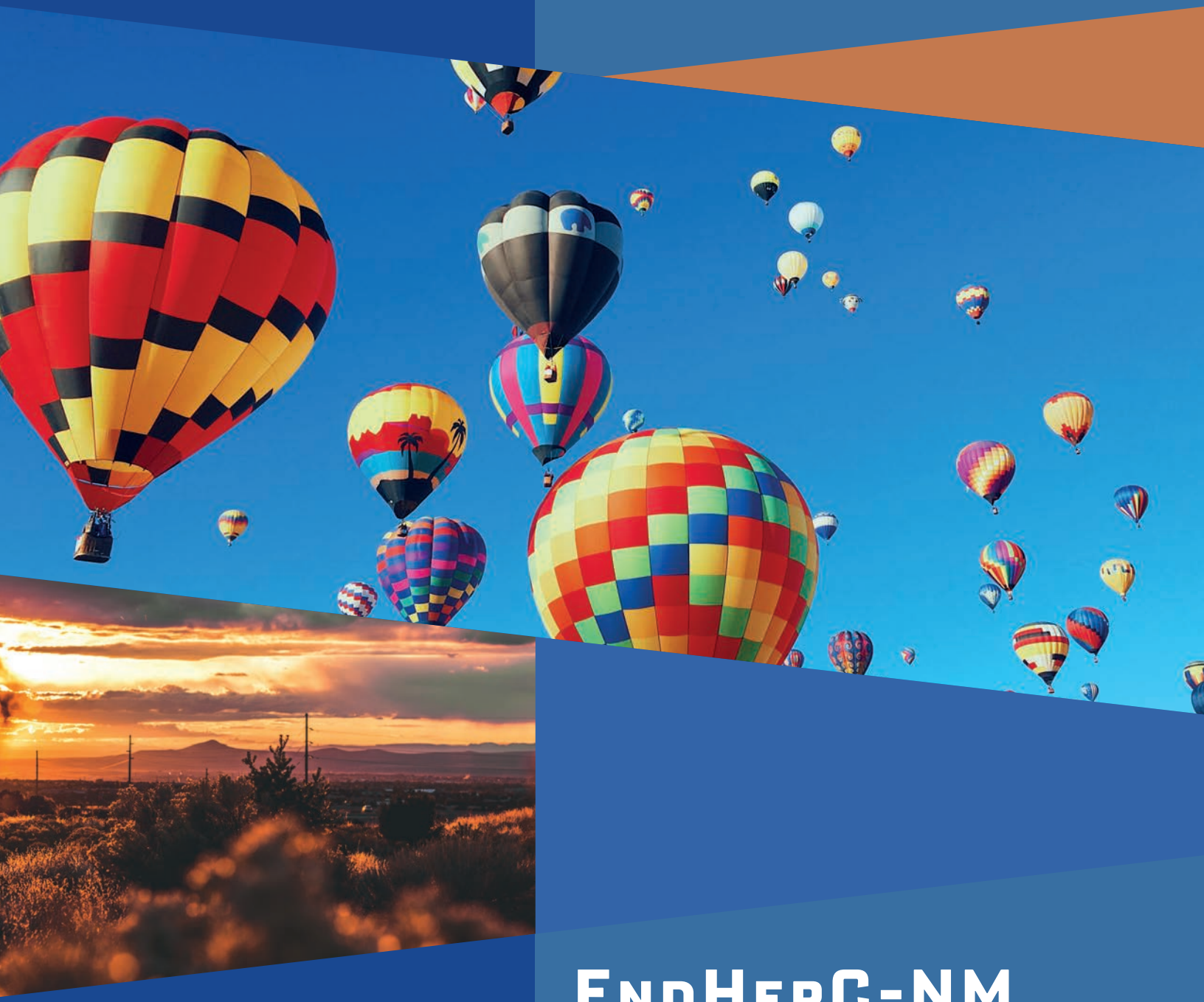
NMDOH
NEW MEXICO DEPARTMENT OF HEALTH



EndHepC-NM

ELIMINATING HEPATITIS C VIRUS IN NEW MEXICO BY 2030

State of New Mexico

Michelle Lujan Grisham
Governor

Greetings New Mexicans,

Our state has been a leader and innovator in the response to the hepatitis C virus (HCV) for the past two decades. While we have high rates of this serious infectious disease, we can also be among the first to eliminate HCV as a public health threat by 2030. I urge everyone to work together to achieve this ambitious goal that will save lives and prevent serious health outcomes. The *EndHepC-NM: New Mexico Vision, Strategy, and Implementation Plan for Eliminating Hepatitis C Virus (HCV) by 2030* was drafted by a team of over 90 New Mexico health care professionals, insurance experts, researchers, epidemiologists, community advocates, and state employees. The report illustrates New Mexico's high rates of HCV infection, one of the highest in the nation, with roughly 45,000 people currently living with chronic infection. More importantly, the report describes our progress in prevention, testing and curative treatment, which have moved us towards the day when new infections are rare and the worst health impacts are minimized.

State agencies will continue to play a leading role in HCV elimination. The New Mexico Department of Health (NMDOH) will continue to coordinate statewide work and provide expertise in epidemiology to track progress. The New Mexico Human Services Department (HSD) is essential to ensuring access to curative treatment with the most inclusive Medicaid services in the nation. Funds provided by our administration to the New Mexico Corrections Department (NMCD) ensure access to treatment for incarcerated individuals, as prisoner health is community health. Finally, the expertise of the ECHO Institute at the University of New Mexico will ensure access to prevention, testing and curative treatment in rural, frontier and tribals areas to reduce health disparities.

Elimination of HCV as a public health threat will not be an easy task, but it will have a positive impact on the health of New Mexicans. I urge you to get involved to ensure that all communities and parts of the state work to achieve this ambitious goal while ensuring health equity for all people in New Mexico.

Sincerely,

Michelle Lujan Grisham
Governor
State of New Mexico

David R. Scrase, MD
Acting Cabinet Secretary
New Mexico Department of Health

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INTRODUCTION

Vision for Elimination

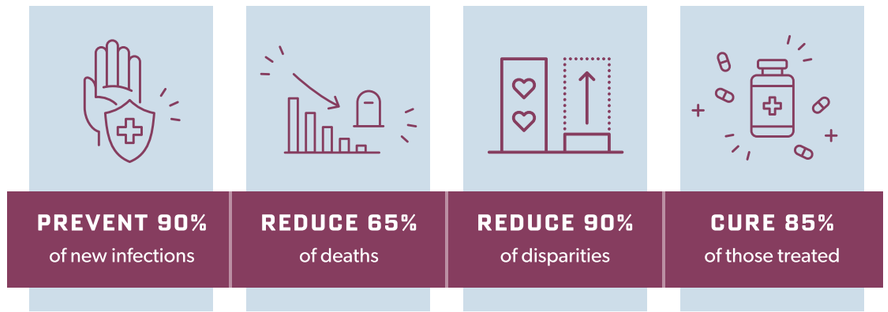
New Mexico has one of the highest rates of hepatitis C virus (HCV) infection in the nation. As the most common infectious disease, HCV causes significant liver disease and disability to persons across the state. Thanks to amazing new curative medical treatments, this harm can be eliminated through prevention, testing, treatment and policy efforts that cure persons living with HCV and end new infections.

New Mexico commits to lead and innovate in order to be among the first states in the nation to eliminate HCV as a public health threat by the year 2030. We envision a future where new infections are rare and all people in our state impacted by HCV have access to quality, innovative and best practice services for prevention and care. This will achieve health equity and social justice for all persons and communities impacted by HCV regardless of race/ethnicity; sexual orientation; gender, gender identity and gender expression; age; socio-economic circumstance; disability; language; immigration status; religion, spirituality, and cultural tradition; and geographic location including rural, frontier and tribal areas.

There have been over 64,700 cumulative cases of HCV infection reported to the New Mexico Department of Health (NMDOH) over the past two decades. Since some persons have already successfully completed curative treatment and others have naturally cleared the infection, it is estimated that roughly 25,800 persons still need curative treatment to achieve the elimination goal.

Organizations and advocates across the state have come together in partnership to achieve this ambitious vision. It can be accomplished by ensuring that all persons impacted by HCV are reached with services.

This partnership strives to achieve the following goals, as outlined by the U.S. Centers for Disease Control & Prevention (CDC).



SOURCE: ADAPTED FROM THE VIRAL HEPATITIS NATIONAL STRATEGIC PLAN AND THE DVH STRATEGIC PLAN 2025

Definition of Elimination

New Mexico is dedicated to ending the public health consequences of HCV over the next decade by 2030. It is important to note that elimination of HCV as a public health threat is not the same as completely eradicating the disease. Without widespread availability and use of a safe and effective vaccine, it is not possible to end every single HCV infection. Efforts to develop a safe vaccine for HCV are ongoing.

Even without a vaccine, however, this comprehensive and integrated strategy can dramatically reduce the number of persons with chronic disease and bring new infections to a very low level. In this way, the huge negative health and social consequences of HCV to communities across the state can be minimized.

New Mexico's goals for HCV elimination are a local adaptation of national goals from the Viral Hepatitis National Strategic Plan: A roadmap to Elimination 2021-2025 (available at *https://www.hhs.gov/hepatitis/viral-hepatitis-national-strategic-plan/index.html*).

HCV Elimination Goals

1. Prevent New Infections

Prevent 90% of new infections by 2030, utilizing comprehensive harm reduction, testing, and navigation into curative therapy.

2. Diagnose Cases of HCV

Diagnose persons living with chronic HCV including both those newly infected and those with long-standing infection by providing both targeted testing for those at greatest risk and universal screening for all patients accessing health care services consistent with update HCV screening guidelines.

3. Expand Provision of Curative Treatment

Sustain and expand innovative efforts that improve access to curative treatment, such as the HCV treatment project in state correctional facilities, outreach and engagement of Medicaid members, and provider training and support from Project ECHO.

4. Reduce Health Disparities

Reduce health disparities related to HCV by increasing the number of providers offering curative therapies in a culturally competent manner in rural and frontier areas, for Native American tribal communities, for persons experiencing homelessness, and for individuals who use substances.

5. Enhance HCV Surveillance Data and Utilize to Direct Public Health Action

Continue to improve viral hepatitis surveillance and epidemiological data to inform elimination efforts, describe health disparities, target resources, assess progress towards elimination, and identify outbreaks of HCV so they can be rapidly addressed.

6. Ensure Engagement of Impacted Communities

Coordinate a diverse partnership of individuals and organizations across the state to assist with implementation and monitoring of elimination efforts. Ensure a voice for individuals and communities impacted by HCV.

Success of HCV Treatment

One of our harm reduction clients started Suboxone and has almost completed HCV treatment. "I can't believe how much better I feel, I feel like a person. I forgot what it felt like to be healthy."

Source: The Mountain Center

Collaborative Planning in New Mexico

History of Collaborative Planning

New Mexico has conducted comprehensive planning related to HCV for almost 20 years, with a consistent focus on engaging stakeholders, providers and persons from communities disproportionately impacted by the disease.

- The New Mexico Hepatitis C Alliance was formed in the early 2000s as the first planning body. It became a private 501(c)(3) non-profit organization in 2005 and led efforts to engage more health care providers in HCV treatment through 2009. The Alliance released New Mexico's first comprehensive statewide plan, A Vision and Strategy: Hepatitis C in New Mexico, in 2004.

- Due to a lack of private grant funding to sustain this group, planning moved to the Hepatitis Task Force of the New Mexico HIV Community Planning and Action Group in 2010. This group completed a Community Services Assessment that prioritized key activities, such as provision of hepatitis A and B vaccines, into five ranked categories.

- The New Mexico Hepatitis C Coalition was convened by the NMDOH Hepatitis and Harm Reduction Program in 2014. It completed the Hepatitis C Virus (HCV) in New Mexico: Comprehensive Plan and Profile of the Epidemic in June 2016 as the profile used to inform and launch focused HCV elimination work. The plan is available at *https://www.nmcpag.org/plans.html*.

- The limited demographic data available in HCV surveillance shows that American Indians/Alaskan Natives have disproportionate rates of HCV. Two Southwest HCV Tribal Summits were held in Albuquerque in 2016 and 2017 to ensure that planning efforts considered these health disparities. These productive meetings also secured greater involvement of organizations serving tribal communities in the statewide collaborative.

- Formalized HCV elimination planning kicked off in April 2016 at a meeting hosted by the University of New Mexico's Project Extension for Community Healthcare Outcomes (Project ECHO). A new planning force began with leadership from the CDC Division of Viral Hepatitis (DVH) and Cabinet Secretaries from four state agencies.

- This group evolved into the current New Mexico Hepatitis C Elimination Coalition, better known as the EndHepC-NM Coalition. It represents state agencies, health care providers, Project ECHO, tribal advocates, and other affected communities. The Coalition had aimed to complete the HCV elimination implementation plan early in 2020, but this was delayed by the COVID-19 pandemic. While key implementation steps have moved forward, this plan was only finalized and released in 2022.

- The Coalition was strengthened in July 2019 when the National Governor's Association hosted a learning lab in Albuquerque on "State Strategies for Addressing Infectious Diseases Related to Substance Use." The keynote presentation by New Mexico Governor Michelle Lujan Grisham demonstrated the state's commitment to HCV elimination. Five states attended to learn from New Mexico's expertise and innovations.

Participants in the EndHepC-NM Coalition

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PRESBYTERIAN HEALTH PLAN
Robbie Lord, Jim Romero

WESTERN SKY COMMUNITY CARE
Joy Marquez, Andrew Montoya, Rose Nelson, Latha Shankar, Lynell Soladay, Nathan Varly, Amir Wodojo

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NEW MEXICO MEDICAL INSURANCE POOL
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Synchronys: Tom East, Renee Sussman, Terri Stewart

TRICORE
Melissa Budelier, Monique Dodd, Ceceilia Thompson

LOS ALAMOS NATIONAL LABS
Ruy Ribeiro

Lessons from Other HCV Elimination Efforts

New Mexico can adapt lessons from other HCV elimination efforts around the nation and world which can help further the state's goals. Two projects are most notable.

- The elimination project at the Cherokee Nation is the first specifically designed for American Indian/Alaskan Native tribal communities. This project has lessons that may apply to achieving elimination in the tribal communities of New Mexico.
- Project ECHO has consulted on the elimination initiative in the Republic of Georgia. This can bring important strategies and successes back to New Mexico.
- The country of Georgia, a small lower-middle income country in Eastern Europe with a population of 3.7 million was the first country to launch a national HCV elimination program in 2015. The program had very strong governmental support, a national serologic survey with an estimated HCV prevalence of 5.4% of adults, and directly-acting antivirals provided at no cost by Gilead Sciences.
- Georgia's HCV elimination leadership worked with Project ECHO in New Mexico to adopt the Project ECHO model to decentralize care and make care available in the primary care setting. During the first 18 months of the program, roughly 30,000 of the estimated 150,000 persons living with HCV or 20% initiated HCV treatment. The number of people initiating HCV therapy dropped substantially after this initial period. Many in the initial wave of treatment were already aware of their infection and eager for treatment.
- Lessons learned from this novel program in Georgia are applicable to New Mexico. The effort has had to significantly ramp up testing, particularly in high-risk populations such as people who use drugs and focus heavily on linkage to care. The strategy to increase treatment utilization going forward is to fully integrate screening, care and treatment services in harm reduction centers, primary care, and other lower barrier settings throughout the country.
- New Mexico also has several innovative projects aimed at eliminating HCV in specific patient populations.
- The UNM Health Sciences Center has worked across its hospitals and clinics to improve the number of persons linked to and receiving curative treatment since July 2020. This effort has six project goals that significantly overlap the goals in this plan. Given that an HCV care cascade has identified that only 50% of persons with HCV are diagnosed and aware, and only 9% have achieved a cure, the project strives to identify and remove barriers to reach the goal of curing persons and saving lives. Early successes including identifying an HCV treatment provider in each quadrant of the Albuquerque metropolitan area, as well as collaboration with OB/GYN.
- Gallup Indian Medical Center (GIMC) is an Indian Health Service facility serving over 42,000 American Indian/Alaska Native users in the northwestern part of New Mexico. GIMC has had a dedicated hepatitis C clinic since 2017. Patients are co-managed by an internal medicine physician and a pharmacy team. On average, the clinic treats about thirty patients per year. Most patients evaluated in clinic can start treatment right away. The clinic works with community partners such as a local detention center, recovery and detox centers, and NMDOH public health office to provide testing and educational outreach.The current program focus areas are to expand screening in the community and emergency room settings, improve engagement into care especially for patients with co-occurring substance use disorders, and expand the treatment team to include case managers and behavioral health professionals.

Epidemiological Profile of HCV

It is estimated that 2.4 million people in the United States are living with chronic HCV. Often, people are unaware of their infection and exhibiting few symptoms of illness until decades after infection when life-threatening health complications can develop. HCV infection is not only associated with liver disease which progresses over time to end-stage liver disease, liver cancer and eventually death. HCV infection has a major impact on other disease processes. For example, persons infected with HCV are 70 % more likely to develop diabetes. In addition, HCV infection is strongly associated with heart disease and kidney disease.

New Mexico has one of the highest rates of HCV infection, with roughly 45,000 people living with chronic infection at this time. Chronic liver disease, heart disease and diabetes were in the top 10 leading causes of death in New Mexico in 2017 (*https://www.cdc.gov/nchs/pressroom/states/newmexico/newmexico.htm*). Without curative treatment, this burden of disease would result in worsening outcomes including end-stage liver disease, liver cancer and eventually death. HCV elimination in New Mexico will have a profound impact on the health of the population.

The NMDOH Epidemiology and Response Division (ERD) conducts passive laboratory-based surveillance for HCV infection. This means that most data are received from laboratories via electronic means and paper faxes, although some clinical providers also report cases. Since most data does not come from medical providers who know the patients best, demographic information such as ethnicity, race and risk factors are typically quite incomplete.

Approximately 5,000 cases of chronic HCV are identified annually (*Figure 2*). To date, over 64,700 cases have been reported through 2021. Of these, 59,823 have chronic HCV infection; this equates to 2.8% of the state's total population. Data through 2019 also show the following trends:

- While persons in the "Baby Boomer" age cohort (born 1945-1965) represented the majority of newly reported cases in 2006, those in younger age groups have accounted for a growing proportion of the total (*Figure 3*). While Baby Boomers accounted for half of the cases in 2006, those who are younger now represent nearly 71% of all new cases reported in 2019.
- Growing incidence rates of infection among persons aged 30 and under are also of particular concern. Rates among this group have steadily climbed since 2006 and in 2019 are about half of that among those aged 30 and over (*Figure 4*). These individuals are more likely to be engaging in risk behaviors that can transmit HCV to others, so they are a priority for prevention efforts such as harm reduction and syringe exchange.
- Data by detailed age groups also show a steady increase in rates in those aged 25-34 years, who now comprise the majority of all newly diagnosed chronic HCV infections (*Figure 5*).
- Males are still more likely to have chronic HCV, with a rate of 314 per 100,000, or over twice the rate of 153 per 100,000 among females.
- The rate of chronic HCV has been highest among rural counties, followed by metropolitan counties and mixed urban/rural or small metro counties (*Figure 6*). In some cases, the higher rates are due to the state correctional facilities which are located in these counties.
- Roughly one-fifth of all laboratory reports are received from jails and prisons; state prisons test all inmates upon entry. Among all cases reported in 2019, 23.78% were incarcerated (*Figure 7*).
- There is limited HCV surveillance data in New Mexico children. There may be up to 46,000 children affected by HCV in the United States. However, it has been estimated that up to 95% of HCV cases in children have not yet been diagnosed.

Three generations living with hepatitis C

This story starts in 2018 with a grandma who took care of her 7-year-old grandson, whose mother was serving a jail sentence for drug possession. The grandma tested positive for hepatitis C, and she wanted to test her grandson due to a lot of drug circulation at his mother's home.

At that time, she was working, and it was complicated for her to dedicate playtime with him. Due to her chronic liver condition, she felt tired and fatigued, frustrated, sad, and discouraged for not being able to share that time with her beloved grandson. The grandma wished to get the hepatitis C treatment, but she did not have insurance and financial support for it. She also hoped to see her daughter released from jail so that she, too, could be treated.

Time passed, and with the support of an external financial organization, grandma received successful hepatitis C treatment through La Familia Medical Center (LFMC), and her grandson was also able to be tested and found not to have HCV.

Upon hearing she was cured, grandma did not have enough words to thank the clinic, but most importantly, treatment restored her ability to play, lie on the floor and paint with her little boy. One day the boy told her: "Abuela, estamos jugando igual que con mis amigos!" (*"Grandma, we are playing just like with my friends!"*)

Later, her daughter released from jail, and with the same expectation of her mother, she got access to HCV treatment and was cured. She currently is in a Medication for Opioid Use Disorder program. The three generations are still involved with LFMC for primary care.

Source: La Familia Medical Center

FIGURE 2: NEWLY REPORTED CHRONIC HCV INFECTION NEW MEXICO, 2006-2019

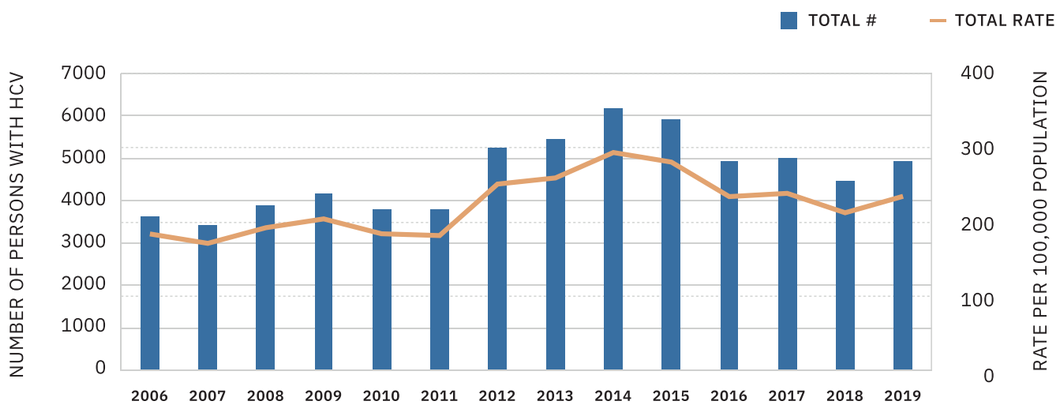


FIGURE 3: CHRONIC HCV INFECTIONS BY BIRTH COHORT NEW MEXICO, 2006-2019

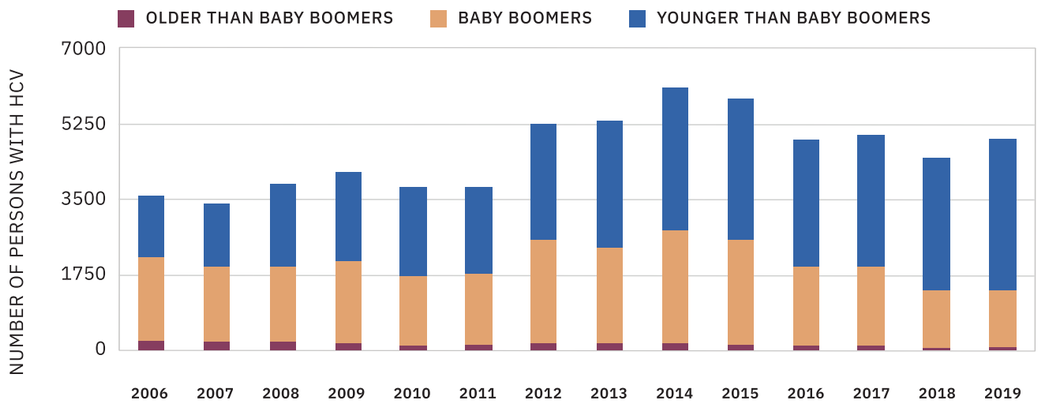


FIGURE 4: RATE OF CHRONIC HCV INFECTION BY AGE COHORT : NEW MEXICO, 2006-2019

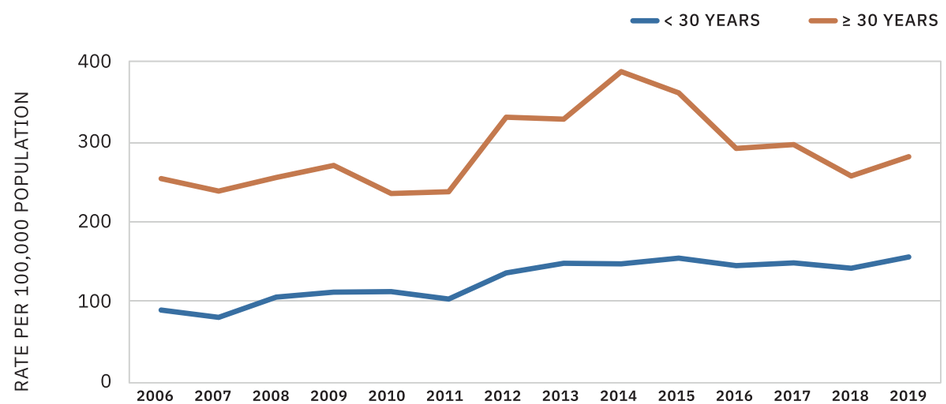


FIGURE 5: RATE OF CHRONIC HCV INFECTION BY AGE GROUP : NEW MEXICO, 2006-2019

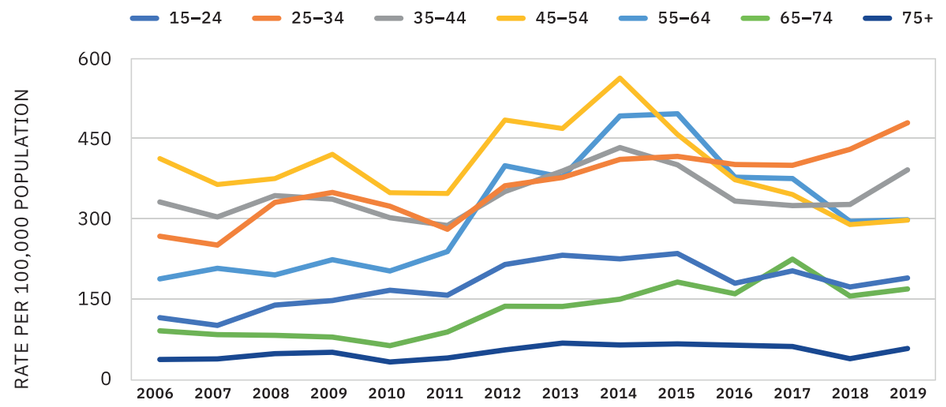


FIGURE 6: RATE OF CHRONIC HCV INFECTION BY URBAN-RURAL AREA : NEW MEXICO, 2015–2019

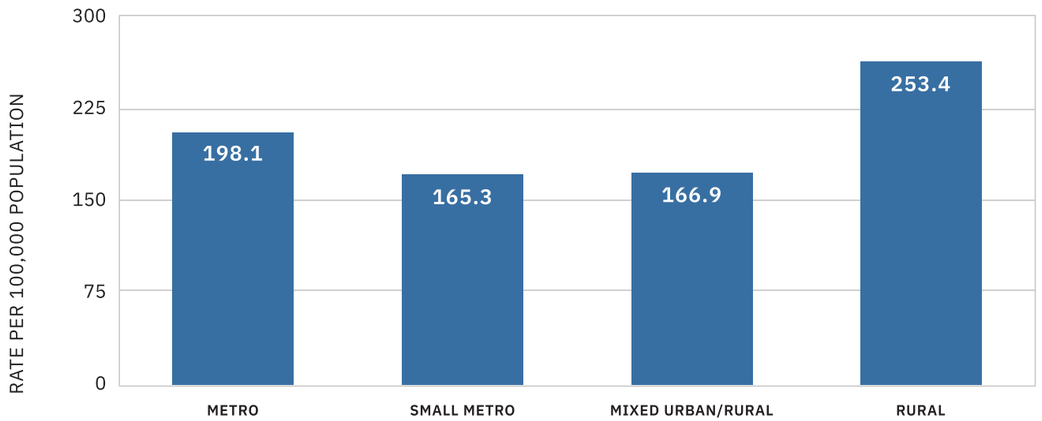
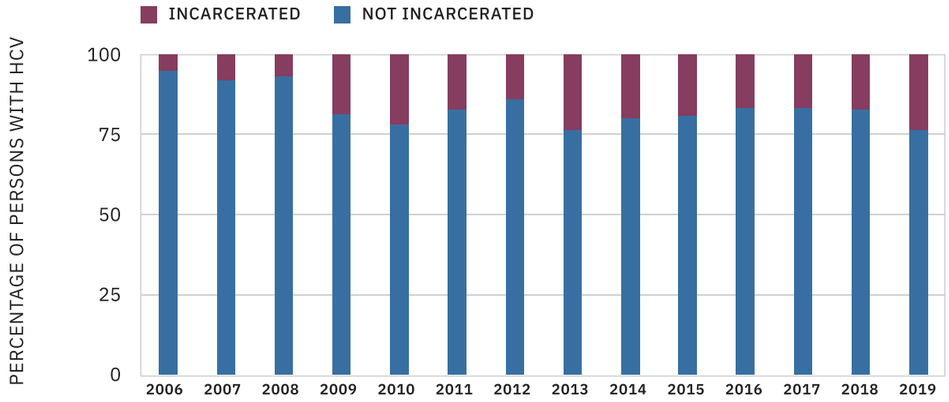


FIGURE 7: PROPORTION OF CHRONIC HCV INFECTION BY INCARCERATION STATUS : NEW MEXICO, 2006–2019



Strategies that Prepare New Mexico for Elimination

A number of factors make it seem daunting for New Mexico to lead on HCV elimination. This includes the high rates of HCV, the fact that the state is largely rural and frontier, and significant health care professional shortage areas. The silver lining is that it has led New Mexico to be a leader and innovator in the response to viral hepatitis overall and HCV in particular. New Mexico is uniquely positioned to detect and respond to outbreaks of hepatitis A and B. The state intends and plans to be among the first to eliminate HCV as a public health threat by 2030 by building upon two decades planning and program development.

New Mexico's innovations in hepatitis fall into five major areas.

1. Innovative policies increase the number of individuals treated through Medicaid.

The Medical Assistance Division (MAD) of the New Mexico Human Services Department (NMHSD) led the nation in beginning to remove restrictions to HCV treatment in the state's Medicaid program starting in 2015. While many states continue to prioritize or limit access to specific patients based on factors such as liver fibrosis scores, sobriety requirements, and specialty provider consultations, these were eliminated in New Mexico in 2017. This leadership in ensuring equitable access to innovative and effective treatments has already dramatically increased the number of persons being cured each year. ("A Collaborative Model to Expand Medicaid Treatment Coverage for Chronic Hepatitis C Virus", Scrase, D., et. al., *https://catalyst.nejm.org/doi/full/10.1056/CAT.19.0011*).

New Mexico's Medicaid Program has provided access to HCV curative treatment for a significant number of members since these policies were expanded. While only 413 members were treated in calendar year 2015, this figure more than tripled in just three years with a peak of 1,431 persons treated in 2018. For the period of 2014–2020, there were a total of 6,578 courses of HCV treatment provided to persons with Medicaid.

NMHSD has leveraged these progressive policies by implementing strategies that increase utilization of treatment by persons with HCV. With support from the state, Medicaid Managed Care Organizations (MCO) have developed and supported comprehensive programs for case finding and linkage to care and treatment. Some of these strategies include provider and patient incentive programs, comprehensive outreach to individuals at highest risk, and training for providers on the most recent recommendations for HCV screening and treatment.

The three MCOs in New Mexico have increased outreach, provider incentives, patient incentives and other strategies to increase utilization of curative treatment by their members. Some highlights are as follows.

Quick linkage to treatment through Medicaid Managed Care Organization after two decades of delays

Patient is a 45-year-old male who came to receive Hepatitis C treatment in late December 2020. He likely had hepatitis C since 2000 and had been declined treatment for various reasons in the past.

In November 2020, this individual self-disclosed his hepatitis C to Central Corrections Unit (CCU) staff while completing a health risk assessment. Due to the integrated program at Western Sky Community Care, a Medicaid Managed Care Organization (MCO), CCU immediately let the HCV team know to reach out to the member. Outreach and follow-up occurred the same day, with the member being directed to a treating provider in his area in southeast New Mexico.

With the collaborative relationship with the provider, the HCV team let the provider know of this member's planned access with the clinic, so the provider was in the loop from the start. The member immediately contacted the provider and began his work-up in early December 2020. By March 2021, the member had completed treatment. Remarkably, the member had tried to receive HCV treatment since the early 2000s.

What makes this an even better success story is that the member's wife is now getting started on her treatment this week! The member told his program coordinator, Laura, how much better he feels and how much energy he has. His wife is also in Laura's care and she self-disclosed how excited she is to "feel like he's feeling." They both have expressed that WSCC has changed their lives and express their gratitude.

The member recently told the coordinator, "Now, I'm going to build that deck that my wife has been wanting." That's success!

Source: Andrew Montoya, Western Sky Community Care

- **Blue Cross, Blue Shield (BCBS)**

BCBS tracks progress and members needing HCV services through an internal registry that tracks those needing HCV testing, treatment initiation, and treatment completion. Information is gathered from laboratory reports and pharmaceutical reimbursement claims. BCBS provided a one-time $1500 incentive for providers willing to be trained to provide HCV treatment to their patient. There are also incentives for each patient started, completed and achieving sustained viral response at 12 weeks (SVR-12) through curative HCV treatment. This ensures that patients complete their course of treatment and achieve the intended outcomes. There is also a call campaign to patients to link them with care using customer advocates.

- **Presbyterian Health Plan, Inc.**

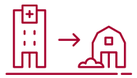
Presbyterian has focused on building the right team, with a model that involves a variety of perspectives including pharmacy services, community health workers, analytics organizations, behavioral health and medical leadership. One key focus has been statewide provider engagement, including the use of provider support strategies and targeted incentives. The plan has also developed compelling member materials. These strategies have helped the plan reach and exceed targets for HCV treatment.

- **Western Sky Community Care (WSCC)**

WSCC has promoted HCV treatment for persons leaving incarceration through its Just Health initiative, which uses liaisons to engage members before release and respond to any barriers to care. The aim is to create a Transition of Care plan. This plan also focuses on social and other issues such as employment, food insecurity, transportation and social supports.

WSCC has a program specific to HCV testing and treatment, including education around the prior authorization submission process. Barriers are reduced through care coordination, transportation, appointment follow-ups, housing assistance and referral to additional community resources. The program assists with medication refills and deliveries.

2. Project ECHO was created and founded in New Mexico specifically to increase access to HCV treatment in rural and frontier areas.



Project ECHO is known world-wide as a best practice to expand access to specialized medical care in underserved areas, such as rural communities. It is invaluable that Project ECHO was founded specifically to increase access to complex HCV treatments across our state. Implementation of this model has expanded clinician capacity to treat HCV for more than 15 years through its innovative model of mentorship and healthcare worker training.

As Project ECHO has grown to other health issues, it has built programs that complement this innovation in HCV. One arm of Project ECHO is helping to build the workforce of providers who are providing Medication for Opioid Use Disorder (MOUD), an important complement to HCV cures. Project ECHO's New Mexico Peer Education Project (NMPEP) is expanding knowledge and self-efficacy around HCV and other infectious disease among persons in state correctional facilities.

3. Comprehensive and integrated harm reduction services including Syringe Services Programs (SSP) are available statewide.

New Mexico has been a leader in program and policy to respond to the needs of persons who inject drugs (PWID) for over two decades. SSP was first approved by state law in 1997. With this early legislation, New Mexico became the second state in the nation to have legal sup-

Project ECHO and new treatment have opened the door for many to hear "you're cured"

I started working with Healthcare for the Homeless in Santa Fe in 2005, and very quickly came to understand the significant impact of chronic Hepatitis C on the homeless population. It was near impossible to get treatment for them through the GI specialists, so when I was presented with the opportunity to work with Project ECHO to provide treatment, I jumped at the chance.

We have seen the amazing progression of treatment from the toxic early medications to the current "miracle" drugs of today. The use of direct-acting antivirals has changed the treatment landscape remarkably and has enabled us to treat individuals we previously could not treat. The support of Project ECHO is invaluable in learning to treat HCV, and in addressing difficult situations.

I cannot count the number of patients I have treated over the last 14 years in working with Project ECHO, but I can recall the relief and happiness people express when they hear "You've been cured." I have not met a single person who wants to live with chronic HCV and having the ability to treat and cure them cannot be understated. Providing access to treatment for the most vulnerable of our population, with the support of Project ECHO, is helping to improve the health of our community.

Source: Maria McMahon, Healthcare for the Homeless Program, La Familia Medical Center

port for statewide SSP implementation.

SSP activities are available at over 50 different sites including NMDOH public health offices (PHO) and community partner locations. SSP locations offer a variety of additional services including, HIV, HCV, and STD testing, MOUD, housing referrals, and other behavioral health interventions. The program served over 16,000 unique/unduplicated individuals in state fiscal year (SFY) 2020, an increase of 40% in just 3 years. These clients engaged in more than 40,000 participant interactions. SSP are an ideal venue to help persons living with chronic HCV to learn their status and be linked to medical care, as well as helping to prevent new infections in this population.

These comprehensive harm reduction programs also incorporate opioid-related overdose prevention at all locations. There were over 21,600 doses of Naloxone distributed in SFY2020 via more than 9,000 client interactions. Using a creative data collection system that asks about outcomes when clients come to get more doses of Naloxone, the program tracked that there were 3,456 successful overdose reversals in that year, an increase of 273% in just 3 years.

These program sites proved to be the ideal venues for a rapid response to contain the HAV outbreak in 2018. Due to trust developed with PWID and persons experiencing homelessness, as well as the capacity of NMDOH nurses and clinicians from PHO to deliver clinical services, 5,600 HAV vaccines were quickly administered and the outbreak contained with a modest number of confirmed cases.

4. The New Mexico Corrections Department (NMCD) has been a leader in providing HCV screening, testing and treatment in state prisons, with an ambitious goal of eliminating HCV in these facilities within five years.

While rates of HCV infection are believed to be high within correctional facilities across the nation, New Mexico has excellent epidemiological data on infections within state facilities due to initiation of universal HCV antibody screening upon intake in 2008. This data is an essential first step to identify needs, develop programs and provide care to incarcerated persons living with HCV. While initial screening offered only antibody testing, NMCD has now begun providing confirmatory testing as well, further improving information for patient care.

NMCD and Project ECHO are also partners in providing peer education, specifically related to HCV and addiction through peer education with NMPEP. NMPEP takes a four-pronged approach to instruct all incarcerated persons on HCV: educating at intake, providing formal HCV-focused workshops for the general population, supporting informal peer-to-peer conversations, and creating educational posters and handouts for all prisons. While the COVID-19 pandemic caused a reduction in formal workshops, peer-to-peer conversations enabled peer educators to continue working directly with individuals during lockdowns and restricted movement.

Despite the challenges caused by the pandemic, NMPEP was able to strengthen its services for incarcerated individuals who test positive for HCV but still refuse treatment. To support incarcerated persons who are hesitant or resistant toward getting treatment, NMPEP is currently working with health care providers to allow peer educators direct access to these clients. Peer educators will then listen and support them through a harm-reduction lens with confidential one-on-one support and HCV workshops.

Project ECHO has also expanded capacity for HCV treatment with support and education for health care providers and staff serving incarcerated individuals. This is an important pre-requisite for increasing access to curative treatment in these facilities.

Treatment in corrections ends the long stress of living with HCV

This HCV patient was always tired before treatment and now he has energy. He was sober but had acquired the virus from injecting substances. Post-cure, there is a HUGE difference in his energy level. No more daily naps, no more constant need for coffee; he just feels a lot better now.

He talked about how it was very stressful before. "I wanted the treatment. They wouldn't give it to you in Level III in corrections, just so many years of getting tests. I have a huge scar on my arm just from getting tested."

"It's embarrassing to admit to having hepatitis" to medical providers and dentists. "I feel better. I'm cured of it. It's a lot off my mind. I should have a longer healthy life now."

Source: Roswell Correctional Center

NMCD received an allocation of $22 million from the state legislature in 2020 to fund a dramatic increase in the treatment and cure of HCV in the state prison system. NMCD, Project ECHO and the medical vendor, Wexford Health Services, work closely together to evaluate and treat a minimum of 600 people per year compared to previous years when 100–150 people received treatment per year. By registering NMCD for the 340B program via the NMDOH STD Program, NMCD will see a significant savings on the total cost of pharmaceuticals.

This funding can cover treatment for roughly 2,800 persons, which is the current estimate of persons with chronic HCV across all state prisons. Given that persons continue to be admitted and released, this may not cover all cases during this period but will contribute significantly to elimination.

5. New Mexico can provide access to curative treatment for those without insurance through the New Mexico Medical Insurance Pool (NMMIP) high-risk insurance program.

New Mexico's Medicaid Program and NMCD will provide curative HCV treatment to a significant proportion of all persons with chronic infection. Private insurance, Medicare, the Indian Health Service, and Veteran's Administration also play a key role. However, persons under age 30 and other current PWID are most likely to pass the infection to others. Ensuring that these clients can be treated and cured will have a significant positive public health impact on stopping the spread, so they must be recruited for treatment at sites such as comprehensive harm reduction programs.

For those who are categorically ineligible for insurance, often due to immigration status or timing that is outside open enrollment windows, New Mexico has a unique solution to provide immediate access. The NMMIP Board of Directors voted unanimously in December 2019 to open the pool to persons with HCV who are enrolled directly by NMDOH. The NMDOH Hepatitis and Harm Reduction Program will cover insurance premiums for up to 6 months and/or until HCV treatment is completed, using program income/revenue dollars. This allows these high-risk individuals to access medical care immediately when they are ready, with barriers related to cost. NMMIP will also cover MOUD where it's needed, which can dramatically improve access, reduce barriers, and improve adherence to complete the course of HCV treatment. NMMIP also support nurse case management for persons who are enrolled in coverage, which can be an important benefit to ensure medication adherence and completing the treatment course.

High risk pool offers a unique option for persons without insurance

New Mexico has one of the few remaining high-risk insurance pools left in the United States for people who cannot access insurance through their employer or the Affordable Care Act plans. People who qualify include some of New Mexico's most vulnerable populations, such as those who are unemployed but ineligible for Medicaid, undocumented, or who have lost coverage temporarily. In December 2019, the board of the New Mexico Medical Insurance Pool voted unanimously to start a new effort that accepts persons with HCV but have no way to pay for treatment.

By the end of 2021, the plan had accepted 6 patients, with 5 patients in the process of receiving curative treatment. It was exciting to learn of the first patient with a confirmed cure! The plan is comprehensive insurance, and any other condition the patient may present, such as opioid use disorder, can also be covered. Patients receive six months coverage and patient navigators assist patients post-treatment to continue their engagement in helpful medical interventions.

Source: Hepatitis and Harm Reduction Program, NMDOH

Model for Elimination of HCV

Achieving the ambitious goal of eliminating HCV as a public health threat within a decade requires significant data to drive the process. However, as discussed in the presentation of the epidemiological profile, there remain significant gaps in current data. Most notably is that laboratory-based reporting does not capture all the persons who have naturally cleared infection or those who have been treated. Improvements in data are part of the goals going forward over the next decade.

Despite these limitations, it's essential to have a model to illustrate how elimination will be achieved. NMDOH staff met to review available data sources to create estimates of those living with chronic HCV and their likely insurance coverage and access to treatment. While a preliminary model, it is a start at visualizing this ambitious task. This model will be refined as the elimination plan is implemented through 2030 and better data becomes available.

The following chart shows the estimated number of persons who will need to be treated and cured of HCV each year to achieve elimination goals by 2030.

This illustration is an overview of the annual goals, based on the following data and assumptions.

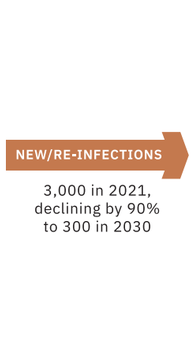
- There have been over 64,700 cumulative reports of HCV infection reported through June 2021.
- Of the persons who have tested positive and been reported as having HCV infection, up to 25% may have spontaneously cleared the infection, reducing the total number of chronic infections from 64,700 to roughly 48,500 people.
- Based on the rate of new case reports, there are currently approximately 3,000 new infections per year. Of this number, 25% will naturally clear infection.
- As more persons are treated, the total number of persons living with chronic HCV declines, as do the numbers of persons needing treatment, number of new infections, and numbers of persons clearing infection naturally.
- The state's Medicaid Program reported that roughly 6,400 unique members had been treated for HCV between January 2014 and the end of calendar 2020. This reduces the number of persons still requiring treatment.
- Medicaid is the payer for roughly 40% of adults in New Mexico with all health conditions. Therefore, roughly 60% of adults have other payers. If it is assumed that they have provided a comparable number of treatment courses, this would be roughly 1.5 times as much, or roughly 10,600 persons.
- The age-adjusted death rate for 749 persons per 100,000 population statewide from all causes likely means that 5,000 persons with chronic HCV have passed away over the last decade. It also means that there are roughly 200 deaths among persons with HCV from all causes each year on an ongoing basis.

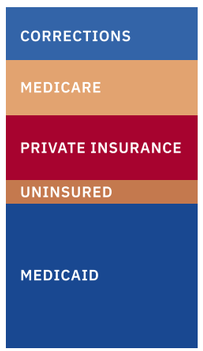
- The estimate of 25,800 persons with chronic HCV infection still requiring treatment at the start of 2022 incorporates each of these estimates. It is a rough figure, but a key starting point for mapping out how to make progress.

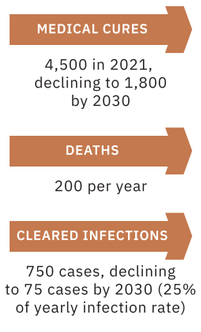
As shown in the following model, the number of persons needing treatment to achieve elimination goals is calculated as follows.

1. There was a total of 64,700 chronic cases reported through 2021.
2. Subtract the 16,200 naturally cleared infection (25%).
3. Subtract an estimated 7,100 treated to date via Medicaid through 2021.
4. Subtract an estimated 10,600 treated to date via all other payers.
5. Subtract 5,000 deaths over the last decade from all causes.
6. This leaves roughly 25,800 persons with chronic HCV infection in need of curative treatment in 2021.

FIGURE 8: TOTAL CURABLE HCV INFECTIONS– A MODEL TO ACHIEVE ELIMINATION OVER A DECADE







YEAR	TOTAL CASES
2021	25,800
2022	23,350
2023	20,900
2024	18,450
2025	16,000
2026	13,550
2027	11,100
2028	8,650
2029	6,200
2030	3,750
2031	1,300

SOURCE: ANDREW KNOX, NMDOH

Being cured means a whole new outlook on life

A provider interviewed a patient treated for hepatitis C at the UNM Truman Health Center clinic:

"I came to New Mexico to Truman clinic, where I had been treated years before. I was diagnosed with Hep C in the summer of 2008. Dr Michelle Iandiorio referred me to the Truman Hep C clinic, and I was approved for Mavyret in June 2021. I finished treatment the end of July 2021."

He was asked what being cured of HCV means for his life. "Being cured means a whole new outlook on life and not worrying about liver disease and complications as a result of having Hep C."

Source: Paulina Deming, Project ECHO Hepatitis C Program

Implementation Plan

Elimination of HCV as a public health threat in New Mexico by 2030 will require a multi-faceted strategy that includes six major goal areas. Prevention of new infections is key to an overall reduction over time, while expanded diagnosis and treatment will reduce the number of persons living with chronic HCV. At the same time, using public health data and focusing on health disparities will ensure that the goals are achieved across the state and impacted populations and supporting health equity.

New Mexico will achieve HCV elimination by achieving goals and objectives in six major areas. The following describes the plan to implement and track progress on this work over the coming decade.

GOAL 1. PREVENT NEW INFECTIONS

Prevent 90% of new infections by 2030, utilizing comprehensive harm reduction, testing, and navigation into curative therapy. Sustain access to comprehensive, high-volume syringe services statewide. Ensure that information about HCV services is available, particularly to communities at greatest risk.

TARGET

Total reduction of new infection rate by over 90% in 10 years. Target for 2030: 350 new infections per year.

OBJECTIVE 1A

Sustain access to comprehensive, high-volume syringe services statewide.

Strategies and Activities: New Mexico has one of the longest running harm reduction programs in the nation, first established by state legislation in 1997. The program remains useful and relevant by adapting to changes in drug usage patterns in the state. Changes in state law have allowed the program to expand beyond syringe services to focus on opiate overdose prevention and Naloxone distribution. Other changes are responding to the increase in fentanyl, as well as the shift of some individuals from injection to smoking of substances, necessitating other program supplies and materials to meet their needs to reduce harms.

OBJECTIVE 1B

Enhance access to HCV education, testing and treatment by ensuring that information about HCV services is available, particularly to communities at greatest risk, including the use of statewide referral information on the internet.

Strategies and Activities: New Mexico's statewide infectious disease resource guide website at *www.nmhivguide.org* has been operating since 2009. The website was already expanded to allow persons from any city or region of the state to find overdose prevention, Naloxone distribution, and syringe disposal drop boxes in their community.

While hepatitis services have always been featured as a resource option, this will be expanded in 2022 to show all providers offering HCV curative treatment. This will include new information on insurance coverage that

is accepted. Additional sites will be added as they come online, including NMDOH PHO that will offer HCV treatment as a safety net in their communities. The site will include all partners of Project ECHO, as well as all sites of UNM that are part of their system-wide HCV elimination initiative.

GOAL 2. DIAGNOSE CASES OF HCV

Diagnose at least 80% of persons living with chronic HCV including both those newly infected and those with long-standing infection by providing both targeted testing for those at greatest risk (i.e., at harm reduction programs and in correctional institutions) and universal screening for all patients accessing health care services consistent with update HCV screening guidelines. Ensure navigation to confirmatory viral testing and curative treatment for persons with reactive screening tests.

TARGET

Increase the number of persons with chronic HCV who are aware of their infection status.

OBJECTIVE 2A

Increase diagnosis of persons from higher risk groups by increasing targeted testing in venues such as correctional institutions and harm reduction/syringe services programs.

Strategies and Activities: NMCD leads the nation by providing antibody and confirmatory testing of inmates upon entry. NMDOH will work with county and local jails and correctional facilities to replicate this effort whenever feasible, as correctional facilities are a key location for diagnosis of HCV, even if treatment can't or won't be provided in these settings due to lack of resources or shorter periods of incarceration.

The NMDOH Public Health Division (PHD) has moved away from doing rapid point-of-care testing for HCV in most settings, as many harm reduction clients have gotten multiple tests in the past. Confirmatory testing is essential at this time, to help navigate persons with chronic disease to treatment. This is now feasible through most commercial laboratories, as well as the NMDOH Scientific Laboratory Division state lab.

Navigation to care is also essential. For the past five years, the NMDOH Hepatitis and Harm Reduction Program has included patient navigation to curative HCV treatment as a billable deliverable in many contracts with community organizations.

NMCD provides universal screen on intake, with peer education about prevention of HCV offered as an educational program. Upon release, inmates are provided referrals to harm reduction providers when needed and access to Medicaid for those individuals who were not treated while they were incarcerated.

Post-release coordination with probation and parole where people who are leaving prison are actively navigated to treatment will enhance the effectiveness of the existing inmate treatment program where capacity to treat while incarcerated cannot cover all inmates needing treatment.

OBJECTIVE 2B

Identify persons with undiagnosed HCV, particularly those of the Baby Boomer generation, by increasing routine opt-out HCV screening in health care settings such as Federally Qualified Health Centers (FQHC).

Strategies and Activities: Community based clinics and federally qualified health centers (FQHC) are offering automatic reflex testing to high-risk clients to facilitate rapid chronic infection identification and treatment referral. Programs to offer universal opt-out HCV screening are being encouraged to navigate more patients into curative treatment at FQHC, and new organizations are being added to this program on a continuing basis.

Rapid and conventional screening for HCV using antibody tests is not the best standard of care anymore, as confirmatory testing is key to navigation to curative treatment. More and more commercial laboratories are moving to simplified ordering processes that ensure that positive antibody tests are automatically reflexed to confirmatory testing, so that providers can easily select this best practice option. For example, Tricore Labs created a new "HCV Viral Diagnosis" order and implemented this option in December 2021. Broad use of reflex tests may require information technology solutions at larger health care systems, along with provider education.

OBJECTIVE 2C

Expand screening of pregnant women and children to increase identification of women, newborns, and children with undiagnosed HCV.

Strategies and Activities: As HCV has increased in many groups including women of childbearing age, it is critical to identify HCV infection prior to pregnancy. Currently, no interventions have been shown to decrease transmission of HCV infection from mother to child. Therefore, in April 2020, the CDC recommended universal screening for HCV infection in pregnant women. Facilities providing obstetrical healthcare services are encouraged to offer pregnant women universal screening during prenatal care or at the time of birth to identify and facilitate treatment and for at-risk newborns to receive HCV screening as early as two months of age. Health care facilities are encouraged to screen at risk children and navigate treatment which can begin as early as age three years. As research is ongoing for treating pregnant women with current HCV treatments using direct-acting agents, providers and payors may anticipate FDA approval for this in the future.

To ensure care coordination and follow-up, there is a need to develop mechanisms to track newborns born to HCV positive women and children with HCV exposure to reduce loss to follow-up risk and facilitate screening and treatment. Health care settings can create processes to engage pregnant and recently postpartum patients in pre-hepatitis C treatment care. There should also be support services for high-risk families to facilitate access to appropriate health care services for screening and treatment.

GOAL 3. EXPAND PROVISION OF CURATIVE TREATMENT

Sustain and expand innovative efforts that improve access to curative treatment, such as the HCV treatment project in state correctional facilities, outreach and engagement of Medicaid members, and provider training and support from Project ECHO.

TARGET

a. Achieve the elimination model outcomes by treating 4,500 persons in calendar 2021, declining annually to treat 1,800 persons in 2030.

b. Reduction of death rate in the HCV-infected population by 10% per year from 2020 estimate of 500 deaths per year from all causes. Target death rate of fewer than 200 deaths related to HCV annually by 2030.

OBJECTIVE 3A

Continue innovative projects for persons with Medicaid such as provider and patient incentives, case management, and outreach to meet annual targets for HCV treatment.

Strategies and Activities: Medicaid MCOs will continue their innovative strategies to engage both members and providers to meet targets

Treatment finally happens after years of challenges

54-year-old male patient from Santa Fe tested positive for HCV and HBV in 2013 and recently returned home from a prison sentence in San Quentin. This member was high risk and had been a validated prison gang member and never knew he had hepatitis C. He found out about his status during a primary care visit upon returning to New Mexico.

Because of his dual infection status, he had to do one treatment at a time, but he was afraid of doing hep C treatment because of the side effects and stories he had heard.

Many years passed and he would put off hepatitis C treatment multiple times. He had very basic needs like job skills, rent, food, and drug treatment that took precedence over the years. Navigating his health was difficult for him. He would have major surgeries over time and while trying to get treatment he was needing more blood work for Zepatier. He had a hard time getting blood work and insurance approval.

He then was changed to another Medicaid Managed Care Organization, Western Sky Community Care. The care coordinator remembered his name and had a primary care provider call him to check on his status. He then wanted to try to get treatment again when he heard that he could do it in shorter time.

In speaking with the patient, he informed me he is managing a restaurant in Santa Fe, feels so much better and aspires to go to college. He expressed gratitude for all the help and guidance, without which he would still be suffering from hepatitis C. It took him over 8 years to get treatment, but because of his treatment his life is completely different and looking up.

Source: Andrew Montoya, Western Sky Community Care

for HCV treatment. These include patient-centered educational materials, care coordination services, assistance for persons leaving detention facilities, provider incentives, and use of data systems to track those needing testing and treatment.

There will also be efforts to enhance access to appropriate treatment and curative medications for children and adolescents by ensuring collaboration between health care providers and MCOs.

OBJECTIVE 3B

Implement expanded HCV treatment in state correctional facilities operated by NMCD using discounted 340B pharmaceutical pricing and ongoing consultation from Project ECHO. Identify resources and develop strategies to make treatment available in county and local jails as well.

Strategies and Activities: Elimination efforts will be greatly aided by the strategy to ensure NMCD inmates living with HCV are treated and cured. Incarcerated individuals experience a significantly higher rate of HCV than the general population. Treatment offered during incarceration can be particularly effective as barriers to access are reduced when providers are right in the same facility.

Accomplishments to date and key strengths:

- Utilize a $22M legislative appropriation to test and treat active cases for the next five years.
- Trained medical contractors to treat HCV through Project ECHO to maintain high treatment capacity within NMCD.
- Work with peer educators in the prison and probation systems to provide active outreach and recruitment of high-risk HCV patients.
- Educate high-risk patients at harm reduction and clinical locations about the benefits of treatment and prevention of reinfection, with tailored messaging to involved subgroups and ethnicities.

While NMCD is a national model and innovator for both HCV testing and treatment, it is more challenging to provide HCV treatment in county and local jails. While NMCD is a single system that operates all state prisons, each jail falls into a separate jurisdiction with unique budgetary and policy processes and requirements. To date there is little progress on providing HCV treatment in these settings.

The EndHepC-NM Coalition and its partners will work with organizations that support counties and local governments to assess barriers to making HCV services available in these settings. The New Mexico Association of Counties is one key partner that is familiar with both budgetary and policy priorities and challenges. Successful work by NMCD in prisons can be a model for expanding to jails in the future.

OBJECTIVE 3C

Continue to ensure access to HCV treatment in rural, frontier and other underserved areas through provider recruitment and training via Project ECHO.

Strategies and Activities: Project ECHO has been an innovator in identifying partners in rural and frontier areas for about 15 years. Recruiting will continue to expand the availability of HCV treatment in underserved communities.

NMDOH PHD is also working to become a safety net to provide simplified HCV treatment in some PHO where there are few or no options in local communities. This will begin to roll out in 2022.

OBJECTIVE 3D

Provide access to curative treatment for undocumented individuals and others who can not

Continuity of treatment from Medicaid to incarceration

Patient is a 40-year-old male who started HCV treatment in late March 2021 and had just refilled for his 8-week Mavyret regimen. He likely had HCV since 2000 and had been declined treatment in the past.

Because of the collaborative relationship members have with the HCV Team at Western Sky Community Care MCO, the member knew to call for assistance and called to let a care coordinator know that he was incarcerated. The member used his own calling card to do so. The member stated he has worked so hard to get the treatment and he didn't want to have to start over. The member asked if there was anything that could be done for him while he is incarcerated, so that he can complete treatment.

The member had a plan when calling. "I can have my girlfriend sign for them and bring the meds to the detention center. I give her permission to talk about anything you may need."

Physician was able to get to the detention center medical charge nurse. The charge nurse was very collaborative and provided the detention center's mailing address, directing the meds to her attention. The specialty pharmacy was able to ship the meds the same day.

The member has since called back, thanking her and the team for getting this done so fast – without even having missed any doses! The member has now been released and has kept a stable job and was able to maintain a stable living environment for his family.

Source: Andrew Montoya, Western Sky Community Care

Treatment for HCV was a major turning point in her life

I've treated many patients over the years, but a few of them really stand out in my memory. I love watching people get better from Hep C, and people are always so appreciative and often bring gifts to the clinic to thank us.

Back in the day, a woman from southern New Mexico came to Santa Fe to escape an abusive relationship, injection drug use, and a period of homelessness. We took her in at La Familia Medical Center (LFMC) and helped her into inpatient rehab to get her stabilized. While in treatment, she tested positive for HCV which really upset her. She wanted to get treated as soon as possible, so she began treatment using the old interferon-based medication.

During the six-month course, she experienced a lot of side effects from the interferon. And during treatment, she also discovered she had chronic leucocytic leukemia, for which she found treatment and slowed down the disease enough that, while not cured, is not causing significant problems today.

The patient still comes to LFMC clinic and is stably housed, reduced her substance use and no longer injects, and feels like Hep C treatment was a major turning point in her life. She thanks Maria every time she comes in for providing all the help and feels her life has transformed since then.

Source: Maria McMahon, Healthcare for the Homeless Program, La Familia Medical Center

access health insurance options using the state's high-risk insurance pool.

Strategies and Activities: For program participants seeking HCV treatment without insurance, NMDOH and NMMIP have agreed to provide temporary coverage to New Mexico residents who cannot access coverage for the purposes of treating HCV and stabilizing co-morbid conditions.

To address the needs of undocumented individuals and those who cannot qualify for insurance otherwise, resources at NMDOH will be used to offer temporary insurance coverage to these individuals at least long enough to access curative treatment.

GOAL 4. REDUCE HEALTH DISPARITIES

Reduce health disparities related to HCV by increasing the number of providers offering curative therapies in a culturally competent manner in rural and frontier areas, for Native American tribal communities, for persons experiencing homelessness, and for individuals who use substances.

OBJECTIVE 4A

Improve epidemiological data through health information exchange and active surveillance to improve collection of demographic variables such as ethnicity, race and risk factors. Use this information to better describe health disparities so they can be addressed with targeted services and culturally appropriate interventions that improve access to HCV testing and curative treatment.

Strategies and Activities: American Indians bear a disproportionate burden of HCV disease in many tribal communities. Some communities, such as the Cherokee Nation, are responding with innovative and comprehensive approaches to elimination that fit their unique needs. It is essential to ensure a focus on American Indian tribes and communities with higher rates of disease so that this population can access the full continuum of prevention, linkage to care and curative treatment services.

Addressing this health disparity will be a key focus of HCV elimination planning. We must work diligently to ensure access to HCV screening, linkage to care, and medical treatment is widely available to members of tribal communities throughout the state.

Engagement with tribal entities through the Indian Health Service to offer harm reduction services and access to testing and treatment will be actively pursued. Engagement and consultation must be ongoing and meaningful to impact health disparities.

GOAL 5. ENHANCE HCV SURVEILLANCE DATA AND UTILIZE TO DIRECT PUBLIC HEALTH ACTION

Continue to improve viral hepatitis surveillance and epidemiological data to inform elimination efforts, describe health disparities, target resources, assess progress towards elimination, and identify outbreaks of HCV so they can be rapidly addressed. Use data and research to inform public health practices and prioritize activities.

TARGET

Produce standardized reports that adequately characterize chronic HCV infection and progress towards elimination in New Mexico.

OBJECTIVE 5A

Improve completeness and utility of HCV surveillance data including information on ethnic/racial groups and other demographics.

Strategies and Activities: While New Mexico has excelled in case-based surveillance strategies, the sheer volume of HCV laboratory reporting has tested its abilities to stay current. ERD will continue to build its capacity to gather, analyze and track epidemiological and surveillance data for HCV. This will require working with health care providers to obtain appropriate demographic information that will allow for a better understanding of disparities and provide measurements of progress towards health equity as well as progress on overall elimination goals.

Public health action can be strengthened by defining a care continuum (as has been developed for HIV infection), that ranges from persons who are unaware of their HCV infection to those who have been cured. Laboratory data will help model the progress to date and identify continuing work that is needed. Regular updates of this care continuum will help communities understand the success of this elimination initiative and ensure that no population is left behind.

OBJECTIVE 5B

Bring HCV treatment data from various sources including Medicaid and NMCD into the HCV surveillance system to improve tracking of progress towards elimination.

Strategies and Activities: Methods for measuring the success in HCV elimination have been limited and will require documenting persons who have been successfully cured of HCV within the surveillance system. To do so, statewide labs and insurance networks will collaborate to share HCV data. Coordinated efforts are being made to build capacity to process this data in such a way as to ensure patient privacy but also create systemic tracking of individual cases for the purpose of flagging patients who may need clinical assistance with their infections.

Collaboration on data and claims sharing between Medicaid MCO's, Veterans Affairs,

private insurers, treatment providers, labs, and NMCD will track patient progress through the care continuum to refine the state's modelling and monitoring efforts.

GOAL 6. ENSURE ENGAGEMENT OF IMPACTED COMMUNITIES

Coordinate a diverse partnership of individuals and organizations across the state to assist with implementation and monitoring of elimination efforts. Ensure a voice for individuals and communities impacted by HCV.

Strategies and Activities: The EndHepC-NM Coalition will continue to meet regularly to track implementation and monitoring of this plan.

Efforts to engage community advocates, persons living with chronic HCV infection, and persons who have successfully engaged in curative treatment will continue. This is essential to ensure voices of persons impacted by these services, particularly in terms of understanding ongoing barriers to testing and treatment, as well as health disparities from a personal perspective.

Overcoming barriers in small rural communities by providing direct services

Northern New Mexico, particularly Rio Arriba County, is made up of many small communities. The area has faced its fair share of challenges with cultural stigma alongside the opioid crisis, yet it remains resilient. We've been afflicted with illness, suffering, death, and a continuous cycle of grief. The lack of medical resources alone is a harsh reality, and stigma adds to treatment barriers. People refuse to seek care for emergent conditions because of negative past experiences. They'd rather risk literal life or limb to avoid being shamed or dismissed, including suffering through the effects of HCV. We're still losing too many to liver failure, from a virus that is curable now. There are many who have HCV and who've assumed they couldn't get treatment, since they're a person who injects a substance.

The Mountain Center recently began to offer HCV treatment in addition to Medical Opiate Use Disorder (MOUD) services at our small Española clinic. The day our first patient treated, picked up their prescription and finally started their regime, was incredibly gratifying. While I've been grateful to offer testing and prevention services, the road to treatment has often been blocked. Linkage to Care proved to be challenging, with a lack resources such as providers and rural transportation. Uncertainty and the lack of trust in the medical community adds to the disparity.

So, it's been a huge relief to offer HCV treatment now too. We have the benefit of having a rapport and a trust built over time. Patients have access and are able to continue receiving other services like syringe exchange, acudetox or MOUD.

It's been amazing to engage with people who heard that we offer HCV services. Most referrals are word of mouth, and more are coming to the office with questions or willing to give us extra time when approached during outreach. Although tattered in many places, the roots of the community remain strong- with an enduring bond. They share their own HCV treatment stories and encourage hope and wellness. When people with opioid use disorders internalize the stigma, it can cause havoc on the health of the community. But when they feel better, accomplished, and proud, it can lead to better outcomes in the community. HCV treatment is huge part of the overall healing process and I'm proud to be part of it, one person at a time.

Source: The Mountain Center

Policy Recommendations for New Mexico and the Nation

State and federal policy play a key role in addressing the impact of hepatitis. A favorable policy environment can provide medical providers, outreach workers, correctional facilities, and community advocates with additional tools to address the public health consequences of HCV. Coordinating policies and activities across government structures, with clinical partners and advocates, will be central to ongoing success.

HCV elimination can not be achieved in New Mexico without changes in neighboring states. For example, many states that border New Mexico have not implemented Medicaid expansion, meaning that curative treatment is far less available for low-income persons. This means there is a pool of HCV infection which can impact efforts to prevent new cases in our state. These jurisdictions also do not have comprehensive, high volume syringe services as New Mexico does, further impacting persons who live near state lines.

New Mexico has had a number of legislative, policy and funding achievements in recent years that will play a key role in achieving elimination goals:

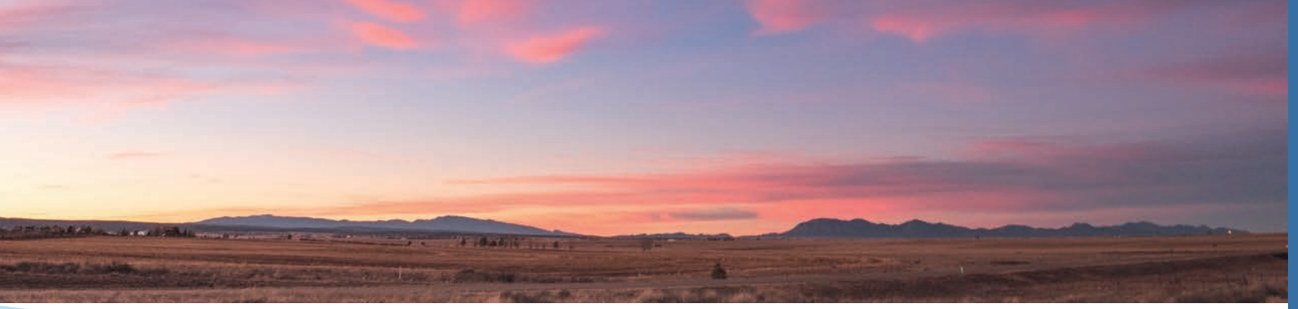
- New Mexico's Medicaid Program removed prior authorization requirements for MOUD in August 2021.
- New Mexico's Medicaid Program led the nation in removing essentially all restrictions for HCV treatment in 2017.
- NMCD was allocated special funding by the state legislature in 2020 to treat roughly 2,800 persons, which is the majority of all HCV infected inmates over a four-year period.
- The New Mexico Legislature passed the Harm Reduction Act in 1997, allowing NMDOH to certify, operate and fund statewide syringe service program activities for over 20 years.
- The scope of harm reduction services in New Mexico was greatly expanded in 2022 when the state legislature passed House Bill 52 – The Harm Reduction Enhancement Act. This will effectively enhance navigation to HCV treatment and MOUD from harm reduction sites. The program will be more responsive to both trends in substance use patterns and participant needs.

Additional policy changes in the State of New Mexico will improve current work:

- Improve data sharing among epidemiological data systems and treatment providers to better track persons receiving curative treatment, beyond the focus on laboratory reporting.
- Increase treatment availability in the highest risk areas, including rural parts of the state and co-located treatment at syringe service locations.
- Remove prior authorization requirements and other restrictions on hepatitis medication for all private health insurance carriers that offer plans approved by the state Superintendent of Insurance. This may also include ensuring patient choice in terms of pharmacies, to allow options that encourage treatment adherence and completion.
- Provide incentives such as student loan forgiveness to encourage more medical providers to live and work in New Mexico.
- Provide funding, policy changes, provider training and other supports to implement MOUD and HCV treatment in all county and local correctional facilities.

Changes at the federal level would ensure that all jurisdictions can achieve the same goals as New Mexico. Some of these, such as eliminating barriers to syringe services, are largely not applicable to our state. However, they are essential to achieving national goals:

- Expand funding to all states and jurisdictions from the CDC DVH to be sufficient to ensure active surveillance, including provider reporting of patient demographics, risk factors and other information.
- Expand funding to all states and jurisdictions from the CDC DVH to allow for HCV disease investigation, navigation to testing, and navigation to curative treatment for persons with chronic infection.
- Establish a perinatal HCV program within CDC DVH and provide funding to all jurisdictions.
- Allow for comprehensive safer consumption facilities to allow for greater linkage to care.
- Prioritize HCV curative treatment in federal correctional facilities.
- Implement a national system for case management and housing assistance for individuals infected with HCV, modelled on the successful Ryan White program that ensures linkage to medical care for persons living with HIV.
- Provide incentives to providers to offer co-located comprehensive physical and behavioral health services, such as curative HCV treatment at substance use services agencies and MOUD at FQHC and other primary care sites.



ACRONYMS

AAIHB	Albuquerque Area Indian Health Board
BCBS	Blue Cross/Blue Shield
CDC	U.S. Centers for Disease Control & Prevention
CPAG	New Mexico HIV Community Planning and Action Group
DVH	Division of Viral Hepatitis at CDC
EndHepC-NM	New Mexico Hepatitis C Elimination Coalition
ERD	Epidemiology and Response Division, a division of NMDOH
FNCH	First Nations Community Healthsource
FQHC	Federally Qualified Health Center
GIMC	Gallup Indian Medical Center, part of the Indian Health Service (IHS)
HAV	Hepatitis A Virus
HBV	Hepatitis B Virusr
HCV	Hepatitis C Virus
HR	Harm Reduction
LFMC	La Familia Medical Center
MAD	Medical Assistance Division, a division of NMHSD
MCO	Managed Care Organization
MOUD	Medication for Opioid Use Disorder
NMCD	New Mexico Corrections Department
NMDOH	New Mexico Department of Health
NMHSD	New Mexico Human Services Department
NMMIP	New Mexico Medical Insurance Pool
NMPEP	New Mexico Peer Education Project, a program of Project ECHO
PHD	Public Health Division, a division of NMDOH
PHO	Public Health Office
PHP	Presbyterian Health Plan
PWID	People Who Inject Drugs
Project ECHO	Project Extension for Community Healthcare Outcomes, a program at UNM HSC
SCC	Southwest Care Center
SSP	Syringe Services Program
UNM	University of New Mexico
UNM HSC	University of New Mexico Health Sciences Center
WSCC	Western Sky Community Care

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NMDOH
NEW MEXICO DEPARTMENT OF HEALTH

FOR MORE INFORMATION:

NMHIVguide.org
find hepatitis testing and treatment statewide

NMHealth.org/about/phd/idb/hip/

HSC.UNM.edu/echo/