

## USING TELEPHONE-BASED PATIENT NAVIGATION SERVICES TO ACCESS HEPATITIS C CARE IN NEW YORK CITY WITH A PUBLIC HEALTH APPROACH

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### Background:

In New York City (NYC), 91,000 people were living with hepatitis C virus (HCV) in 2020, 40% of whom remained undiagnosed. People with HCV in NYC had higher proportion of premature death (occurring before age 65) in 2017 than those without infection (58% vs 27%). Poverty, co-morbid conditions, substance use, and justice-involvement are frequent barriers to HCV care. Since 2017, the NYC Health Department telephone-based patient navigation program has provided patient-centered services to support people with HCV in achieving cure.

### Description of model of care/intervention:

NYC Health Department identified populations that might benefit from HCV care navigation services using surveillance data or direct referrals from other programs. Target populations included people with acute HCV, HCV/HIV co-infection, advanced liver fibrosis, justice-involvement, or those tested for HCV at Sexual Health Clinics. Multilingual and culturally competent navigators linked people to HCV care and supportive services (e.g., harm reduction), scheduled appointments/reminders, offered HCV and overdose prevention education, and supported treatment completion. Navigators performed  $\geq 3$  telephone outreach attempts. Test history and navigation activities were recorded in the surveillance system with periodic review to ensure quality/accuracy.

### Effectiveness:

During June 2017–January 2022, navigators attempted outreach to 2,429 people and reached 771 (32%). Of these, 565 (73%) spoke English, 53 (7%) spoke Spanish, 262 (34%) used public insurance, 14 (2%) were uninsured, and 457 (59%) did not share insurance information. A total of 694/771 people (90%) were connected to HCV services. Of those connected, 566 (82%) attended an appointment and 305/566 (54%) had a subsequent negative RNA result after receiving navigation services.

### Conclusion and next steps:

The NYC Health Department successfully used surveillance data and referrals to provide HCV care navigation services. The majority of those contacted attended an appointment and more than half of those attending an appointment had a subsequent negative RNA, suggesting cure.

### Disclosure of Interest Statement:

*The authors have no conflicts of interest.*