C Change: Philadelphia's Plan to Eliminate Hepatitis C Among People Who Use Injection Drugs

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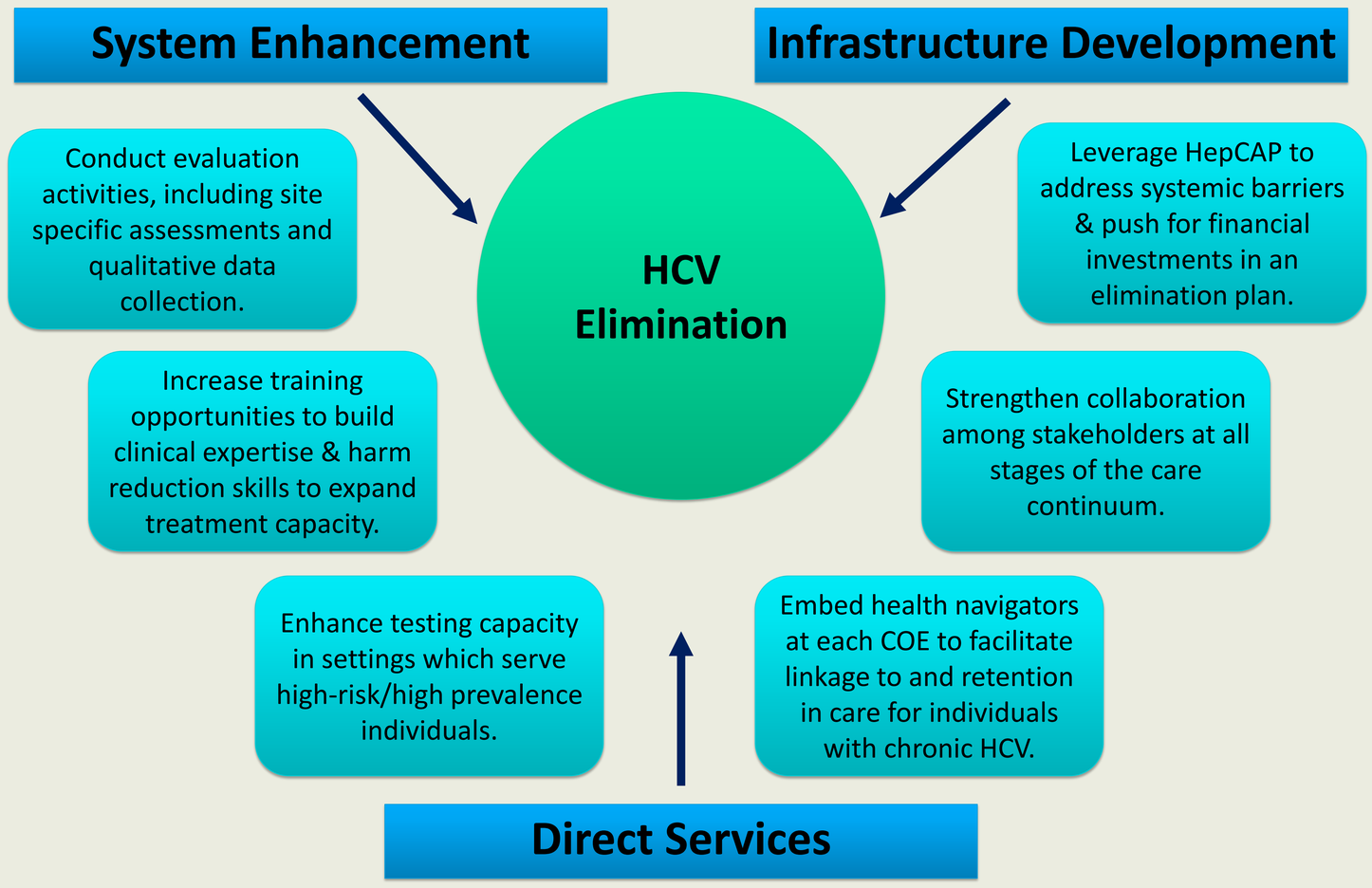
Eliminating Hepatitis C In Philadelphia

An estimated 54,000 (3.4%) Philadelphians are living with chronic hepatitis C virus (HCV); more than half are estimated to be unaware of their infection. Surveillance data from the Philadelphia Department of Public Health (PDPH) highlighted severe drop off at all stages of the care continuum. These gaps are even more pronounced among people who use injection drugs (PWIDs). The systems that PWIDs interact with often lack capacity and infrastructure to provide the integrated care models proven to yield better health outcomes.

C Change has mobilized to address these needs, aiming to increase cure rates by 20% among PWIDs who know their HCV status, increase testing among PWIDs by 25%, and identify population specific barriers at each stage of the cascade.

C Change: A Blueprint for Elimination



Program Design

C Change focuses on systems level enhancements and direct patient services in Philadelphia's Opioid Centers of Excellence (COE). COEs work to coordinate and co-locate behavioral and physical health services, including medication assisted treatment, for individuals with opioid use disorder. We are embedded in nine COEs across the city to enhance testing capacity and establish referral systems for linkage to care. Our strategy features health navigators located at each COE site to support testing integration and expansion and provide patient navigation to facilitate linkage to and retention in care for individuals with chronic HCV.

Key Programmatic Elements

- Provides flexible, low threshold services that support patients' movement through the care cascade.
- Builds integrated care models responsive to the specific needs of each COE setting.
- Targets the systems (organizational and governmental), infrastructure and policies that facilitate or inhibit patient's movement through the cascade.
- Strengthens each point on the cascade with direct service and systems level interventions.

Key Interventions Along HCV Care Cascade

COE Site	AB testing	Confirmatory testing	EMR Modification	On site capacity for HCV treatment	Establish referral and linkage to care protocol
COE A: Clinical setting (with HCV treatment capacity)	◆	◆	◆	◆	◆
COE B: Outpatient perinatal MAT treatment in a hospital setting	◆	◆	N/A	N/A	◆
COE C: Outpatient perinatal MAT treatment in a hospital setting	◆	◆	N/A	N/A	◆
COE D: Community based housing program with clinical services	◆	◆	N/A	N/A	◆
COE E: Needle/Syringe exchange program	◆	◆	N/A	N/A	◆
COE F: Intensive outpatient drug treatment in a hospital setting	◆	◆	◆	◆	◆
COE G: Clinical setting (without HCV treatment capacity)	◆	◆	◆	◆	◆
COE H: Perinatal and non perinatal drug treatment programs	◆	◆	N/A	N/A	◆
COE I: Community based intensive outpatient drug treatment program	◆	◆	N/A	N/A	◆

◆ Existing infrastructure
◆ Implemented by C Change
◆ Enhanced by C Change
◆ In process
N/A Not applicable to site needs

Conclusion

Implementation of C Change has increased access to HCV antibody and confirmatory testing in the COEs, and provided opportunities for care navigation for HCV+ individuals identified in MAT sites and in primary care settings who are not treating for HCV.

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