

Integrated HIV Prevention and Care Plan 3D Support RW Regional Grantees

Activity 55: Develop and distribute a toolkit to HIV providers (HIV providers contracted with DOH) focused on integrating hepatitis testing and treatment into their settings.

Need/gap/barrier and priority population	Responsible Party & Partnership	Data Baseline	Target Goals/Outcomes
Hepatitis B and C testing should be offered to all individuals living with HIV at the start of HIV treatment. If hepatitis B and C risk factors continue, people living with HIV should be tested for hepatitis B and C annually.	Division of HIV Health; Bureau of Epidemiology, Viral Hepatitis Program	How many HIV Providers have received guide focused on integrating hepatitis testing and treatment in their settings?	Completion and dissemination of toolkit

Please describe the initiative as a whole: All people living with HIV should be tested for hepatitis B and C. Guidance around integration of viral hepatitis testing and care is needed for HIV providers to ensure clients are offered these viral hepatitis services. In 2021, the PA Department of Health surveyed HIV providers to determine viral hepatitis service delivery. Most providers offered testing for hepatitis B and C but linkage to care was lacking. Providers may bill insurance to ensure viral hepatitis testing is offered but barriers may be experienced. PA Department of Health staff will develop a toolkit that will include information to increase integration of viral hepatitis service delivery. This toolkit will include educational information for clinicians and clients, testing algorithms, treatment resources, billing information and referral sites.

Describe the data indicators (if applicable) listed for your strategy and activity in the IHPCP. What are your baseline data and your current data indicators? # providers who received the guidance; # providers offering hepatitis testing through CDD pre/post toolkit distribution; # providers offering hepatitis treatment pre/post toolkit distribution

What groups(s) are your target population(s) and how was that decided?

Does your target population(s) align with the disparity metrics outlined in the IHPCP under the corresponding strategy? All regions will be engaged equitably.

Target Population: All people living with HIV; all people who continue to experience risk factors – annual testing

Decision on Target Populations:

Alignment with Disparity Metrics in IHPCP: All regions will be engaged equitably.

How are you measuring your success in accomplishing or maintaining this activity? #

providers who received the guidance; # providers offering hepatitis testing through CDD pre/post toolkit distribution; # providers offering hepatitis treatment pre/post toolkit distribution

What barriers or challenges have you experienced/are experiencing?

- 2021 survey of PPAs
 - Insurance issues
 - Many hours are spent on Medicaid enrollment
 - PA Medicaid only reimburses \$42 for this type of visit
 - Private insurance only reimburses \$52 for this type of visit
 - Behavioral and physical health division issues
 - Lack of referral sites for care
 - Client buy-in
 - Unaware of need
 - Not interested in testing at this time
 - Unwillingness to disclose risk factors

What solutions to these barriers and challenges have you come up with?

- Expansion of PPA coverage of hep C testing
 - o Maybe more universal hep C testing in the future on PPA?
- We are working to update this map and expand provider sites through outreach - <https://padoh.maps.arcgis.com/apps/webappviewer/index.html?id=1a54f3b64a024824b5afc3733d789171>
- Medicaid work
 - o The Dept of Health Bureau of Epi Viral Hepatitis Program meets bimonthly with the Dept of Human Services and MCOs to discuss viral hepatitis service integration. We will prioritize service delivery for those clients coinfecting with HIV and viral hepatitis to ensure integration of services and linkage to care.
- A viral hepatitis service integration guide was drafted for CMHDs and this work will provide a framework for the toolkit.

If you had to give a percentage of how close you are to completing this goal(s), what would it be and why? 20% given the work already started through the CMHD guide. This work was also done in part through the State Opioid Response grant. Both projects provide important foundations for the toolkit.

What are your next steps? What is the sustainability of this effort (if applicable)?

The next step is to draft the toolkit. Again, we have many examples to build upon to ensure the toolkit is impactful. This work is made possible by Division of HIV Health staff in close partnership with Bureau of Epi Viral Hepatitis Program staff. If funding for these programs remains stable, this effort remains stable as well.

Is there anything additional you'd like the HPG Evaluation Subcommittee to know?

This work is complemented by the Pennsylvania Viral Hepatitis Elimination Plan which documents activities required for elimination to be possible in the Commonwealth. Work is ongoing across the Commonwealth to improve access to viral hepatitis services, however, this work is underfunded. The collaboration with PA Managed Care Organizations is critical for sustainable implementation and again we hope to prioritize service delivery for people living with both HIV and viral hepatitis moving forward.

Are there any other individuals associated with the program you'd like to recognize?

Savannah Runco and Michelle Rossi have been invaluable partners through the Division of HIV Health. Sam Eldridge is the PA Viral Hepatitis Prevention Coordinator and is currently on maternity leave. When she returns in late August, she will lead this work and collaborate with Medicaid partners and the Division of HIV Health.