

2023

Montana Hepatitis C Elimination Plan



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Introduction

Hepatitis C (HCV) is the most common bloodborne disease in the United States. The CDC estimates that 56% of people who have hepatitis C are unaware they are infected.

While there is no vaccination for hepatitis C, it can be treated, controlled, and monitored for those infected with the disease. There is currently no treatment recommended for acute HCV. For patients chronically infected with HCV, CDC guidelines recommend closely following the patient and implementing treatment. The treatment for chronic HCV varies based on the individual and the level of liver damage. There are different antiviral medications and short-term therapies (ranging from 8-12 weeks) to eliminate the HCV virus with a 90% success rate. However, individuals who have developed liver damage from the virus will also require the appropriate treatment for their condition.

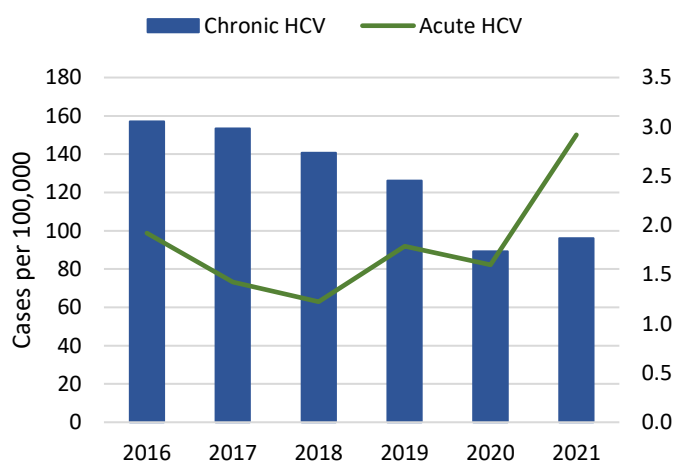
Despite the availability of treatment, significant barriers exist and many people who have been diagnosed with hepatitis C have not received treatment. The most common risk factor for hepatitis C in the United States, including Montana, is injection drug use, specifically the sharing of syringes and needles.

In 2022 the Montana Department of Public Health and Human Services (DPHHS) Montana Viral Hepatitis Program brought together a group of stakeholders to begin development of a statewide elimination plan for Hepatitis C (HCV). The Montana Hepatitis C Elimination Plan has been developed to strategically align efforts throughout the state of Montana to identify cases and treat hepatitis C. To work towards the elimination of hepatitis C, this plan's priorities are to increase awareness and knowledge about hepatitis C through outreach and education and increased access to screening, confirmatory testing, referral, and treatment.

The Epidemiology of Hepatitis C in Montana

Hepatitis C (HCV) is a viral infection of the liver that can range from a mild illness lasting a few weeks to a serious, lifelong illness. Hepatitis C may be described as “acute,” meaning a new infection or “chronic,” meaning that may lead to a potentially lifelong infection. Around 15-25% of infected individuals clear the infection on their own and do not develop chronic disease. When left untreated, HCV can cause serious liver problems, including liver damage, cirrhosis (scarring of the liver), liver cancer, and even death. Transmission of HCV occurs when blood from a person infected with the hepatitis C virus enters the body of someone who is not infected. Risk factors for HCV include injection drug use, having an existing HIV infection, and being born between 1945-1965 before recognition and widespread screening of blood products was available.

Figure 1. Rate per 100,000 of chronic and acute HCV cases, Montana, 2016-2021

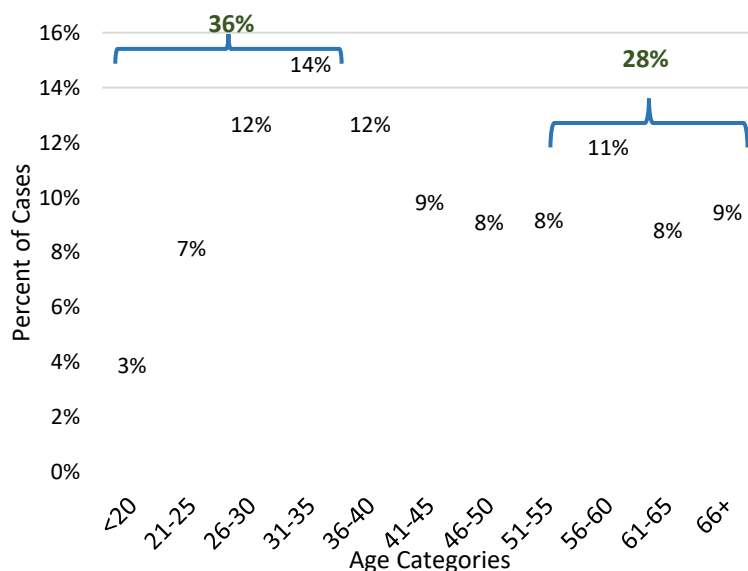


*Confirmed and probable cases

Montana data shows an increase in the number of reported HCV cases in individuals under the age of 36 (36%) compared to patients over 56 (28%) [Figure 2]. This is likely due to the high transmission risk of sharing needles to inject drugs among the younger population.

Figure 1 provides information on the rates of chronic and acute HCV in Montana between 2016 and 2017. Due to the COVID-19 pandemic, the year 2020 had decreased testing leading to lower numbers of reported cases in Montana.

Of the acute cases of HCV in 2020, 50% were between 26 and 35 years old. This may be influenced by decreased testing among age groups higher at risk of complications due to COVID-19. Chronic cases of HCV tend to be older (26-40 years old) and male (60% vs. 40%). American Indians make up 25% of all reported HCV cases in Montana.



As shown in Figure 3, the percent of persons with acute HCV is further skewed towards a younger population with 59% of cases diagnosed in persons under 35 years. Because of the small number of events, data is shown by aggregate – 2014 to 2021.

Figure 3. Acute HCV cases by age groups, Montana, 2014-2021

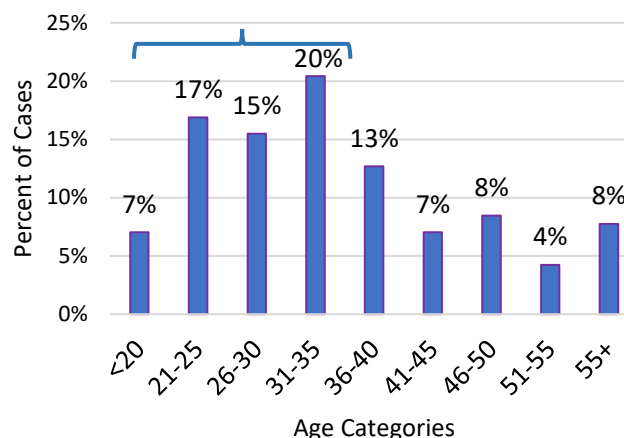
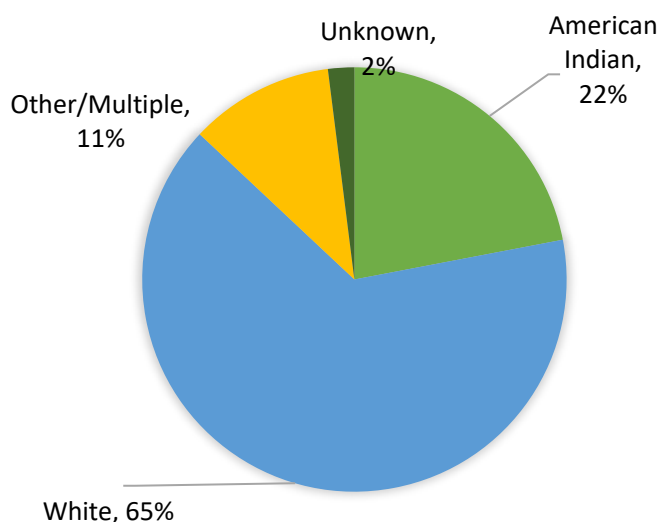


Figure 4. Acute HCV cases by race, Montana, 2017-2021



In Montana, HCV is more prevalent in males (60%) than females (40%). For both acute and chronic HCV, American Indians are disproportionally diagnosed. While American Indians make up about 7% of Montana's population, 22% of acute HCV and 19% of chronic HCV are diagnosed in people identifying as American Indian. It should be noted that increased cases of HCV are influenced by robust screening activities, particularly in tribal nations. [Figures 4 & 5]

Figure 5. Chronic HCV cases by race, Montana, 2021

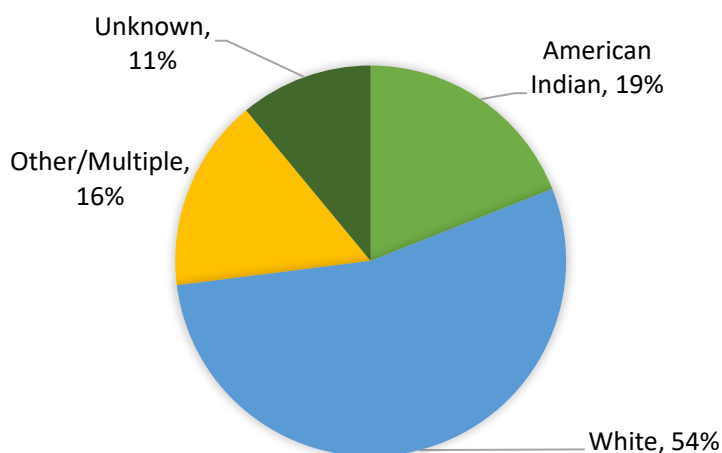


Figure 6. Probable and confirmed chronic HCV cases by county – Montana, 2021

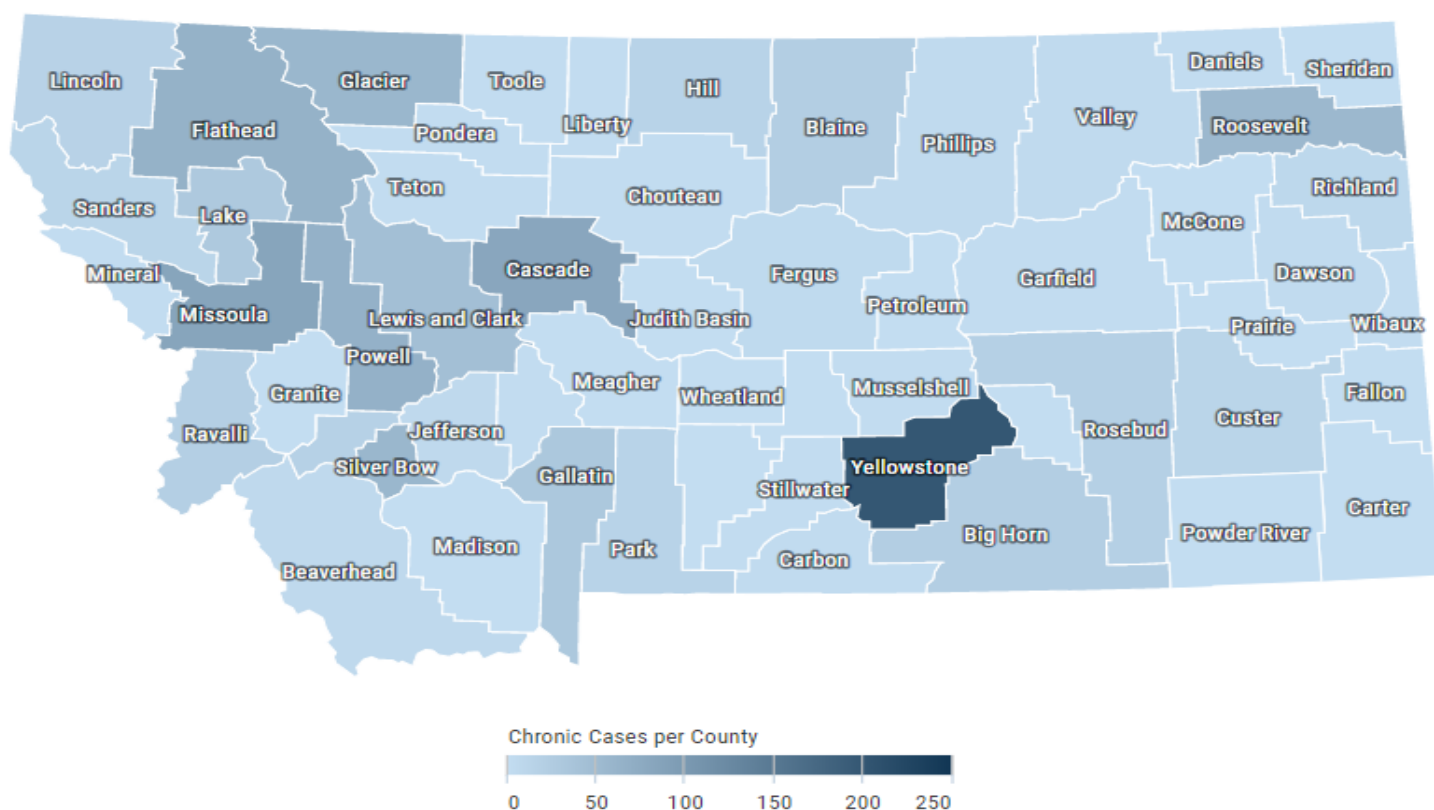


Figure 6 shows the demographic distribution of chronic HCV cases in 2020. HCV distribution closely follows population distribution with Yellowstone County having the highest percentage (18.2%) and Cascade County (7.4%) ranking second. It should be noted that jurisdictions with robust HCV screening practices may experience higher disease rates which can contribute to some reporting bias.

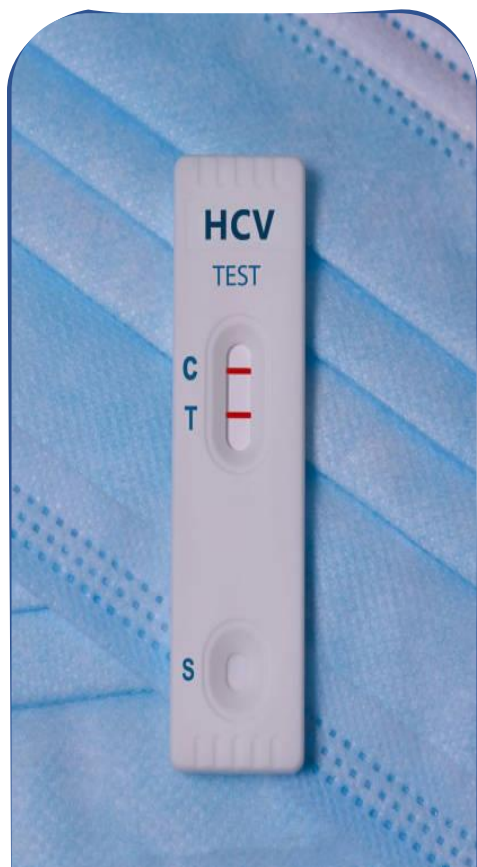
HCV Laboratory Testing

The purpose of hepatitis C testing is to determine if a person has been infected by the hepatitis C virus, to evaluate a current or past infection, and to guide a patient's treatment. The CDC recommendations for HCV screening among adults in the US include:

Universal HCV testing

- Hepatitis C testing at least once in a lifetime for all adults aged 18 years and older
- Hepatitis C testing for all pregnant women during each pregnancy

One-time hepatitis C testing regardless of age or setting prevalence among people with recognized conditions or exposures.



Hepatitis C testing identifies antibodies to the hepatitis C virus, detects viral RNA, and/or determines the strain of hepatitis C.

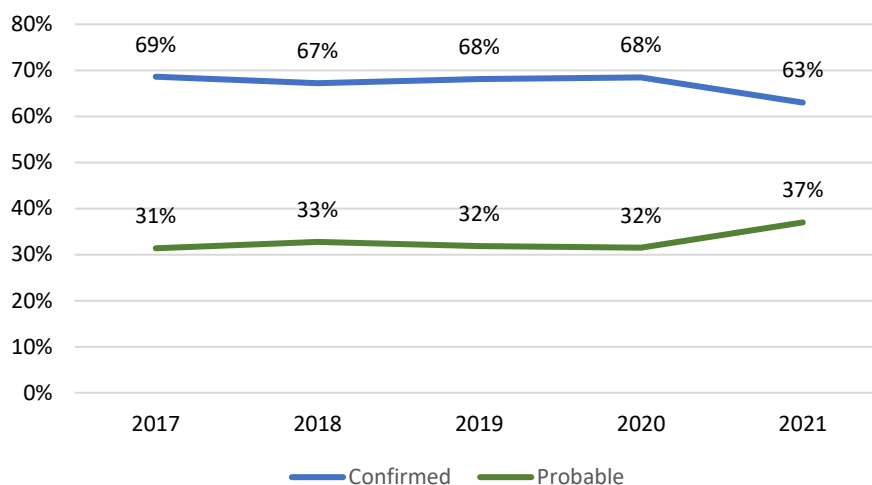
- People with HIV
- People who ever injected drugs and shared needles, syringes, or other drug use equipment, including those who injected once or a few times many years ago.
- People with selected medical conditions, including:
 - people who ever received maintenance hemodialysis
 - people with persistently abnormal ALT levels
 - Prior recipients of transfusions or organ transplants, including:
 - people who received clotting factor concentrates produced before 1987.
 - people who received a transfusion of blood or blood components before July 1992.
 - people who received an organ transplant before July 1992.
 - people who were notified that they received blood from a donor who later tested positive for HCV infection.
- Health care, emergency medical, and public safety personnel after needle sticks, sharps injuries, or mucosal exposures to HCV-positive blood
- Children born to mothers with HCV infection

Hepatitis C testing identifies antibodies to the hepatitis C virus, detects viral RNA, and/or determines the strain of hepatitis C. Hepatitis C testing may involve several different tests:

- *Hepatitis C antibody (anti-HCV) test:* Testing for hepatitis C antibodies determines whether a patient has been exposed to the hepatitis C virus at some point in their life. At this point, the case is characterized as a probable case. Following a positive antibody test, the next step is a confirmatory RNA tests to identify if there is current infection.
- *Hepatitis C RNA test:* Testing for HCV RNA determines if or how much virus is detected in the blood. Qualitative HCV RNA tests can detect the presence of HCV RNA, while quantitative HCV RNA tests measure the amount of HCV RNA. A positive RNA test indicates a confirmed case.
- *Genotype test:* There are at least six types of hepatitis C, which are also called strains or genotypes. Treatment for hepatitis C depends on the strain, so genotype testing to guide treatment is performed in patients who are diagnosed with an HCV infection.

In Montana, Local and Tribal Health Jurisdictions (LHJ) follow up on all probable and confirmed HCV cases. However, the benefit of a confirmatory HCV test is important to guide appropriate control measures and treatment opportunities. Figure 7 illustrates the percentage of probable and confirmed cases by year in Montana. The percentage of patients with confirmed HCV remained stable between 2017 and 2020. In 2021, fewer cases had received confirmatory testing. This may be due to the impact of the COVID-19 pandemic on health care usage.

Figure 7. Chronic and probable HCV by case status – Montana, 2017-2021



Background

Even though Hepatitis C is the third most common disease in Montana behind COVID-19 and chlamydia, there have historically been many barriers to prevention and treatment of the disease.

Prior to 2021, Montana DPHHS had extremely limited funding for HCV prevention and surveillance. Because of this, there are many opportunities for enhancement. The Montana Infectious Disease Information System (MIDIS) serves as the DPHHS surveillance system for state reportable diseases. Over 95% of laboratories report results electronically into MIDIS. This system reports laboratory testing and case investigation data but does not collect information on referrals or treatment. This has limited DPHHS's ability to track people with HCV through the continuum of care.

Because to the limited resources dedicated to HCV, the DPHHS HIV Prevention Program has used some of its resources to provide limited HCV screening to priority populations who share risk factors for HIV. Local and tribal health jurisdiction capacity and resources are also limited. Due to these factors, most HCV screening is done by medical providers in Montana.

Historically, Medicaid and insurance providers did not approve access to treatment for HCV until a patient developed a certain level of liver damage. Treatment could not be approved if a person was still actively using illegal substances and could only be prescribed by an infectious disease physician in Montana. With an update in Medicaid guidelines in 2020 addressing those barriers, access to treatment has improved. However, some medical providers are still not aware of these changes.

Fears about transmission, fueled by misinformation about HCV, combine with moral judgments about drug use leading to judgments that people with HCV are “less worthy” of help.

Other providers choose to limit treatment for HCV patients who currently inject drugs despite the availability of effective treatment. Because Hepatitis C is strongly associated with injection drug use, stigma has been and continues to be a barrier to both HCV testing and treatment in Montana. Fears about transmission, fueled by misinformation about HCV, combine with moral judgments about drug use leading to judgments that people with HCV are “less worthy” of help.

MT DPHHS Viral Hepatitis Program

In May of 2021, the Montana Department of Public Health, and Human Services (DPHHS) was awarded a grant from the CDC to support integrated viral hepatitis surveillance and prevention efforts. To manage these funds, the Department created a Viral Hepatitis Program which is housed in the Communicable Disease Control and Prevention Bureau of the Public Health and Safety Division. The program is part of the STD/HIV/Viral Hepatitis Section.

Primary areas of focus for the viral hepatitis program include increasing surveillance for acute and chronic hepatitis C, increasing HCV screening and reflex testing, and increasing access to HCV treatment by increasing the number of medical providers in Montana who are trained to treat hepatitis C. The Montana Hepatitis C Elimination Plan addresses each of these focus areas.

Priority Populations in Montana

- *People Who Inject Drugs* - People who inject drugs (PWID) are at risk for HCV infection due to sharing needles, syringes, and any other equipment used to inject drugs that may be contaminated with blood. Using age as a marker for new HCV cases, surveillance data in Montana indicates an increase in PWID who are infected with HCV.
- *American Indians* - In Montana, American Indians make up approximately 7% of the population but as reported earlier, approximately 21% of acute HCV cases (2017-2021) and 19% of chronic HCV cases (2021) were in American Indian populations.
- *Correction System Population* - HCV infection disproportionately affects individuals in correctional settings, which include jails and prisons.

- *Pregnant Women* - In the United States, HCV infections among pregnant women have been increasing rapidly. HCV can be transmitted from an infected mother to the child during both pregnancy and at childbirth and is associated with increased adverse outcomes. In 2021, 28% of pregnant women on Medicaid were screened for HCV.
- *People Co-Infected with HCV/HIV* - Both HCV and HIV are blood-borne viruses that can be transmitted in similar ways. HCV/HIV co-infected patients risk significantly more negative health impacts than patients infected with HCV alone.



Elimination Plan Development Process

To develop the Montana Hepatitis C Elimination Plan, the Viral Hepatitis Program brought together a group of stakeholders from across Montana with experience working with at risk populations as well as people who have HCV. The stakeholder's group has been named the Montana Viral Hepatitis Advisory Council. This group met for the first time in person in April 2022 to begin the process of identifying priority areas for the plan.

The priority areas identified were:



Universal Testing and Treatment



Education and Outreach



Increased Data Capacity

During the meeting in April 2022, the VHAC also began developing a list of goals for each of the priority areas. In August of 2022, several VHAC workgroup meetings were held to develop objectives and strategies to work towards the elimination plan goals. These goals, objectives, and strategies will be what leads our HCV elimination work in Montana.

VHAC members were very engaged in this process, and it is their knowledge and experience that will ensure that our elimination plan is targeted and effective. The Montana Hepatitis C Elimination Plan will be reviewed by the VHAC annually. The Viral Hepatitis Program will provide data and program reports for each of the objectives so that the VHAC has up to date information on the progress made toward the elimination of HCV. This will allow them to make informed decisions about updates to the plan if needed.

Viral Hepatitis Advisory Council

The Viral Hepatitis Advisory Council is a diverse group of people from across Montana who are passionate about care for people with HCV in Montana. The group includes:

- People with lived experience with HCV
- Medical Providers
- SSP providers
- Local Health Jurisdictions
- Indian Health Services
- Tribal Health
- Ryan White Program
- Department of Corrections
- Pharmacists
- Rocky Mountain Tribal Leaders Council
- Community Based Organizations
- Addiction Treatment Providers

Eliminating Hepatitis C In Montana

Challenges/Barriers –

- Limited program funding and resources for prevention activities
- Montana's large geographical size and rural nature
- Data capacity—systems in place do not allow us to easily identify treatment
- Provider capacity in rural areas to provide HCV treatment
- Limited HCV screening resources in local health departments
- Local and tribal health jurisdiction staff capacity to follow up with HCV cases
- Few existing training resources for Montana providers on HCV screening and treatment
- Stigma that continues to cause delays in diagnosis and treatment
- Individual lack of awareness of risk factors for HCV
- Prior authorization requirements by Medicaid and Insurance lead to delays in treatment
- Providers function as “gatekeepers” to HCV treatment

Strengths –

- Program partnerships—
 - HIV Prevention and Surveillance Programs
 - Communicable Disease and Epidemiology Program
 - STD Program
 - Ryan White Program
 - State Opioid Response Program
 - Montana Family Planning
 - Local and Tribal Health Jurisdictions
- A diverse and dedicated Viral Hepatitis Advisory Council
- CDC Universal Screening Recommendation for HCV
- SSP/Harm reduction contractors are reaching our most at risk populations in their communities
- Electronic Laboratory reporting system in place to collect over 95% of HCV labs
- No liver damage or sobriety requirements for Montana Medicaid recipients to receive HCV treatment

Opportunities –

- Department of Corrections representation on the VHAC will allow us to learn more about the testing and treatment of HCV in the correction systems of Montana
- The AIDS Education Training Center (AETC)—to collaborate with them provide provider trainings for HCV in conjunction with HIV Training
- Needs Assessment being conducted by the University of Montana to describe.
 - HCV testing practices in Montana's largest health systems and laboratories and how to increase confirmatory reflex testing.
 - Barriers to HCV treatment
- Program restructuring will increase staff capacity to work on HCV Elimination strategies
- Recruitment of a physician champion will help guide provider education efforts

Goal #1

Encourage one-stop treatment through primary care (the provider who does the screening/confirmatory testing can also provide treatment--no need for a referral to another medical provider)

Priority Area: Universal Testing and Treatment

Objective 1.1—Develop or identify at least 3 educational resources for Montana providers to educate on the value of “one-stop” screening/confirmatory testing/treatment of HCV by 5/1/2024.

Strategies

- Identify a Physician Champion to review and help distribute outreach and educational resources to primary care physicians and other providers in Montana.
- Reach out to Medicaid, insurance providers, etc. to identify resources that will provide updated information on Medicaid, insurance coverage, etc. targeted to providers who work with at-risk populations.
- Develop a list of resources that physicians can provide to uninsured or underinsured patients to assist in accessing to help cover the costs of HCV treatment.
- Identify and implement strategies to provide education on how to decrease stigma around HCV testing and treatment.
- Provide access to confirmatory testing through the Montana Public Health Laboratory for people who are uninsured or under-insured.

Objective 1.2—Viral Hepatitis Program staff will attend at least two in-state conferences per year to provide outreach and education to primary care physicians on current CDC guidelines and strategies.

Strategies

- Reach out to the Montana Primary Care Association and other organizations in Montana to learn about conferences that will be attended by providers serving at-risk populations.
- Treatment providers on VHAC will provide recommendations on available conferences that would be a good venue for provider outreach.

Goal #2

Increase testing and treatment of at-risk populations with access to SSPs and other harm reduction programs in Montana.

Objective 2.1—Increase the number of SSP/Harm reduction providers by Montana by 10% by 12/31/2024.

Strategies

- Provide mini grants/technical assistance/mentorship to help organizations serving high-risk populations implement SSP/harm reduction programs.
- Identify barriers to establishing SSP/harm reduction programs in Montana communities.
- Identify funding sources that can help with cost of providing SSP/harm reduction services and purchasing syringes.

Objective 2.2—Increase the number of DPHHS harm reduction clients seen by Viral Hepatitis Program contractors who receive HCV screening to 40% by 12/31/2025. (2021 Baseline 17%)

Strategies

- SOR Program partnership to provide increased funding to existing SSP/Harm Reduction contractors.
- Incentivize HCV screenings in SSP settings.
- Provide educational materials about HCV risks and the importance of testing to harm reduction clients.

Objective 2.3—Identify a system to track SSP client referrals for those clients who have a positive HCV screening by 5/1/2024.

Strategies

- Develop a system for contractors to identify SSP clients who have a positive HCV screening.
- Develop a system to match SSP clients with MIDIS HCV cases to track referral success.
- Identify provider types/locations who are successfully providing testing and treatment to SSP clients.

Goal #3

Increase access to telehealth services for people who are diagnosed with HCV.

Objective 3.1—Identify providers who provide telehealth services for HCV treatment and post a list of those providers on the Viral Hepatitis website by 12/31/2023.

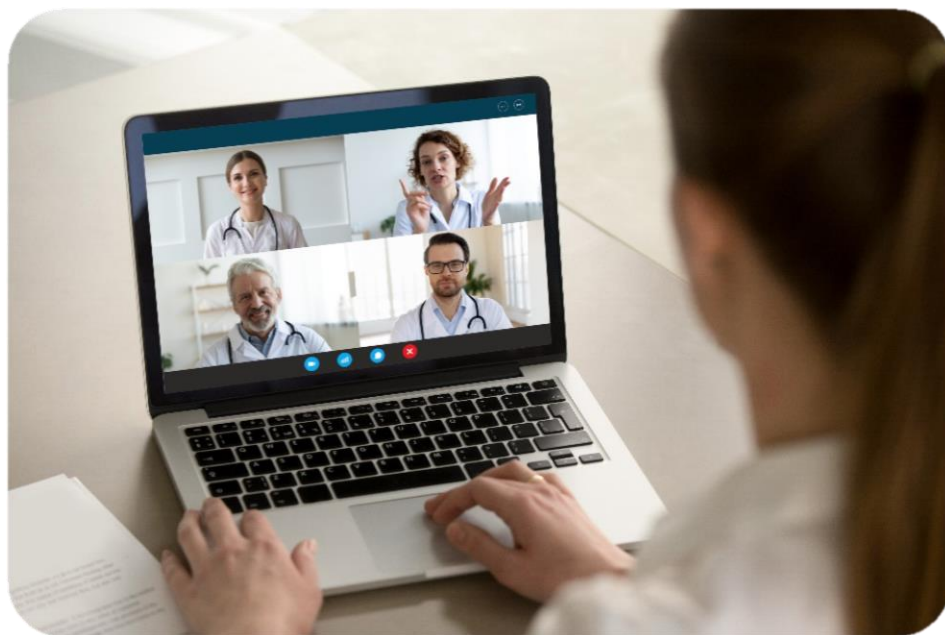
Strategies

- Conduct a survey of Montana providers to identify telehealth providers who currently provide HCV treatment.
- Update the website with new providers quarterly.

Objective 3.2—Increase the number of telehealth service providers who offer HCV treatment services by 10% by 12/31/2025.

Strategies

- Conduct a survey to identify Montana providers who offer telehealth services but do not currently treat HCV.
- Work with the Aids Education Training Center to identify and plan provider trainings for HCV treatment specifically targeted at telehealth providers.



Goal #4

*Increase RNA reflex
testing for hepatitis C
in Montana*

Objective 4.1—By 10/1/23 identify barriers to reflex testing in Montana.

Strategies

- Contract with the University of Montana to conduct a needs assessment of the CLIA certified laboratories that conduct 80% of HCV antibody tests in Montana.
- Provide recommendations to Montana laboratories on how to increase HCV RNA reflex testing.



Goal #1

Provide training resources for providers to increase the number of Montana medical providers who treat HCV.

Priority Area: Education and Outreach

Objective 1.1--By 12/31/2023 identify an HCV Physician Champion—a physician who is currently providing treatment for HCV in Montana and is willing to provide education and outreach to other physicians and medical/pharmacy students.

Strategies

- Work with the VHAC membership to identify and recruit a physician or PharmD interested in and able to be an HCV Champion.
- Conduct outreach at provider conferences to identify interested physicians.

Objective 1.2—Complete at least 6 HCV ECHO sessions for Montana providers per year to provide training on HCV treatment to physicians who work with at risk populations.

Strategies

- Contract with the University of Montana to develop and initiate an HCV ECHO project.
- Promote ECHOs to physicians who work with priority populations.
- Staff will attend medical conferences to promote ECHOs.
- Collect ongoing input from ECHO participants to ensure ECHOs are meeting the needs of Montana providers.
- Include addressing stigma related to HCV testing/treatment and injection drug use in the HCV ECHO project by including someone with lived experience in the training.

Objective 1.3—Identify, promote, and/or support two trainings for primary care physicians and other providers who work with at priority populations in Montana per year.

Strategies

- Identify provider training resources available to Montana providers and provide information on the DPHHS hepatitis C webpage.
- Share training resources with VHAC members to disseminate among their personal networks.
- Identify and promote trainings that address drug use, relapse, and the stigma associated with those topics and how they impact HCV testing and treatment.
- Provide educational resources and/or trainings on the value of harm reduction services.

Goal #2

Develop and implement strategies to help partners and the public identify local resources for testing and treatment.

Objective 2.1—By 12/31/2024 update the Viral Hepatitis Website with lists of the following:

- o Locations to receive HCV testing
- o HCV treatment providers
- o SSP/Harm Reduction sites
- o Local and Tribal Health Departments
- o Family Planning Clinics
- o Telehealth Resources
- o Treatment Cost Assistance Resources
- o HCV Educational Resources

Strategies

- Create a list of providers who currently treat Hepatitis C.
- Collect up to date educational resources to educate about current screening, follow-up testing, and treatment guidelines.
- VHAC members will reach out to local clinics/providers to identify out who provides HCV treatment in their communities.
- Use Mavyret provider website list and similar resources to identify Montana physicians who are prescribing treatment for HCV.



Goal #3

Promote HCV testing by identifying and partnering with organizations and programs who work with priority populations.

Objective 3.1—Viral Hepatitis Program staff will attend at least three conferences/events to provide outreach and educational resources to partners who work with priority populations each year.

Strategies

- Create an outreach plan to reach a wide variety of partners who work with the priority populations.
- Develop outreach materials specific to priority populations for dissemination to program partners.
- Identify strategies to provide educational materials and training opportunities to NPs, PAs, and pharmacists.

Objective 3.2--By 4/30/24 develop and implement and HCV outreach campaign targeted to priority populations in Montana to promote harm reduction and HCV testing/treatment.

Strategies

- Identify and brand existing materials from other agencies to maximize resources for outreach.
- Provide outreach materials on DPHHS Hepatitis C website for partners to access.
- Develop a dissemination plan to provide printed materials to partners across the state.
- Establish a VHAC review committee- including people with lived experience to review educational materials.

Objective 3.3—Educate local detention facilities on HCV Testing strategies within the correction system.

Strategies

- Partner with the Department of Corrections to identify the needs of local detention centers.
- Work with the Department of Corrections and VHAC to develop strategies to provide updated resources to local detention facilities.

Goal #1

Develop a process to effectively monitor the HCV care cascade in Montana.

Priority Area: Increase Data Capacity

Objective 1.1—Develop a system to identify the number of people infected with HCV who receive treatment by 5/1/2024.

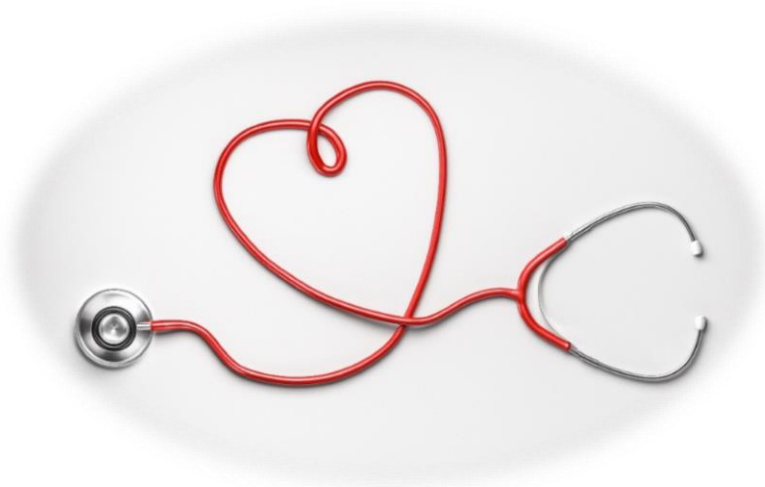
Strategies

- Compare Evaluation Web data and Riverstone clients who are treated to help verify if MIDIS is showing treated patients accurately.
- Add refer to treatment and treatment to HCV case investigations in MIDIS.
- Review Medicaid data to identify HCV diagnosed and review for treatment codes.
- Partner with a local FQHC to review HCV treatment through chart review compartmented to MIDIS records.

Objective 1.2—Develop a system for HCV cases to identify those who were cured by 5/1/2024.

Strategies

- Reach out to other states using communicable disease surveillance systems to learn how they are identifying cure.
- Develop an electronic report to review treatment and cure.
- Provide feedback to local health jurisdictions and other program partners on the rate of cure in their communities.



Goal #2

*Provide up to date
data and information
to the public and
program partners.*

Objective 2.1—Develop an HCV data webpage on the DPHHS website to provide online access to viral hepatitis information and data by 12/31/2023.

Strategies

- Review the website quarterly and update as needed.
- Post annual Hepatitis C surveillance reports.
- Complete the Montana HCV Elimination Plan and post yearly updates.
- Post the HIV/HCV Outbreak Response Plan
- Provide an up-to-date list of HCV contacts for each local health jurisdiction.
- Review the website quarterly and update as needed.
- Have VHAC review committee review website resources annually to ensure information is understandable and of value to the public and program partners.

Objective 2.2--Provide up to date HCV data at 4 or more conferences and meetings attended by program partners per year.

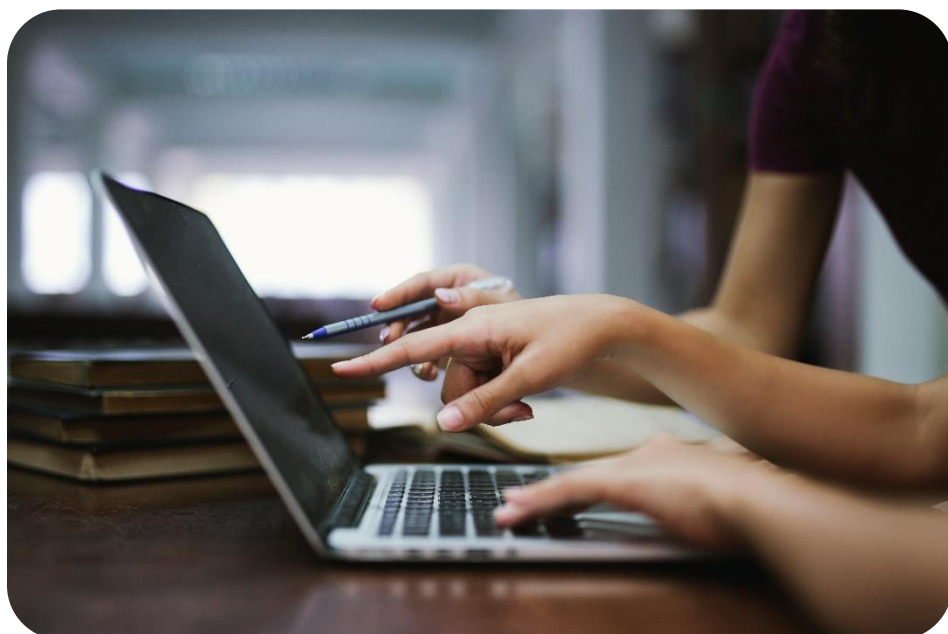
Strategies

- Provide updated data at semi-annual VHAC meetings to monitor progress on the Hepatitis C Elimination Plan.
- VHAC members will alert the Viral Hepatitis program of upcoming conferences and meetings where HCV data would be of value.



Goal #3

Ensure that HCV elimination efforts in Montana are data driven.



Objective 3.1—Identify partners who have HCV data that will help work towards elimination.

Strategies

- Reach out to the North Portland Area Indian Health Board about Indian Health Services data.
- Request treatment assistance program and other data from pharmaceutical companies.
- Identify a Veteran's Administration contact to collect VA data.
- Work with the Medicaid program to set up a report and collect Medicaid data on a semi-annual schedule.
- Identify a contact with the Montana Primary Care Association to help collect provider data.

Objective 3.2—Establish a data subcommittee of the VHAC to lead efforts on data collection from outside partners.

Strategies

- Using the Data Capacity HCV Elimination Plan workgroup, identify members for the VHAC Data Subcommittee.
- Recruit a Medicaid representative to be a part of the VHAC and the VHAC Data Subcommittee.



The Montana Viral Hepatitis Program would like to express its sincere thanks to all the members of the Viral Hepatitis Advisory council for sharing your time and expertise with us as we worked to develop this plan. We could not have done it without you!