2022 Viral Hepatitis Policy & Advocacy Summit

Hepatitis & Health Equity

Thursday, March 17th, 2022

Audience Questions

Questions	Response
Would integrating hepatitis testing in MAT programs, housing shelters, etc. - help decrease Hepatitis in the community?	Colocalized care and integrating hepatitis care would definitely help with reducing hepatitis in the community. Syringe exchange sites or MAT programs or shelters would be important locations. There are point of care tests for HepC which can be used in community settings and we should advocate for registration of POC Hep B tests in the US as well to expand testing (it's available in other countries but not here).
Could you talk about how you notify patients of screening/testing triggered by EHR? It can be challenging to ensure confidentiality and informed consent for reportable infections like HBV+HCV?	It's considered part of clinical care as we are following best practices from CDC and USPSTF (people are being tested who fall into the eligibility criteria). Standard HIPAA confidentiality is followed. We have signage at our ED/inpatient units informing people that we do HBV/HCV testing as part of best practice and staff and test may be ordered. We have best practice language that we give staff as how to explain it to patients and patients can always opt out of the testing. Our navigators reach out 1:1 to patients and are careful about how they leave messages knowing that it is a sensitive issue. It's the same with how all healthcare staff should be treating health information with patients!)
Did the 5 awardees develop a Hepatitis Toolkit/model to increase hepatitis care, testing, and screening? If so, what process did they follow?	Each awardee has a unique model of focus, and have adapted their models in some fashion to accommodate the dynamic pandemic environment.
Is anyone aware of or Has anyone come up with screening and treatment programs for non-insured patients? Being that there is not a Ryan White "like" program for hepatitis is it time to develop and implement such programs? Are there any ideas for even small programs such as pilots?	You can work with labs as they can establish "self pay" rates for people without insurance so it's affordable to do testing. Physicians often have self pay rates or Federally Qualified Health Centers are affordable places to receive care for uninsured patients. Medications can be more affordable if people use GoodRx or get medications from nonprofit pharmacies (Rx Outreach).

Re co-locating MAT / SSP / etc: are there strategies by which HHS or CMS could further enable co-location through changes in reimbursement policy? As I understand it, it is currently difficult or impossible for many programs to be able to put up testing or treatment, unless they have the resources to apply for research or programmatic grants. Right now, insurance billing is either difficult to do, separated between behavioral/physical health, or just not lucrative enough to cover the costs	This is part of the discussion our (HHS) project addressing payment/reimbursement barriers will try to address. We will be disseminating recommendations through this project, bringing in CMS and other payers to identify areas to address the barriers.