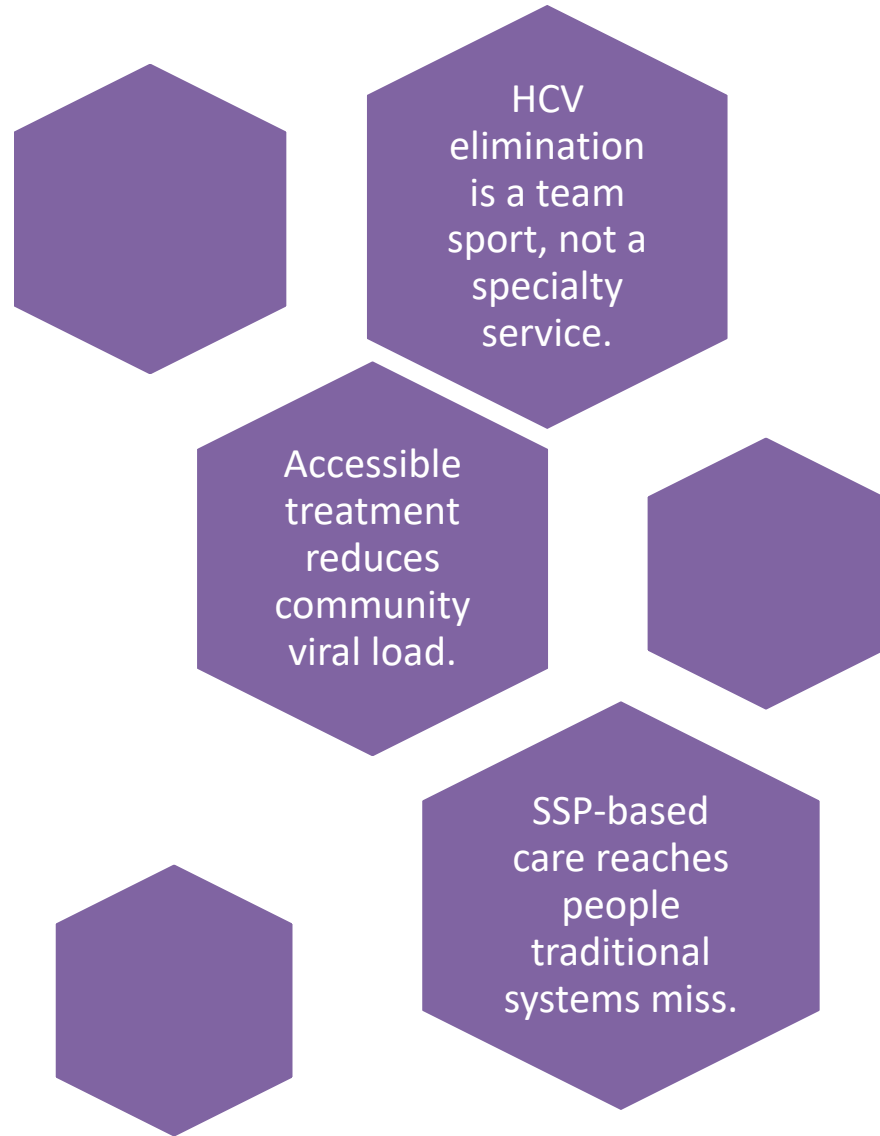


How to Incorporate HCV Into Your Practice

Berkshire Harm Reduction • 2025

Why HCV Integration Matters





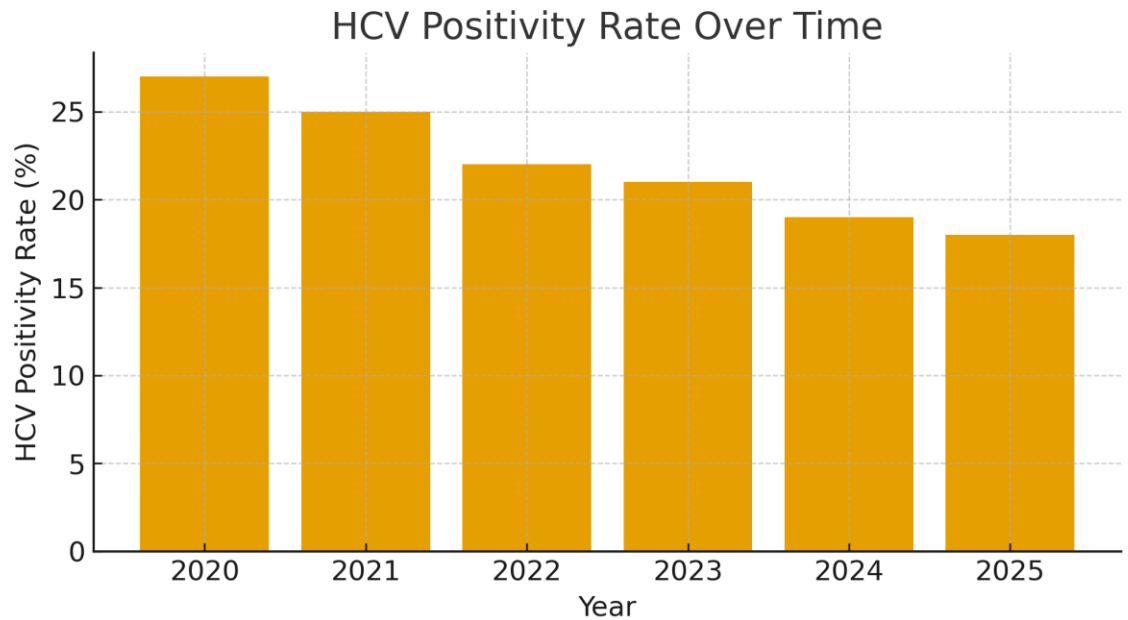
Program Origin

2020 positivity rate: 27%.

Current positivity: 18–19%.

Trend justified launching an
SSP-integrated HCV
program.

HCV Positivity Rate Over Time





Our Treatment Model Overview



Low-barrier, SSP-based HCV care.



Telehealth
Infectious Disease
NP.



Dedicated Hep C
Navigator ensuring
continuity.



Telehealth Provider Visit



Medical history,
PrEP eligibility.



HCV treatment
prescription issued.



Specialty pharmacy
handles prior auth.

Starting Treatment



1-week Navigator
check-in.



Phone incentive
program.



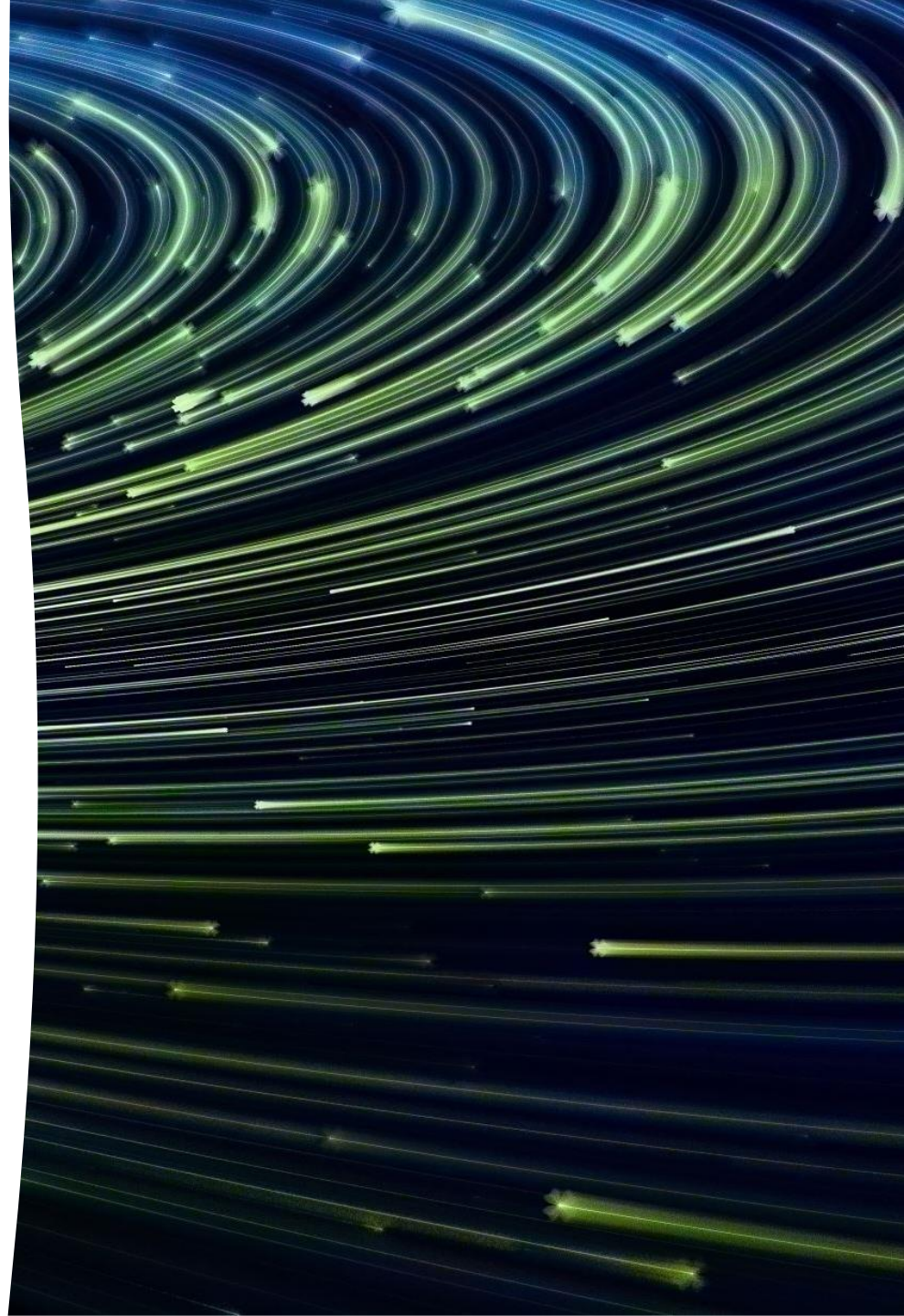
Secure medication
storage available at SSP.

Reinfection Is Not a Barrier

Reinfection \neq
program failure.

Immediate
retreatment possible.

High-risk populations
prove program reach.



What Has Worked Well

Low-barrier, nonjudgmental environment.

Dedicated Navigator improves adherence.

Specialty pharmacy partnership increases access.

Reaching clients nontraditional systems miss.

Engaging the Entire Care Team



Activation beyond
prescribers.

Front desk, lab
staff, peers,
outreach all play a
role.

Team engagement
reduces loss to
follow-up.

Frontline & Harm Reduction Staff

1

Normalize HCV testing.

2

Provide safer use education.

3

Support adherence in real-world settings.

Navigator & Case Management Role

Central coordinator of labs,
telehealth, adherence.

High-touch contact
improves outcomes.

Manages incentives,
reminders, referrals.

Engaging Leadership

Leadership cares about impact, alignment, and efficiency.

HCV work supports CHNA/CHIP, equity, and SUD priorities.

Low-cost, high-impact model.

HCV elimination is a system-level win: clinical, financial, community, and reputation.

Strategies for Leadership Buy-In

1

Bring data + a compelling client story.

2


Start with small, realistic asks.

3

Connect HCV to organizational mission.

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Call to Action

- Identify one workflow change to implement.
 - Activate one new staff role around HCV.
 - Make one leadership ask within 30 days.
- 
- A decorative purple dashed line in the bottom right corner, consisting of several short, curved segments.

MA DPH Hepatitis C Toolkit



- The DPH resource "Enhancing Hepatitis C Testing and Treatment" can be used to:
 - Establish **standing orders**
 - Train **non-clinical team members** in HCV pathways
 - Use **patient navigation models** from MA shelters + CHCs
 - Implement **EMR testing prompts**
 - Create **reflex RNA protocols**
 - Standardize FIB-4-based triage
 - Build **rapid linkage workflows** (milestones + timelines)

<https://www.mass.gov/resource/enhancing-hepatitis-c-testing-and-treatment>

MA DPH Hepatitis C Toolkit



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<https://www.mass.gov/resource/enhancing-hepatitis-c-testing-and-treatment>

MA DPH Hepatitis C Toolkit



Sustainability

This is a chapter of the Enhancing Hepatitis C Testing and Treatment toolkit which provides resources and best practices to help providers to identify and successfully treat hepatitis C infection.

Best Practices

- Cultivate support from key leaders: CEO and CMO (mission match), COO (clinic operations, workflows), CIO (data support, patient registries) and CFO (financial planning).
- Itemize necessary financial supports and resources, such as staff or IT time; pharmacy revenues may be used to fund support staff such as HCV navigators.
- Build staff buy-in from front desk to prescribers, to leadership to ensure well-coordinated patient management.
- Establish and maintain a multi-disciplinary team to manage HCV treatment. Train, establish workflows, and support multiple prescribers who treat HCV to ensure sustainability and prevent treatment interruptions during absences or position vacancies.

<https://www.mass.gov/resource/enhancing-hepatitis-c-testing-and-treatment>