

Improving Hepatitis B and C Care By Increasing NYC Health Department Screening And Patient Navigation Services Collaboration

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Background

About 241,000 people with chronic hepatitis B (HBV) and 91,000 people with chronic hepatitis C (HCV) are living in New York City (NYC).¹

NYC Health Department Sexual Health Clinics (SHC) offered HBV and HCV screening to patients accessing HIV prevention services since SHC' PrEP/PEP program started.

A 2016-2017 analysis showed that HBV and HCV prevalence was low for both (<1%) at the SHC.

The U.S. Preventive Services Task Force (USPSTF) recommends screening for HBV infection in adolescents and adults at increased risk for infection² and recommends universal, one-time screening for HCV infection in adults aged 18-79 years, and routine screening for those at risk.³

Since March 2021, hepatitis screening was expanded to all patients at SHC, and multi-lingual patient navigation services were offered to patients by the NYC Health Department Viral Hepatitis Program (VHP).

Objective

NYC Health Department SHC and VHP collaborate to improve engagement in HBV and HCV care through increasing hepatitis screening and providing multi-lingual patient navigation services.

Methods

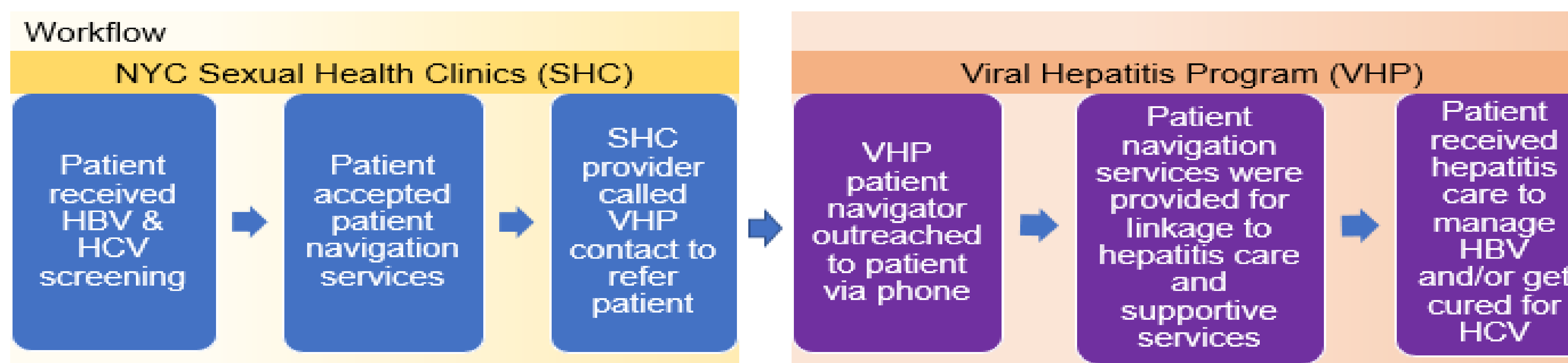
Since March 2021, people who tested positive for HBV and/or HCV and accepted VHP navigation at the SHC were referred to the VHP Telephone Navigation Program for linkage to hepatitis care and supportive services.

Providers at SHC called the VHP Patient Navigator or Program Manager to refer patients. VHP Patient Navigator performed ≥3 outreach attempts via phone and/or text message. Navigators speak Bangla, Chinese (Cantonese and Mandarin), English, French, Spanish, and Wolof. Interpretation services were used for other spoken languages.

All test history and linkage to care outcomes from patients and providers were entered into the hepatitis surveillance system and integrated in each person's record.

Referral Workflow

Patient navigation services include providing health education, engaging and connecting patients to hepatitis care, scheduling appointments, monitoring adherence and referring patients to supportive services, such as health insurance enrollment, harm reduction services and medication-assisted treatment (MAT) as needed.



Results

From March-September 2021, VHP received 36 HBV, 10 HCV, and 1 HBV & HCV dual infection referrals.

Linkage To Care Outcome

HBV: Thirty (83%) patients received navigation services and 14 (47%) were linked to care. Nine (24%) patients were uninsured, and 8 (22%) patients could not speak English. One patient spoke Bangla, 1 spoke Fulani, 2 spoke French, 2 spoke Chinese and 2 spoke Spanish. Two patients spoke both Chinese and English.

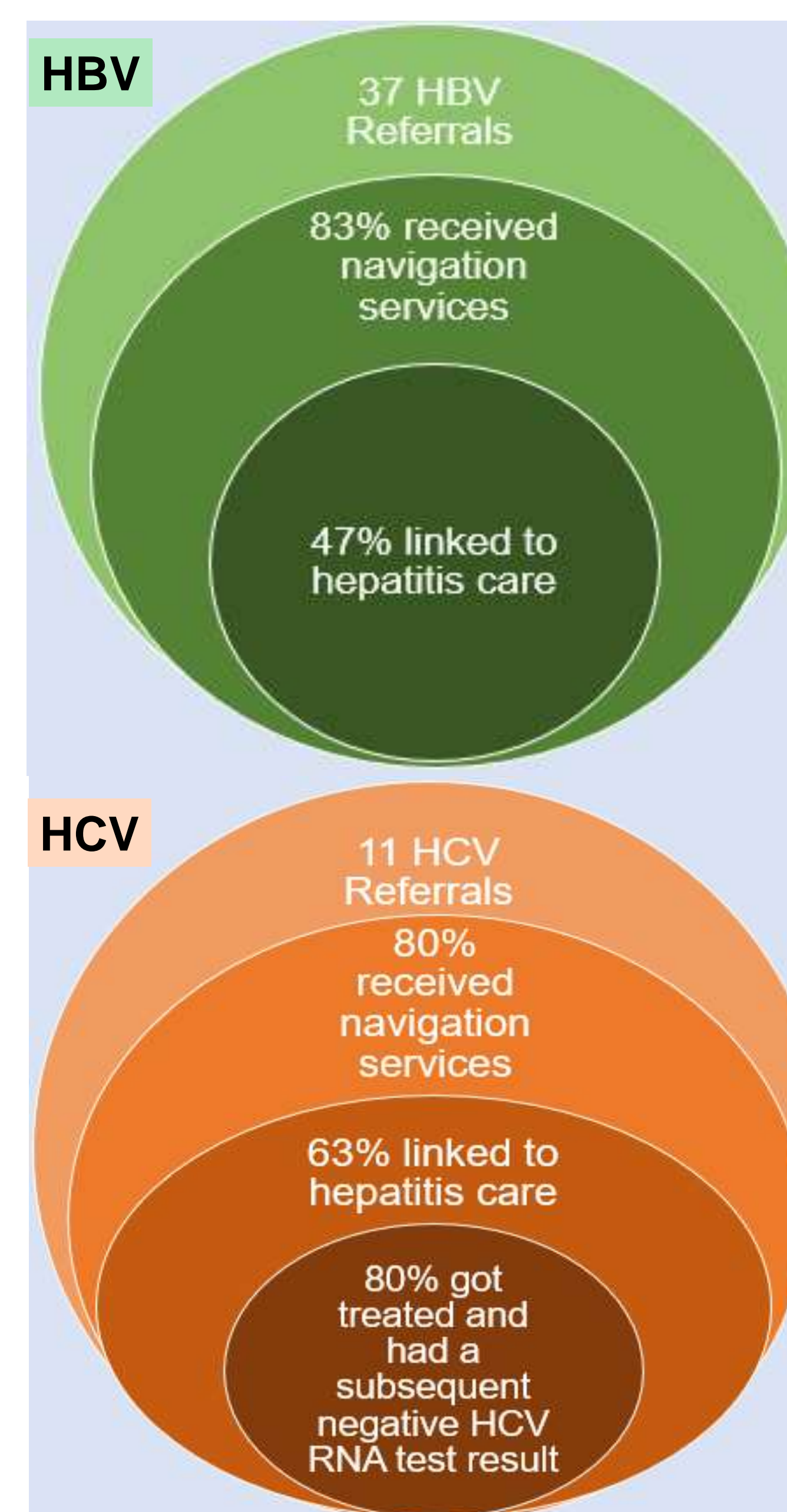
HCV: Eight (80%) patients received navigation services, 5 (63%) were linked to care and 4 (80%) of them had a subsequent negative HCV RNA test result. Two (18%) patients were uninsured, 1 (9%) patient could not speak English and spoke Spanish.

Linkage to Care Outcome

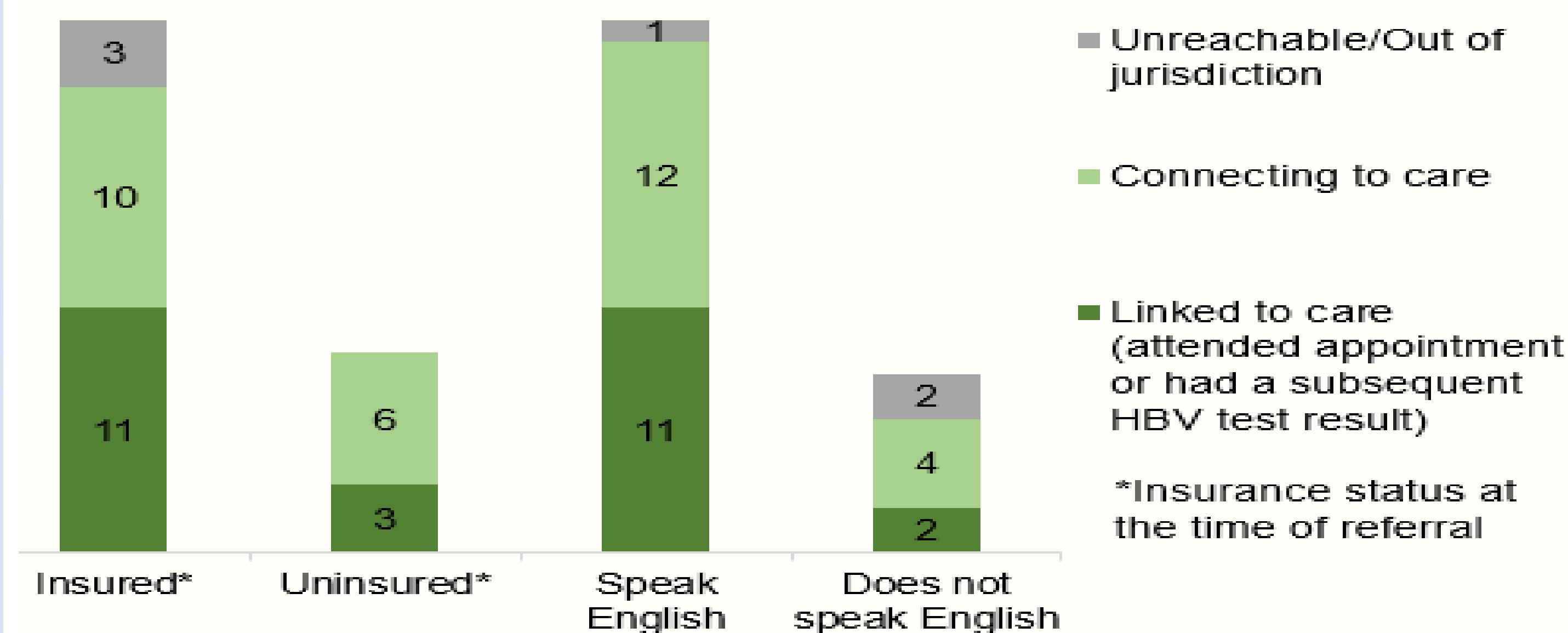
Hep B		Hep C
37	Total	11
30 (83 %)	Received navigation services	8 (80 %)
14 (47 %)	Linked to care*	5 (63 %)
24 (65 %)	Insured#	8 (73 %)
9 (24 %)	Uninsured#	2 (18 %)
24 (65 %)	English-speaking#	8 (73 %)
8 (22 %)	Non-English speaking#	1 (9%)

* Received a subsequent laboratory test result in the NYC Health Department hepatitis surveillance system or received a patient/provider report on attended appointment. Number of received navigation services was used as the denominator for calculating percentage.

Total number of HBV or HCV referrals was used as the denominator for calculating percentage.



HBV – Linkage to care outcome by insurance and by language



HCV – Linkage to care outcome by insurance and by language

