

**CDC-RFA-PS17-1702**

**Improving Hepatitis B and C Care Cascades; Focus on Increased Testing and Diagnosis**

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# PS1702 - Improving Hepatitis B and C Care Cascades; Focus on Increased Testing and Diagnosis

## □ **Agenda**

- Staff Introduction
- Background
- FOA highlights
- Open Questions and Discussion

# PS1702 - Improving Hepatitis B and C Care Cascades; Focus on Increased Testing and Diagnosis

## □ Staff Introduction

- Dr. Claudia Vellozzi, Chief Prevention Branch (PB)
- Dr. Susan Hariri, Scientific Deputy (PB)
- Wendy Watkins, Deputy Branch Chief (PB)
- Dr. Mona Doshani, Medical Epidemiologist (PB)
- ORPB staff/SME
- Erica Stewart, Grant Management Specialist, OGS
- ENRU Staff

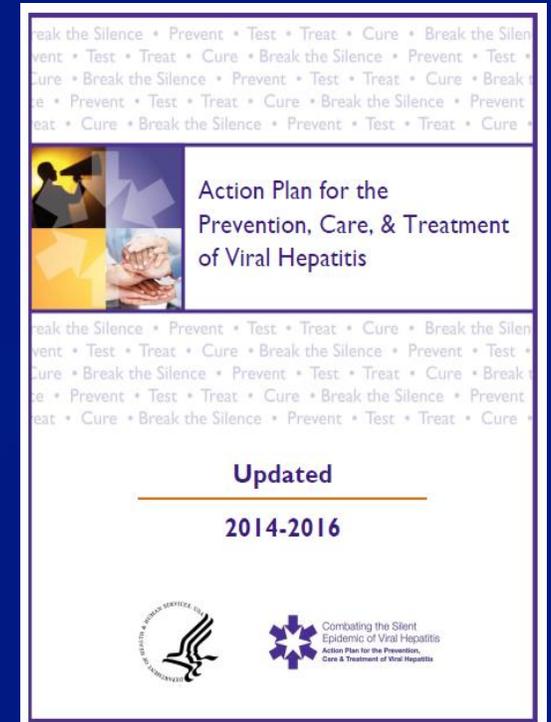
# PS1702 - Improving Hepatitis B and C Care Cascades; Focus on Increased Testing and Diagnosis

## □ **Background**

- Only ~half of the estimated 4-5 million Americans living with HBV or HCV are aware of their infection
- HCV/HBV testing, when linked to care and treatment, is cost effective and improves health outcomes
- CDC and USPSTF recommend testing for those at risk and certain populations (foreign born, Baby Boomer Birth Cohort, PWID)
- Baby Boomer Birth Cohort HCV testing can avert >320,000 HCV-related deaths
- HHS Viral Hepatitis Action Plan (VHAP) highlights critical role of state/local HDs in the control of viral hepatitis
- Affordable Care Act provides many opportunities to support implementation of the VHAP

# U.S. Viral Hepatitis Action Plan Priorities

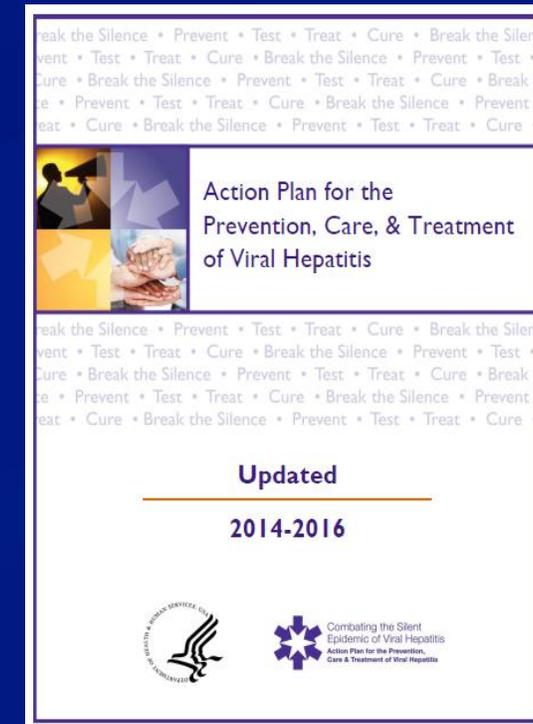
- **Educate Providers and Communities to Reduce Health Disparities**
- **Improve testing, care, and treatment to prevent liver disease and cancer**
- Strengthen Surveillance to Detect Viral Hepatitis Transmission and Disease
- **Eliminate Transmission of Vaccine-Preventable Viral Hepatitis**
- Reduce Viral Hepatitis Cases Caused by Drug-Use Behaviors
- Protect Patients and Workers from Health-Care-Associated Viral Hepatitis



# HHS Viral Hepatitis Action Plan

## Public Health Goals

- Increase the proportion of persons who are aware of their hepatitis B virus infection, from 33% to 66%
- Increase the proportion of persons who are aware of their hepatitis C virus infection, from 45% to 66%



## DVH Strategic Plan 2016–2020: Strategic Imperatives and Objectives

Strategic Imperatives (SI)	I. Assure vulnerable populations are vaccinated to prevent viral hepatitis	II. Assure early detection and response to stop transmission of hepatitis B virus (HBV) and hepatitis C virus (HCV)	III. Assure persons living with HBV and HCV are identified and linked to recommended care and treatment services	IV. Act globally to prevent, detect, and control viral hepatitis
Objectives	<ul style="list-style-type: none"> <li>• Optimize hepatitis A and hepatitis B vaccination strategies among vulnerable populations.</li> <li>• Promote development and implementation of new or improved viral hepatitis vaccines.</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce HBV and HCV transmission associated with drug use.</li> <li>• Protect healthcare workers and patients from HBV and HCV infections.</li> <li>• Improve detection and reporting of new HBV and HCV infections including the use of novel virologic technologies and studies to investigate transmission.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase testing by raising healthcare-provider and public awareness of viral hepatitis and the importance of testing.</li> <li>• Increase access to testing, care, and treatment for persons at risk for, or living with, viral hepatitis.</li> <li>• Implement strategies for preventing perinatal transmission of HBV and HCV.</li> </ul>	<ul style="list-style-type: none"> <li>• Provide support and assistance to the World Health Organization in the achievement of goals to eliminate HBV and HCV as global public health threats.</li> <li>• Assist priority countries to develop, implement, monitor, and evaluate viral hepatitis-related guidelines, policies, plans, and programs.</li> <li>• Develop, implement, and evaluate innovative viral hepatitis detection, prevention, care, and treatment strategies.</li> </ul>

# **CDC-RFA-PS17-1702 Highlights...**

## PS1702 General Information

Limited Eligibility:	State (DC), city and/or township government or their bona fide agents
Total Project Period Funding	Approx. \$23M
Total Project Period Length	4 years
Total Fiscal Year Funding	Approx. \$5.7M
Approx. Number of Awards	54 awards
Maximum Award Amount	\$150,000 (\$92K average)
Application Due Date	Tuesday, August 2, 2016, 11:59PM US EST at <a href="http://www.grants.gov">www.grants.gov</a>
Anticipated Award Date	10/28/2016

# PS1702 - Improving Hepatitis B and C Care Cascades; Focus on Increased Testing and Diagnosis

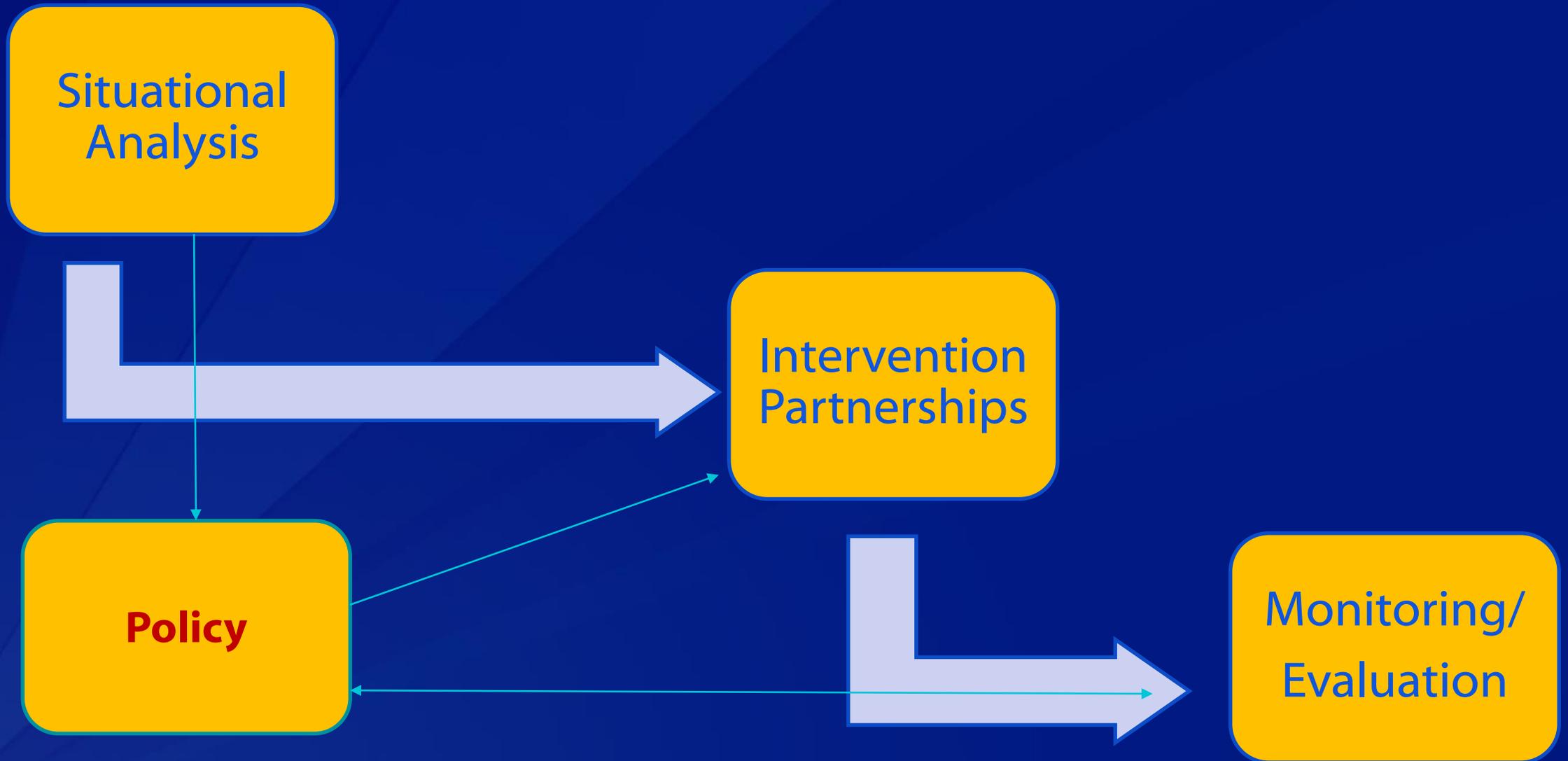
## □ Purpose

- Support goals of HHS action plan for the prevention, care, and treatment of viral hepatitis
  - Increase in the proportion of persons who are aware of their HBV and/or HCV infection

## □ Objectives

- Identify and characterize geographic areas with high HBV/HCV prevalence in underserved populations
- Partner with organizations serving populations (e.g., community health centers) to implement and evaluate intervention(s) to improve viral hepatitis testing and detection
  - Facilitate linkage to care and treatment
- Monitor and evaluate policy impacts on improving HBV and HCV care cascades

# PS1702- Strategies and Activities



# PS1702- Strategies and Activities

- **Situational Analyses** (SAs) to describe:
  - Jurisdiction-wide disease burden, epidemiologic trends, and laws/policies
  - Settings where testing should be conducted/increased
- **Intervention Partnerships**
  - Partnership Development
  - Implementation of Intervention
  - Provider Education
- **Policy**
  - Educate the public, partners, and stakeholders on relevant policies including state-mandated HBV and HCV reporting, and public/private insurance reimbursement for recommended testing and treatment;
  - Work with state agencies to improve HBV and HCV testing and treatment in all settings and integrate HBV and/or HCV testing in CDC supported HD programs;
- **Monitoring** and **evaluation** of interventions and policy impacts

# PS1702 -Situational Analysis – high level

## HBV and HCV burden by geographic regions

- Summary of Surveillance Data
- Trends for HBV and HCV associated deaths in the state/jurisdiction
- Demographic data
  - (racial/ethnic, age and foreign-born populations at increased risk for HCV and HBV infection)

## State laws and policies impacting testing, care and treatment

- Mandated reporting
- Mandated testing
- State Medicaid and other payer reimbursement
- Laboratory reporting
  - Reflex testing
- Laws/policies related to testing and treatment in corrections settings or syringe exchange programs

## High prevalence area (s)

- **Enumerate and describe settings where HBV and/or HCV testing should be conducted**
  - **FQHC/CHC**
  - **Safety-net hospitals and affiliated primary care clinics**
  - **Correctional facilities**
  - **Substance abuse treatment centers**

# PS1702 – SA Setting Level

## Patient population characteristics

### Existing testing strategies or practices

- strategies in use

## Capacity to deliver clinical services

- Staff Capacity
- Lab testing protocols
- HBV and HCV testing practices

## Data collection and management systems

- HBV and/or HCV-related performance measures
- Data systematically collected and reported

## Feasibility

- Clinical Decision tools implementation
- Data/reports sharing with the jurisdiction

## Compliance with State Viral Hepatitis Reporting Requirements

# PS1702- Situational Analysis

- Year 1 - SA reports conducted in **one high prevalence\*** area
  - **FQHCs/CHCs** Assessment (within 6 mos.)
  - followed by **Primary Care Clinics** affiliated to public or other safety-net hospitals
  - **other settings** (e.g., correctional facilities, substance abuse treatment centers)
- Years 2-4 - Subsequent SAs
  - **settings in other high prevalence areas** in the jurisdiction

By the end  
of YR1

\*Estimated using surveillance data if available or apply national prevalence estimates to population in jurisdiction

# PS1702-Intervention Partnerships

## □ Partnership Development – Year One

- Three (3) potential partner sites or at least one organization within a setting that have the ability to:
  - ✓ Provide services for populations with health disparities
  - ✓ Prioritize sites/organization where testing could be improved
  - ✓ Provide HBV and HCV-related care or coordinate linkage to care for newly diagnosed patients
  - ✓ Develop partnership with settings where data sharing with the jurisdiction is feasible
  - ✓ Priority should be given to sites with centralized EMRs
  
- Educate staff at selected sites about potential interventions to increase testing

## PS1702 -Intervention Partnerships (contd.)

- Implementation of intervention guided by results of the situational analysis
  - Identify and implement at least one intervention(s) with demonstrated success for increasing HBV and HCV testing.
  - Partners and stakeholders involvement in the selection and adoption of the intervention and protocols
  - Sites with centralized EMRs should be prioritized
  - Partner(s) must have the ability to provide data to estimate the proportion of persons recommended for HBV or HCV testing

# PS1702 -Intervention Partnerships (contd.)

## □ Interventions and best practices

- Reflex testing for HCV
- Patient and provider education
- Use of Clinical Decision Tools (e.g., electronic reminder)
- Policy for routine testing
- Policy for use as performance measure (e.g. >30% of patient in birth cohort tested each year)



Samples of  
Interventions  
provided in FOA

- Other interventions may be considered
- Promote the implementation of an innovative intervention with clear justification and rationale

## PS1702 - Intervention Partnerships (contd.)

### □ Monitoring and Evaluation –

- Awardees should monitor both process and outcome measures related to the implementation of the selected intervention
- Have a written plan for data collection and management methods and quantifiable indicators
  - Measures to be included:
    - #/% of providers trained on intervention
    - # of patients eligible for screening(i.e., # of birth cohort patients that attended the site(s))
    - #/% of eligible patients who are screened
    - #/% of screened patients who are diagnosed with chronic HBV and HCV

## PS1702 - Intervention Partnerships (contd.)

### □ Years 2 -4

- Select up to two additional settings in other high prevalence areas to develop partnerships
- Develop partnerships
- Implement Intervention to increase testing and diagnosis
- Monitor and evaluation intervention

# PS1702 - Policy

- ❑ Identify and educate others regarding **policies** aimed at identifying persons living with HBV and/or HCV and linking these people to care and treatment.
  - Monitor and **evaluate impact of relevant laws and policies**
    - Mandated HBV and HCV reporting
    - Testing and treatment reimbursement policies
  - **Educate** stakeholders **on impacts of policies**
  - Work with **state agencies to** implement policies that increase testing and treatment in the jurisdiction
    - Guidance and Recommendations

## PS1702 - Outcomes

### ❑ Short-term outcomes (Years 1- 4)

- Completion of situational analysis to guide activities
- Number of HBV and/or HCV testing
- Number of sites, organizations, or settings
- Number of newly diagnosed patients in medical care
- Types of intervention and policies implemented

### ❑ Long-term outcomes

- Effective policies implemented to maximize HBV and/or HCV testing in the jurisdiction
- Increased the percentage of persons living with current HBV and/or HCV infection who are aware of their infection
- Reduction in HBV and/or HCV-associated morbidity, mortality and transmission risks

# PS1702 - Evaluation and Performance

## □ CDC Technical assistance

- Guidance and subject matter expertise for planning and executing activities in the FOA
- Provision of jurisdiction-specific data from national commercial laboratories
- Guidance on conducting analyses using diverse data sources
- Assistance in estimating HBV and/or HCV prevalence in jurisdictions
- Sharing of best practices from other CDC projects
- Consultation and technical assistance for outbreaks, if necessary

Annual Feedback Reports will be used to summarize reported indicators

## PS1702 - Evaluation and Performance (Contd.)

### □ Applicants

- Must provide a high level evaluation plan
  - Performance measures, evaluation questions, program quality improvement
  - Key program partners
  - Data sources
  - Other relevant data and information
- A more detailed Evaluation and Performance Measurement plan within the first 6 months of award.

# PS1702 -Organizational Capacity

- Staffing capacity
  - Conduct the Situational Analysis
  - Develop Intervention partnerships
  - Promote policies to increase testing
  - Can hire staff to coordinate activities

# PS1702 – Application Requirements

- Project Narrative

- Work plan -

- Describe how activities will be implemented to meet the outcomes of the FOA
    - Clearly linked to the strategies and activities, outcomes, and evaluation and performance measures as presented in the logic model and the narrative of the FOA.
  - Evaluation and Performance Measurement plan – high level to address

- Budget Narrative

- Detail budget narrative and justification

Look at selection criteria to ensure that you address requirements of the FOA

# PS1702 - Review and Selection Process

## ☐ Objective Review Process

- All applications will be evaluated and scored by a panel in accordance with the established criteria
  - Project Approach
  - Evaluation and Performance Measurement
  - Organizational Capacity to implement the approach
- Selection is based on overall scores

# PS1702 –Review and Selection Process

## ❑ **Preference factors** (that may influence funding decision)

1. State health departments and Washington, DC
2. State with law/rules mandating reporting of chronic HBV and HCV
3. State with laws/rule/mandate for HBV and/or HCV testing in support of CDC/USPSTF recommendations
4. Jurisdictions with the greatest number of persons born during 1945-1965
5. Geographic diversity
6. Racial/ethnic diversity
7. If two or more applications have the same score overall, then the application scoring the highest under the approach section will be selected

# PS1702 - Reporting

- ❑ Situational Analysis
  - Status update - Assessment on (1) High Prevalence Area including FQHCs, safety-net hospitals and affiliated clinics (due within 6 mo.)
  - End of Year 1 – SA report to include other settings in the same high prevalence area
- ❑ Awardee Evaluation and Performance Measurement (EPM) Plan
  - Initial EPM plan (due within 6 mo.)
- ❑ Annual Progress Report - 120 days before the end of project period

A Rapid Feedback Report will be created and shared with awardees

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**Questions and Answers**

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**Thank you**