

Launching a National Hepatitis C Elimination Program in the United States

More than 2 million adults in the United States have hepatitis C virus. Even though hepatitis C is now curable with a safe and highly effective oral medication, it remains a major cause of liver disease, liver cancer, and death. Hepatitis C infection kills more than 10,000 Americans and leads to billions of dollars of health care costs every year.

We can end the unnecessary suffering and death caused by hepatitis C by investing in the Administration's proposed 5-year national hepatitis C elimination program.¹

PROBLEMS SOLUTIONS

40% are unaware of their infection.

AWARENESS

Increase awareness of the need for hepatitis C screening through public awareness campaigns and targeted outreach for high-risk populations.

Testing sites are **not available** in every community.

Testing requires
multiple steps before any
treatment can start.





Expand testing locations in communities to **increase access**.

Use new point-of-care tests to allow for rapid testing and treatment.

Medications to cure hepatitis C **are expensive**.



TREATMENT



Provide **access to medications** for hepatitis C treatment for

high-risk populations through a national subscription program.

Many patients are **lost between testing and initiating** hepatitis C
treatment.





Render follow-up visits
more accessible and convenient
with increased locations and types
of providers offering hepatitis C

of providers offering hepatitis C treatment, and **use telehealth**.

Some people with long-term hepatitis C may develop cirrhosis or liver cancer.



LONG-TERM
OUTCOMES
AND
COST-SAVINGS

Initiate a national program to avert

(over 10 years):

- » 24,000 deaths
- » 20,000 cases of liver cancer
- » 25,000 cases of chronic kidney disease
- » 49,000 cases of diabetes

SAVE MORE THAN \$18 BILLION.

of which \$13.3 billion accrues to the federal government²

¹Fleurence RL, Collins FS. A National Hepatitis C Elimination Program in the United States: A Historic Opportunity. *JAMA*. 2023;329:1251-1252. doi:10.1001/jama.2023.3692.

²Chhatwal J, Aaron A, Zhong H, et al. *Projected Health Benefits and Health Care Savings form the United States National Hepatitis C Elimination Initiative*. National Bureau of Economic Research. 2023. doi:10.3386/w31139.

Tailoring Awareness, Testing, Treatment, and Follow-up solutions can eliminate hepatitis C, save thousands of lives, and save billions of dollars.

KEY POPULATIONS EXPERIENCE BARRIERS TO HEPATITIS C TREATMENT

HIGH-IMPACT SOLUTIONS

People Who Are Uninsured



Routine, **opt-out screening is not offered** in most settings where uninsured people seek care.



Conduct public outreach on a local level with trusted community partners, such as community health workers and community-based organizations.



Co-locate services so patients will encounter hepatitis C testing more frequently.

People Who Are American Indian and Alaska Native



High prevalence of hepatitis C in American Indian and Alaska Native communities.

Current multiple-step testing is challenging in remote areas.

Chronic **staffing shortages** at Indian Health Service.



Increase awareness and reduce stigma by using language-specific and culturally relevant multi-media campaigns and engaging with community partners.



Expand screening locations to include behavioral health settings, emergency rooms, and pharmacies.



Deliver care through pharmacists and use telehealth to link patients to specialists.

People Who
Use Medicaid



Only 1/3 of Medicaid beneficiaries with diagnosed hepatitis C get treatment.



Create/establish quality improvement goals at the state level to incentivize providers to treat hepatitis C.



Reimburse case-management activities for social support for patients facing significant barriers to care, including insurance enrollment support and transportation.

People Involved in the Justice System (spent time in jails or prisons)



The **prevalence** of hepatitis C is **up to 30%** for people involved in the justice system.

Provider shortages in correctional settings.

Many **lost to follow-up care** after reentry into community.



Increase awareness through evidencebased peer-to-peer training programs and nurse-led education sessions.



Expand use of telehealth, nurse practitioners, and treatment cohort models.



Use case-managers to coordinate care or assist in Medicaid re-enrollment for people involved in the justice system.