LOS ANGELES COUNTY VIRAL HEPATITIS ACTION PLAN

December 2022

County of Los Angeles Public Health

INTRODUCTION

Viral hepatitis is an important public health problem that is associated with substantial morbidity and mortality. Unfortunately, viral hepatitis prevention and care efforts have been underfunded relative to the magnitude of disease. As result, we do not have accurate estimates on the prevalence of chronic viral hepatitis in Los Angeles (LA) County and have to extrapolate from national estimates to provide local context on the burden of disease.

Hepatitis A virus (HAV) infection is a fecal-oral transmitted infection that people can acquire when consuming food or liquids with microscopic contamination of infectious stool. The annual rate of HAV infections declined nationally by 95% from 1996 to 2011 following the widespread use of hepatitis A vaccines, including the incorporation of those vaccines into the childhood vaccination schedule. After vaccine introduction, HAV infections were most commonly associated with travel to parts of the world where HAV was still endemic. Between 2014-2018, however, the annual rate of new HAV infections increased by 850% nationally because of a large population of adults who did not benefit from the routine childhood immunization program and who were at high risk for HAV infection. The recent rise in HAV infections was concentrated among persons who inject drugs (PWIDs), persons experiencing homelessness (PEH), and men-who-have-sex-with-men (MSM).

Hepatitis B virus (HBV) is transmitted through activities that involve percutaneous (i.e., puncture through the skin) or mucosal contact with infectious blood or body fluids (e.g., semen and saliva). People who are at risk for HBV infection include infants born to people with infection, sex partners of people with HBV infection, MSM, PWIDs, and household contacts or sexual partners of people with chronic HBV infection. There are an estimated 862,000 people living with chronic HBV infection in the United States; up to 70% of people with HBV infection were born outside the United States. In 2018, there were an estimated 21,600 new HBV infections, which represented a 11% increase from 2014. There are over 1.5 million Asian-Americans in LA County. An estimated 1 in 12 Asian-Americans have chronic HBV, which means there are at least 100,000 LA County residents with chronic HBV infection. Left untreated, chronic HBV infection can result in cirrhosis, liver cancer and death.

Hepatitis C virus (HCV) infection is primarily a bloodborne pathogen that is spread when someone has percutaneous exposure to the blood of a person with HCV. Historically, the burden of HCV infection was highest among people who were born

between 1945 and 1965 (i.e., the baby boomer cohort). In fact, prior to the introduction of newer medications to treat HCV, 75% of HCV infections were among people in the baby boomer cohort. Recently, the incidence of new infections has been increasing in younger adults, driven by increases in injection drug use (IDU). The risk factor of IDU also overlaps with other populations at high risk for having HCV, including history of incarceration, and experiencing homelessness. By extrapolating from the most recent estimates for California from HepVu, a surveillance collaborative between Emory University's Rollins School of Public Health and Gilead Sciences, approximately 80,000 LA County residents are living with chronic HCV infection, which can also lead to cirrhosis, liver cancer, and death.

The tools exist to eliminate viral hepatitis as a public health concern. Hepatitis A and B infections can be prevented through vaccination. The advent of direct-acting antiviral agents (DAAs) has made it possible to cure almost everyone with HCV infection. Applying these tools to reverse viral hepatitis trends and achieve elimination will require a coordinated approach among stakeholders involved at all steps in the care cascade.

The *Viral Hepatitis National Strategic Plan for the United States: A Roadmap to Elimination* (2021–2025) (Hepatitis Plan) was developed by the U.S. Department of Health and Human Services (HHS) and provides a framework to eliminate viral hepatitis as a public health threat in the United States. The HHS Hepatitis Plan has five goals:

1. Prevent new viral hepatitis infections
2. Improve viral hepatitis-related health outcomes for people living with viral hepatitis
3. Reduce viral hepatitis-related disparities and health inequities
4. Improve viral hepatitis surveillance and data usage
5. Achieve integrated, coordinated efforts that address the viral hepatitis epidemics among all partners and stakeholders

The LA County Department of Public Health (DPH) engaged with stakeholders to adapt the national hepatitis plan to the local context based on available resources and capacity. This document describes the framework and approach used by DPH to develop a County-specific viral hepatitis action plan. The action plan outlines specific activities to be implemented with support from local stakeholders to help achieve the vision laid out by the HHS Hepatitis Plan of making LA County place where new viral hepatitis infections are prevented, every person knows their status, and every person with viral hepatitis has high-quality health care and treatment and lives free from stigma and discrimination.

LA COUNTY APPROACH

Our approach is rooted in the fact that viral hepatitis in LA County is underfunded relative to the burden of disease. LA County Public Health receives approximately $1 million for all of viral hepatitis from CDC and CDPH; by comparison, the HIV programs receive almost $100 million. The viral hepatitis funding received by Public Health primarily supports staff to conduct surveillance and approximately a third of the funding is directed towards syringe service programs (SSPs) through a partnership with Substance Abuse Prevention and Control Program (SAPC) within Public Health. The funding to SSPs is intended to address viral hepatitis at the intersection of substance use and support improved health outcomes for persons who inject drugs (PWIDs). In addition, Public Health relies on County-funded staff to conduct case investigations for acute viral hepatitis cases and offers vaccines to uninsured/underinsured persons through grants from the federal Section 317 Immunization Program. Unlike other diseases, such as HIV, Public Health does not have a registry of persons with chronic viral hepatitis and is not able to provide case management services to assist with linkage to care, either directly or through contracts with community-based organizations [CBOs].

To maximize effectiveness with limited resources, Public Health adopted the following principles for organizing local viral hepatitis elimination efforts:

1. *A microelimination approach* – This entails pursuing elimination goals in discrete populations through multi-stakeholder initiatives that tailor interventions to the needs of these populations. In LA County, Public Health has prioritized high prevalence settings where people might be disconnected from the health system such as the jail, persons experiencing homelessness, and SSPs. This approach can have an outsize impact by focusing limited resources on these specific high prevalence populations where the burden of disease has been unaddressed. Micro-elimination is also less daunting, less complex, and less costly than full-scale, county-level initiatives to eliminate HCV, and it can build momentum by producing small victories that inspire more ambitious efforts.

2. *Viral hepatitis is a cross-cutting disease* – The risk factors for viral hepatitis overlap with risk factors for other related conditions, which include substance use disorder, syndemic diseases such as HIV and sexually transmitted infections, and diseases common in foreign born persons such as tuberculosis. Importantly, these other intersecting conditions are often better resourced than viral hepatitis. Our approach seeks to partner with and leverage the available resources to address viral hepatitis within these syndemic disease programs.

3. *Voluntary contributions from stakeholders* – Given the limited Public Health funding to support community partners or for direct implementation of viral hepatitis programs, the potential for progress towards the targets set by the HHS Hepatitis Plan will depend on the voluntary contributions of stakeholders who intersect with viral hepatitis, such as harm reduction and HIV Programs.

The above principles led us to frame the current document as an action plan as opposed to an elimination or strategic plan. Elimination is unlikely with the current public health resources available for viral hepatitis. A strategic plan implies a top-down approach where public health departments achieve the national Hepatitis Plan targets by adapting that plan to the local context. In the absence of funding, local health departments have limited ability to directly influence progress towards the national targets. Therefore, our grass-roots approach seeks to bring together stakeholders who are motivated to voluntarily take on some aspect of viral hepatitis elimination based on what is feasible within their organizations.

Los Angeles County Viral Hepatitis Stakeholder Meeting

To ensure the development of the Los Angeles County Viral Hepatitis Action Plan was a community-driven, collaborative strategic plan, the Los Angeles County Department of Public Health Viral Hepatitis Unit partnered with the Hepatitis C Taskforce for LA County, Hep B Free LA and the University of Southern California to convene a meeting with stakeholders from across the viral hepatitis care continuum.

In September 2022, stakeholders from harm reduction programs, health systems and federally qualified health centers, retail and specialty pharmacies, Medi-Cal, and other Los Angeles County programs kicked off the development of this plan. Public Health developed a curated list of attendees to invite to the meeting to ensure that all sectors were represented with the assumption that perspectives shared by stakeholders present at the meeting were broadly representative of other similar organizations not in attendance.

To align with The Viral Hepatitis National Strategic Plan for the United States, the meeting was organized as a series of breakout sessions that focused on the following three broad strategic goals:

1. **Prevent new viral hepatitis infections (Education, Awareness, Vaccination)**
2. **Improve health outcomes for people with viral hepatitis (Screening, Linkage to Care, Treatment Access)**
3. **Improve viral hepatitis surveillance and data usage**

Breakout discussions were organized along two tracks - community-based strategies and health system-based strategies. Both tracks focused on the same three goals, but from their respective perspectives. All breakout discussions were asked to consider cross-cutting issues such as health disparities, social determinants of health as well as coordination and integration with other syndemic efforts like HIV, STD's and Tuberculosis.

Public Health engaged with participants in advance of the meeting to provide background and to pose the following questions in preparation for the discussions:

- *What is your organization currently doing for hepatitis A, B, and C that contributes to the 3 strategic goals?*

- *What are the barriers within your organization to implementing additional activities to advance the 3 strategic goals?*

- *What additional resources are needed to allow your organization to implement additional activities that can advance the 3 strategic goals?*

The responses to these questions from participants during the stakeholder meeting are summarized and included in the Appendix at the end of this document. These responses formed the basis of brainstorming discussions to identify opportunities for new collaborative projects that align partners' needs with other partners' resources. At the end of the meeting, participants were asked to return to their organizations and seek support from their leadership for the identified projects.

A subgroup of stakeholders who expressed interest in continued involvement in the development of this action plan reconvened in December 2022 to review the draft plan, provide feedback, and discuss implementation.

We extend our appreciation to the numerous stakeholders who contributed their time and expertise to the development of this action plan.

This document concludes with the final projects that were identified during the stakeholder meeting and which received institutional commitment for implementation.

Goal 1: Prevent new viral hepatitis infections		
PROPOSED PROJECT	**RESPONSIBLE ENTITY**	**TIMELINE/DELIVERABLES**
Large retail pharmacy chains will provide a list of retail locations that offer hepatitis A and B vaccines. Public Health will make this list available to stakeholders to support client navigation to vaccination sites.	LA County Public Health Large retail pharmacies	June 2023
Large retail pharmacy chains will assess opportunities to recommend/offer: ▪ Hepatitis A and B vaccine to clients filling a prescription HCV direct acting antiviral therapy ▪ Hepatitis B vaccine for adults aged 18-59 years presenting for other routine immunizations	Large retail pharmacies	December 2023
Collaborate with other Public Health Programs to assess opportunities for integrating viral hepatitis information into educational materials used for STDs, HIV, TB and substance use treatment programs.	LA County Public Health	December 2023
Develop educational materials to train CHWs on HCV to prepare them for navigating clients to clinics that provide HCV care	LA County Public Health	December 2023
Engage FQHC leadership (CEOs, CMOs) to identify opportunities to integrate viral hepatitis care into primary care including: ▪ Educating providers on viral hepatitis screening and vaccination recommendations ▪ Establish policies and procedures to promote evidence-based screening, vaccination, and treatment	LA County Public Health and FQHCs	December 2023

recommendations, including offering one-time screening for hepatitis B and C as required by California state law and offering hepatitis B vaccine to adults according to ACIP recommendations ▪ Identify a viral hepatitis champion within each clinic to promote implementation of viral hepatitis policies and procedures ▪ Establish a FQHC-focused Viral Hepatitis Workgroup (*referenced in Goal 2 below*) that meets bi-monthly and is attended by the clinic's viral hepatitis champions to facilitate peer-exchange on implementing viral hepatitis interventions		
Maintain a reference list of insurance plans accepted by each of the major retail pharmacies to provide vaccinations to be used by community partners seeking to link clients to vaccination services.	LA County Public Health	June 2023
Develop a Los Angeles County Viral Hepatitis website with content and resource links to support community partners such as: ▪ Provider toolkits ▪ Care cascade resource directories ▪ Educational resources and technical assistance for providers ▪ Community education materials and fact sheets ▪ Local viral hepatitis data	LA County Public Health	December 2023
Initiate the development of a county-wide awareness campaign called END HEP LA to include activities such as: ▪ Observance of Viral Hepatitis Month (May 2023) ▪ Support advocacy efforts at the state and local level to garner additional support for viral hepatitis elimination ▪ Organize health fairs, social events, meet-and-greets where HCV/HBV education and screenings are available	LA County Public Health, stakeholders,	May 2023 – May 2025

▪ Promote HCV awareness and education to reduce stigma and provider bias. ▪ Leverage social media platforms to spread awareness about viral hepatitis prevention ▪ Collaborate with community organizations, faith-based organizations, and health systems to inform and implement public awareness campaign		

Goal 2: Improve viral hepatitis-related outcomes for people with viral hepatitis		
PROPOSED PROJECT	**RESPONSIBLE ENTITY**	**TIMELINE/DELIVERABLES**
Establish Viral Hepatitis Workgroup (*referenced in Goal 1 above*) on integrating viral hepatitis into FQHC primary care clinics including. Potential areas of focus include: ▪ Seeking support from FQHC leadership to initiate a workgroup focused on integrating viral hepatitis into primary care ▪ Implementing HBV and HCV screening according to state law and USPSTF recommendations ▪ Implementing universal adult HBV vaccination according to ACIP recommendations ▪ Establishing or expanding capacity for HCV treatment ▪ Serving as a technical assistance platform	LA County Public Health Community Clinic Association of Los Angeles County (CCLAC)	December 2023 By end of Year 1, engage 5 FQHC's. By end of Year 3, engage 30 FQHC's.
Develop an HCV toolkit for providers that will include: ▪ A directory of providers/clinics that offer HCV treatment for MediCal beneficiaries ▪ List specialty pharmacies that dispense HCV DAAs, including any protocols, forms, or contact information that providers would need to refer patients to that pharmacy for treatment. ▪ List of organizations that offer CHWs to support HCV education and patient navigation services to clinics that treat HCV. ▪ Educational resources for HCV care, such as Project ECHO, UC San Francisco HCV Warmline, and links to the	LA County Public Health	

American Association for the Study of Liver Diseases (AASLD) and Infectious Diseases Society of America (IDSA) HCV treatment guidelines		
Develop and implement a student run pilot program to support patient navigation for persons with HCV infection who are not known to be connected to care based on LA County Public Health viral hepatitis registry data.	LA County Public Health Local medical school and faculty champion	December 2023
MediCal managed care plans (MCPs) to provide a list of CBOs contracted to provide CHW services. LA County Public Health will assist with operationalizing use of the CHW benefit by: ▪ Including the list of CBO's that provide CHW services available for community partners who need support for navigating clients to HCV care. ▪ Developing a standard provider recommendation for CHW services that CBOs can use to support MediCal reimbursement for providing the initial linkage to care services.	LA County Public Health and MCPs	December 2023 By end of Year 1, create toolkit and guidance to implement the benefit. By end of year 3, SSP's that need patient navigation support have an established relationship with CBOs that provide CHW services.
Establish a process for data exchange between LA County Sheriff and Public Health for cross-referencing booking information to identify clients known to have HCV based on prior testing. ▪ Establish process for updating HCV infection status in client's medical record. ▪ Assess feasibility of engaging with clients known to have HCV to support linkage to care on community re-entry.	LA County Public Health and Correctional Health	December 2023
Conduct a Viral Hepatitis 360 summit utilizing a design thinking framework to identify potential solutions for	LA County Public Health	December 2023

increasing linkage to care for justice involved clients. Meeting should include participants from Syringe Service Programs (SSP's), Correctional Health, Department of Public Health, and clients with lived experience.		
SSPs in LA County will develop a plan for integrating HCV screening and linkage to care as part of their bundle of harm reduction services. LA County Public Health will provide direct technical assistance for establishing capacity for HCV screening and linkage to care in SSPs.	LA County Public Health Viral Hepatitis Unit and Substance Abuse Prevention and Control Program	June 2024 By end of Year 1, 4 out of the 8 SSP's in LA County will integrate HCV screening and linkage to care as part of bundle of services. By end of Year 5, 8 out the 8 SSP's in LA County will integrate HCV screening and linkage to care as part of bundle of services.
FQHCs in the County will have access to a provider capable of treating hepatitis C.	Project ECHO and FQHCs	June 2024 By the end of Year 1, 10% of FQHC's in LA County will have access to a provider capable of treating hepatitis C. By the end of Year 5, 50% of FQHC's in LA County will have access to a provider capable of treating hepatitis C.

Assess the need for and feasibility of establishing a referral clinic to provide HCV treatment at LA County Public Health clinics.	LA County Public Health	June 2023
Implement a perinatal hepatitis C program where HCV exposed infants are identified and receive timely testing, and mothers are educated on benefits of treatment prior to next pregnancy.	LA County Public Health	Ongoing

Goal 3: Improve viral hepatitis surveillance and data usage		
PROPOSED PROJECT	**RESPONSIBLE ENTITY**	**TIMELINE/DELIVERABLES**
Establish a Countywide registry of residents with chronic HBV and HCV infection that can be used to support care coordination.	LA County Public Health	December 2023
Obtain negative HCV PCR and antibody results to improve classification of infection status among LA County residents with a history of HCV infection.	LA County Public Health	December 2023
LA County Public Health will develop and implement a plan for investigating all newly reported HCV reports in adults aged 18-29, and a representative sample of chronic HCV cases reported in adults of all ages to understand the epidemiology of persons testing positive	LA County Public Health	December 2023
Obtain data on the number of LA County residents known to have been treated for HCV infection. Data sources include - Treatment data from Gilead and Abbvie - IQVIA databases - Prescriptions filled by large retail and specialty pharmacies	Multiple	December 2023
Obtain and summarize available data on hepatitis A and B vaccines from the California Immunization Registry	LA County Public Health, Retail pharmacies	December 2023
LA County Public Health will release an annual viral hepatitis surveillance report.	LA County Public Health	December 2023 and ongoing

Appendix: Los Angeles County Viral Hepatitis Stakeholder Meeting Notes

Health System Breakout Session		
Goal 1: Prevent new viral hepatitis infections (Education, awareness, vaccination)		
Stakeholder	**Current Activities and Resources**	**Challenges/Resources Needed to Implement Additional Activities**
Kaiser Permanente	• Education, Screening, linkage to care (safety net program)	• PCP's have completing priorities • Additional engagement needed with GI MDs • Need: community education campaign (radio, tv) so that patient is also involved • Cost of treatment is still a barrier
USC Keck	• Education, testing, diagnosis, and treatment • Educate PCP/Specialists on benefits of Heplisav-B • Training more staff for vaccine clinic	• Insuring testing for HBV status for all patients • Add system requirements/alerts for HBV/HCV
Walgreens	• Provide access to vaccination to hep A and B at all specialty and retail sites • Education at point of contact with every patient • Access to Hep C treatment • Financial assistance for patients	• Cost for patients that are uninsured • Additional social workers for patients to enroll in insurance/MediCal • Lack of community awareness • Additional follow-up between screening and diagnosis for HCV
LA County DPH Tobacco Control Program	• Leverage routine TB care to integrate hep A and B vaccination • New electronic interface between County EMR and CAIR allows real-time assessment of vaccination status	
LA County DHS Correctional Health	• Starting to implement MAT services in jail, linking to SUD treatment within jail and community • Linkage to CHWs at release	• Jail environment challenging for education • Risky activities difficult to prevent in jail • Funding not sufficient for increasing MAT and other services in jail

Immunization Coalition of LA County	• Education on hepatitis in weekly newsletter • Hosting educational forum in October and will discuss hep B	
UCLA	• Clinical reminders for HBV and HCV screening	
VA	• Clinical reminders for screening and vaccination • ED/homeless/SUD optout HCV screening • Better cohort screening • PharmD linkage to care projects	
Kedren Community Clinic	• FQHC with mobile street medicine incorporating viral hep care and prevention including HBV vaccination • Education for patients • Incorporating hep reminder in HER • Transitions Care Network – Hep C in corrections • Weekly Tuesday hep C clinic	• Lack of funding/incentives/coverage • Needle phobia and vaccine hesitancy • Difficulty obtaining vaccine supply • Difficulty accessing treatment • Lack of education
ViaCare	• Educating PCP's at org not familiar with HCV/HBV vaccine recommendations • Using CAIR to identify unvaccinated patients	• Utilize speaker programs at monthly provider meetings to enhance provider awareness about the need for vaccination •

GENERAL COMMENTS

- Promote awareness to educate/re-educate case managers, providers with members (PCP, ECM)
- Need a boots on the ground approach. Bring disease awareness resources and educational programs to FQHC's, MAT, and other high-prevalent settings for PWUD
- Need to consider manpower, consistency, transportation, cost.
- Clear clinical pathways for FQHC leadership
- Need buy-in from front-line staff
- DPH is unable to offer hep B vaccine to some patients with commercial health insurance coverage
- Reduce stigma, more education and active community outreach
- Link to cancer prevention and additional messaging to understand disease and treatability
- Need additional infrastructure for screening, vaccines and follow-up
- Medical record reminders

- Trainings for staff in non-traditional settings, including faith-based and other community settings
- Partnership with other related initiative

Goal 2: Improve health outcomes for people with viral hepatitis (screening, linkage to care, treatment access)		
Stakeholder	**Current Activities and Resources**	**Challenges/Resources Needed to Implement Additional Activities**
Bienestar Human Services	• Offer HCV services and link to care. Collect data • Educate client on HCV – no symptoms but long-term effects are serious • Meet client where they are – provide needles	
LA County DHS Correctional Health	• Individuals with HCV are assigned to release planning staff and CHW in the community to try to link to treatment • MAT service expansion in jail and linkage to MAT in the community • WPC: while client is in custody, they get HCV screening and then linked to care upon release	• Staff capacity • CHW not properly trained • Departmental priorities • Barriers for MAT in jail ○ Insufficient staff to dispense oral meds daily – limit number of participants • Linkage to continued treatment in community is difficult – hard to find pharmacies to dispense; insufficient funding to provide med supply at release • Misconception about sobriety requirements • Lack of trust/support/information with PEH clients • Fear of treatment and side effects
Kedren Community Clinic	• HBV Screening, MAT, Perinatal services and CHW • Try to have all patients hep B, hep C status • Have several physicians with waiver documented in chart • Currently transfer perinatal patients to Eisner/CHMC	• Funding and access to testing • MAT challenging to do on mobile unit • Low-volume perinatal care • CHW education/training

	• Incorporating CHW's into mobile street medicine programs	
CVS	• Providing access to drug prior authorization submission for insurance coverage • Co-pay assistance via copay cards, foundation, MFR free drug • Adherence consultations, follow time of care to completion (SUR)	• Lack of visibility • MD's and other providers sending treatment orders to non-specialty pharmacies • More foundation assistance for HBV meds (copays are high)
ViaCare	• USPSTF screening guidelines as "best practice/standard of care" to encourage other PCP's to screen • MAT/HCV champion is the same PCP as these programs have significant overlap • Hep C navigator offers incentives for field-based HCV testing at outreach locations	
Kaiser Permanente	• Screening test is easy and reflex available • Perinatal care – mandatory integrated system helps great collaboration with OB/GYN • Use social workers to support	• HBV treatment guidelines are complicated and make follow-up very complicated (no cure, long f/u)
Walgreens	• Patient education about screening and providing resources on where to get screened • All specialty sites have available inventory and access to treatment within 24-48 hours • Screenings done at all retail partners – Providence Express Care	• Awareness of community clinics with Walgreens • Cost of testing uninsured
LA County DPH Tobacco Control	• Recommend routine testing for viral hepatitis for all patients • Refer patients with chronic HBV/HCV for treatment via Hep/ID	• LAC Public Health Lab does not offer HBV viral load (?) • Access to HCV treatment for uninsured/DHS patients ○ TB not considered a special indication for DAA's for HCV

VA		• HBV Screening: clinical reminders • Partnership with MAAT – identify champion • Perinatal diagnosis: not enough • Patient navigators: use pharmacy support – intermittent
UCLA		• Do not use patient navigators • Low uptake of clinical reminders • Partnering with MAT – identified champion in SUD clinics

GENERAL COMMENTS

Key Themes:

- HBV Screening
- MAT/harm reduction with HCV care
- Perinatal HCV care
- Use of CHWs with patient navigators

Goal 3: Improve viral hepatitis surveillance and data usage		
Stakeholder	**Current Activities and Resources**	**Challenges/Resources Needed to Implement Additional Activities**
The health system track decided as a group to focus on Goal 1 and 2 and had a limited discussion on Goal 3.		

Community Breakout Session		
Goal 1: Prevent new viral hepatitis infections (Education, awareness, vaccination)		
Stakeholder	**Current Activities and Resources**	**Challenges/Resources Needed to Implement Additional Activities**
USC (Dr. Klausner)	• Innovating new treatment models advocating improved population-accessible vaccination registry • Promoting awareness of Hep B and C treatment • Communication regarding benefits of help A and B vaccination • Supporting measurement of vaccine coverage • Advocating for more resources for hep B and C treatment and awareness	• Low political will limits public resources • Absent private sector engagement • Workforce vaccination, testing, treatment • Donor fatigue
LA County DHS Correctional Health	• Education on viral hepatitis A, B, and C • Providing brochures with community resource, clinics, testing sites • Provide vaccination and testing with in custody medical clinics	• Early release • No medical insurance • Decline of treatment linkage • Loss of contact in the community • Continual substance use • Lack of social support
APLA Health	• Testing and treatment • Educate on HIV/HCV co-infection • Involved with Hep C taskforce	
ViaCare	• Provide primary and behavioral health care management along with hepatitis treatment • Provide other supportive services including housing, and assistance with other medical services	• More resources and events to increase awareness of services for hep C treatment • Educational classes to learn more about HCV • Additional resources to assist with finding PEH patients who get lost before finishing treatment

UCLA Kaiser Permanente Center for Health Equity	• Partnering with promotoras to provide training on hepatitis prevention/vaccination	
Gilead	• Available treatments for HBV and HCV • Patient education (multi-language) • Patient financial support for treatment • Grant • Treatment and disease education • Identification support	• Restricted access to providers • Identification of high risk populations
BAART	• Rapid HCV and HIV testing	• Navigation to treatment services is difficult for patient population
Wellness Equity Alliance	• Street medicine: getting people tested	• Lack of funding • Lack of coordinated effort between pharma/systems/policies and community
Walgreens	• Ensure all pharmacies have hep A and B vaccinations in stock • Working on increased education and awareness for all internal team members	
LA County DPH Community and Field Services	• Provide hepatitis education and vaccination to recent parolees and other at-risk populations • District surveillance support and case management for acute cases; treatment options available for chronic hep B and C • Hepatitis A vaccine outreaches • Educational presentations	• Staff shortages and lack of referral process for patients needing treatment to be able to go to a walk-in clinic (providing treatment in the field can be challenging)

GENERAL COMMENTS

Barriers:

- Navigating insurance coverage (MCP and IPA networks)
- Understanding the gravity of the disease
- Not knowing if people are already vaccinated
- Additional funding from public resources and looking at things like better participating from coverage insurance
- More dedicated vs carve-in funding (dedicated funding not attached onto SUD and HIV projects)

- Participants lost to follow up care (missed appointments, missed labs)
- Staffing shortages
- Insurance barriers

Goal 2: Improve health outcomes for people with viral hepatitis (screening, linkage to care, treatment access)		
Stakeholder	**Current Activities and Resources**	**Challenges/Resources Needed to Implement Additional Activities**
Gehr Center	• Studying the impact of healthcare navigators on access to primary care • Impact of the pandemic on screening	• Knowing referral pathways and treatment opportunities once screening is positive • Providers have too much on their plate
Gilead	• Patient and provider education • Patient financial support • Grants (separate from sales) • Research	• Access to physicians • Data is needed on where to focus resources
Walgreens	• Exploring options to add hep B and C screening to our lula waivers, so that we can support screening events at retail sites • Continued training for our pharmacy teams to become subject matter experts re: connecting eligible patients to financial assistance, holistic approach to compliance and adherence monitoring, PA support for providers	
Wellness Equity Alliance	• Point-of-care antibody rapid testing for hep A, B, and C • Viral hep A, B, and C antigen with viral load reflex for hep C • Cost reimbursement, issues with referrals for fibr scan • Move testing (antigen) in house • New reimbursement model with commission for testing/linkage staff	• Health plan reimbursements • Loss to follow-up for street medicine clients
APLA Health	• Routine screening for viral hepatitis, HIV, and STI's • Harm reduction program focused on crystal meth	

ViaCare	• Currently team up with Bienestar (SSP) at their needle exchange sites and offer rapid testing for hep C • Have hep navigators that follow up with clients after appointments, help with transportation, make sure they understand how to take their medication • Go above and beyond to stay connected to clients, particularly those who are unhoused and are lost to follow up from time to time	• Screening should be a standing order at all medically driven sites to provide hep panel at individual visits • More provider education and training to increase linkage to care and treatment resources
LA County DHS – Correctional Health/Housing for Health	• Testing, vaccination, referrals to treatment for Hep A • Patient education • Triage the healthcare outcome • Addressing vaccine hesitancy	• Lack of resources • MediCal treatment coverage • Lack of client participation • Need: education and educational resources for the clients, facilitated outreach and education groups • Lack of 340b pricing delays treatment • Lack of transparency with release timing • Poor linkage to care • Slow diagnosis and lack of treatment pathway in jail
BAART	• Screen for hep C • Recommend vaccine for hep A and B	• Linkage to PCP is very difficult and labor intensive • Barriers to one-stop shop" models should be addressed
LA County DPH Community and Field Services	• Promote community-based syringe exchange programs	
LA Care	• Pay for hep A, B, and C diagnostic tests, specialty care and prescriptions	• Care coordination • CHWs and other enhanced care management activities

UCLA Kaiser Permanente Center for Health Equity		• Proximity of services to underserved communities, language/cultural barriers to services

GENERAL COMMENTS

- Resistance to modifying long-standing systems of referrals for viral hepatitis testing for people who use drugs is a barrier. These systems were developed to support programs with few staff and small operating budgets
- Reasonable screening and linkage to specialty care among risk groups
- Treatment and management protocols
- Barriers include no unified tracking system, patient navigation, registry, ongoing assessment of meeting metrics/quality
- Lack of universal screening and community engagement especially in under-recognized risk groups
- eHR tracking of screening and treatment, develop non-physician pathway of care, increase use of telehealth and enhance patient reminders

Goal 3: Improve viral hepatitis surveillance and data usage

Stakeholder	Current Activities and Resources	Challenges/Resources Needed to Implement Additional Activities
USC (Dr. Klausner)	• Patient EMR data including number tested, treated, disease burden, HCV liver failure • Research – population surveys and hep C cure awareness, provider surveys • Monthly viral hepatitis report	• Barriers - time
Gilead	• DAA data/non-retail • Managed care break down of prescribed medication • Providers who will treat HCV/HBV • Library of studies/articles	
USC/LAC+USC	• Clinical HER cohorts • Prospective foreign-born HBV cohorts • LAC- cancer surveillance registry – liver cancer cases	
LA Care	• ICD codes, if available	

	• % diagnosed and prescribed treatment; but may not be a great longitudinal view	
ViaCare		• Exchange of information from one platform to another (especially from hospital to clinic) • Too many databases and lack of communication between entities that host those data sets
GENERAL COMMENTS		
• Difficulty to continuously update data • Lack of multicenter collaboration • More funding to clean and update data		