

NAVIGATING TO CURATIVE TREATMENT: TENNESSEE'S VIRAL HEPATITIS CASE NAVIGATOR PROGRAM

TARGET POPULATION	Persons with acute hepatitis C virus (HCV), regardless where tested, and anyone testing HCV RNA positive in a health department clinic
	Tennessee
PROGRAM DESIGN	Data to care; patient navigation/care coordination to HCV treatment, as well as other supportive services
\$ ESTIMATED COST	1FTE/RN per 564,000 population
	State funds

VIRAL HEPATITIS CASE NAVIGATORS



SUMMARY

Hepatitis C virus (HCV) infections are increasing nationwide and are of particular concern in Tennessee. Recognizing that individuals living with HCV often have significant barriers to accessing treatment, the Tennessee Department of Health (DOH) created the Viral Hepatitis Case Navigator (VHCN) program in early 2017. The program is comprised of 12 nurses covering all 13 public health regions, including the six metropolitan areas. The VHCNs provide navigation to HCV care and treatment services, as well as other supportive services, including mental health, substance use disorder treatment, and insurance enrollment.



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BACKGROUND

Between 2013 and 2017, there was a 409% increase in the number of newly reported chronic HCV cases in Tennessee. During this same time frame, individuals under 45 years of age accounted for 50% of newly reported chronic HCV cases and 80% of acute HCV cases. The DOH began conducting centralized chronic HCV surveillance in mid-year 2015 to understand the burden of the epidemic, and to utilize data to inform activity prioritization along each step of the care continuum. In the first two years of chronic HCV surveillance, there were over 20,000 newly reported cases each year. In April 2017, the DOH began offering routine, optout reflex HCV testing in clients seeking services for sexually transmitted infections in health departments and collected self-reported risk factor information. In the same month, the health department initiated the VHCN program, although onboarding varied between regions. By July 2017, 12 nurses were hired to cover all 13 public health regions. The VHCNs are primarily responsible for identifying acute HCV infections (regardless where tested) or chronically infected individuals identified in health department clinics and residing in their regions. They then provide navigation to HCV care and other wrap around services.

CORE ACTIVITIES

The VHCNs are involved in a thorough process of client engagement and care coordination, including:

- Identify: HCV RNA-positive clients tested at the Health Department and/or acute HCV clients identified via routine surveillance, regardless where tested, are identified and assigned to a VHCN based on region of residence
- **Engage**: Contact clients through a variety of avenues to establish rapport and build trust

- **Refer:** Provide clients with list of referrals based on client centered goals, while simultaneously identifying steps to reduce barriers and increase access. Referrals include, but are not limited to: HCV treatment, mental health services, and substance use disorder treatment. The navigators update their directory quarterly to include additional providers identified and their eligibility criteria (e.g., Do they take uninsured? Are they accepting new clients? Is there a cop-pay? Do they provide non-judgmental care?) This is a critical component of a navigation program as the process for the client to receive a needed service should be as seamless as possible
- **Document:** Navigation contact attempts and referrals provided for all identified clients are recorded in Routine Electronic Data Capture (REDCap), a secure web application

The VHCNs attempt to contact all clients via phone and letter and have demonstrated high response rates.

DATA

Formalized data collection of the navigation efforts began in July 2017 within REDCap. All health department clients testing HCV RNA-positive are imported into REDCap on a weekly basis to populate each navigator's queue. Any additional clients navigated (e.g. acute, self-referred) are manually entered by the navigator.

From July 3, 2017-December 31, 2018, 2,782 unique patients were identified and, of those, over 60% were verbally contacted and referred to services. Most clients were referred to HCV treatment (83%), while a portion were referred to substance use disorder treatment (27%) and mental health services (16%). Of note, referrals provided are not mutually exclusive.



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FUNDING & COST

State funds were used to support 12 nurse navigators to cover the 13 public health regions.

STRENGTHS

- Coincided with the launch of statewide health department HCV testing program which created a natural opportunity for providing care coordination to HCV treatment as well as built a continuous system of care within the health department programs
- A large proportion of clients who spoke to a navigator received referrals to appropriate services which included HCV treatment, substance use disorder treatment, and mental health services
- Partnerships are maintained with health departments and communities, allowing VHCNs to pool resources to assess the whole person, not just the HCV infection and improve the lives of the clients they serve
- VHCNs educate, advocate, mediate, and create an environment of trust
- Process of developing a resource guide is an important one to build relationships with providers
- This process helped pave the way for Substance Use Resource Navigators (SURNs) who link HCV-negative individuals to harm reduction services

LIMITATIONS

- Given the burden of HCV in TN, VHCNs function as care coordinators and not medical case managers
- Not all clients identified for follow-up were verbally reached and provided resources
- Challenging to assess who has received treatment as more providers move away from genotype testing with the pan-genotypic treatment regimens

STAKEHOLDERS

Local Health Departments; Regional Health Departments; Community Health Services; TN State Public Health Laboratory; Southeast AIDS Education Training Center; TN Department of Correction; County Jails; TN Department of Mental Health and Substance Abuse; Community Based Organizations; Syringe Service Programs

PROGRAM CONTACT

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