4– 5 (Phase 3: July 1, 2022 to June 30, 2024)

- 5.25 Reassess in year 4 if there is a need for an additional Project ECHO mini-series on patient-centered HCV care for persons who inject drugs.

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- 5.26 Annually re-assess provider training curriculum to incorporate feedback from training sessions, annual HCV surveillance data on the populations receiving treatment, updates to clinical methodology, etc.
- 5.27 By 2024, there will be at least one Medicaid DAA prescriber in each public health region of the state in addition to ensuring at least 100% HCV coverage across parishes.
- 5.28 Build clinical capacity of DOC providers to screen and treat HCV.

STRATEGY 6: Implement Harm Reduction and Complementary Treatment Strategies

Year 1 (Accomplished: July 1, 2019 to June 30, 2020)

- 6.1 Conducted a needs assessment of people who inject drugs inclusive of a landscape analysis and facilitated focus groups to formulate concrete recommendations on how to best reach, engage, and deliver services to this group.
- 6.2 Coordinated with OBH providers for training on patient engagement, adherence, and capacity building to link HCV patients to care.
- 6.3 Encouraged and funded a safe syringe disposal center in East Baton Rouge to cultivate and maintain public support of SSPs.
- 6.4 Developed a comprehensive, coordinated harm reduction cross walk across state departments/offices to better align messaging, core service requirements and protocols, naloxone, navigation support, testing, etc.
- 6.5 Explored partnerships with Crescent Care, Capital Area Re-entry Program, and the Philadelphia Center to expand syringe services to 2,000 persons who inject drugs.
- 6.6 Supported efforts across Louisiana to expand access to SSPs, resulting in the City of Alexandria passing a SSP ordinance.
- 6.7 Explored redirection of state resources to ensure naloxone is made available to persons actively injecting drugs within SSPs.
- 6.8 Conducted a needs assessment to identify opioid use disorder gaps for people living with HIV and HIV/HCV coinfection in two high burden jurisdictions, New Orleans and Baton Rouge.
- 6.9 Supported medical discharge planning from corrections.
- 6.10 Created and filled a fulltime position within SHHP to coordinate the HCV harm reduction strategy across OPH, OBH, and BCP.
- 6.11 Redirected SHHP's federal funds to contract with SSPs to include provision of wrap around preventative services.

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- 6.12 Continued engaging Public Health Regions in the state without SSP authorization. (SHHP SSP Coordinator)
- 6.13 Continued collaboration with OBH,, the Bureau of Health Informatics, and the Louisiana Opioid Data and Surveillance System and identified regional imbalances of naloxone access and explore needs-based redirection of supplies. (SHHP SSP Coordinator)
- 6.14 Continued partnership with JSI/NASTAD and OBH to increase system-level coordination in areas of the state without access to a SSP to improve integrated care for people living with HIV, HIV/HCV and opioid use disorder. (SHHP SSP Coordinator)
- 6.15 Executed contracts with SSPs to integrate comprehensive wrap-around preventative services and nation-wide best practices in all regions of the state where SSPs are authorized to operate. (SHHP leadership and SHHP SSP Coordinator)
- 6.16 Continued to look for additional harm reduction grant funding for SSPs. (SHHP Grants Coordinator and SHHP SSP Coordinator)
- 6.17 Started supporting contracted SSP partners to develop local SSP community action boards. (SHHP SSP Coordinator)

Year 3 (Next 12 Months: July 1, 2021 to June 30, 2022)

- 6.18 After Covid-19 and in-person trainings can resume, offer OBH leadership training on Destigmatizing Drug Use, Undoing Racism, and Undoing Transphobia and Homophobia. (SHHP Capacity Building Supervisor)
- 6.19 Elevate SSP authorization to OPH Leadership during LDH solicitation process for consideration as a legislative priority. (SHHP Leadership and SHHP SSP Coordinator)
- 6.20 Continue engaging Public Health Regions in the state without SSP authorization through a core workgroup generated from the LDH Substance Use Disorder & Infectious Diseases Steering Committee. (SHHP SSP Coordinator, OPH Assistant Secretary, OBH Assistant Secretary, SHHP Leadership, Regional Medical Directors, and others)
- 6.21 Engage SHHP Community Health Workers to strengthen cross-sector partnerships between public health, public safety, and behavioral health so that post-overdose outreach and prevention includes information on community risk for HCV. (SHHP SSP Coordinator, SHHP Community Health Worker Supervisor, and City of New Orleans Community Engagement Supervisor)
- 6.22 Build on partnership with John Snow International (JSI)/NASTAD and OBH under the Health Resources and Services Administration (HRSA) Special Project of National Significance (SPNS) Strengthening Systems of Care (SSC) Grant to enact a cross-agency data sharing agreement to continuously tailor and expand services for people living with HIV, HIV/HCV and opioid use disorder. (SHHP SSP Coordinator and SSC Grant Workgroup)

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- 6.23 Create and implement SSP monitoring and evaluation plan including linkage. (SHHP SSHP Coordinator, SHHP Evaluation Coordinator, and SHHP Prevention Data Manager)
- 6.24 Continue to look for additional harm reduction grant funding for SSPs. (SHHP Grants Coordinator and SHHP SSP Coordinator)

Years 4 – 5 (Phase 3: July 1, 2022 to June 30, 2024)

- 6.25 Ongoing, SHHP will advance community engagement with community based organizations, Human Services Districts and Authorities, substance use treatment facilities, and other key stakeholders.
- 6.26 Expand syringe services to all 9 Public Health Regions throughout Louisiana through a core workgroup generated from the LDH Substance Use Disorder and Infectious Diseases Steering Committee.
- 6.27 Fully authorize SSPs statewide through blanket legislative authorization through a core workgroup generated from the LDH Substance Use Disorder and Infectious Diseases Steering Committee.
- 6.28 Build capacity to implement opt-out screen and treat for HCV in all 10 Opioid Treatment Programs (OTPs), all 10 Human Service Authorities/Local Governing Entities (LGEs) addiction services units, and all Office Based Opioid Treatment Providers (OBOTs) Providers under contract with Louisiana State Opioid Response (LaSOR) Grant funding through a core workgroup generated from the LDH Substance Use Disorder and Infectious Diseases Steering Committee. Work with Medicaid to address OTP bundle rate reimbursement rate challenge.

STRATEGY 7: Expand Elimination Efforts to All Populations Within the State

Year 1 (Accomplished: July 1, 2019 to June 30, 2020)

- 7.1 Prioritized payers that already participate as MCOs for initial engagement.

Year 2 (Accomplished: July 1, 2020 to June 30, 2021)

- 7.2 Reengaged the Louisiana Hepatitis C Coalition to maximize statewide engagement with the Hepatitis C State Plan’s ability to provide low-barrier and no-barrier HCV access. (Viral Hepatitis Coordinator)

Years 3 (Next 12 Months: July 1, 2021 to June 30, 2022)

- 7.3 Secure new funding to hire HCV surveillance analyst(s) to improve data operations of elimination efforts before scaling to an all-population approach (SHHP Leadership, SHHP Evaluation Manager, SHHP Surveillance Manager).

Years 4– 5 (Phase 3: July 1, 2022 to June 30, 2024)

- 7.4 Develop economic models to quantify value proposition from private payer perspectives.
- 7.5 Partner with payers for data and research opportunities.
- 7.6 Engage with manufacturer-partner around expanding patient assistance programs targeting

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uninsured patients.

- 7.7 Target key employers and business groups representing insurance purchasers.
- 7.8 Work with payers to provide data indicating lower total cost of care associated with HCV screening and treatment.
- 7.9 Create/enhance multi-payer models to support HCV prevention/treatment within primary care.