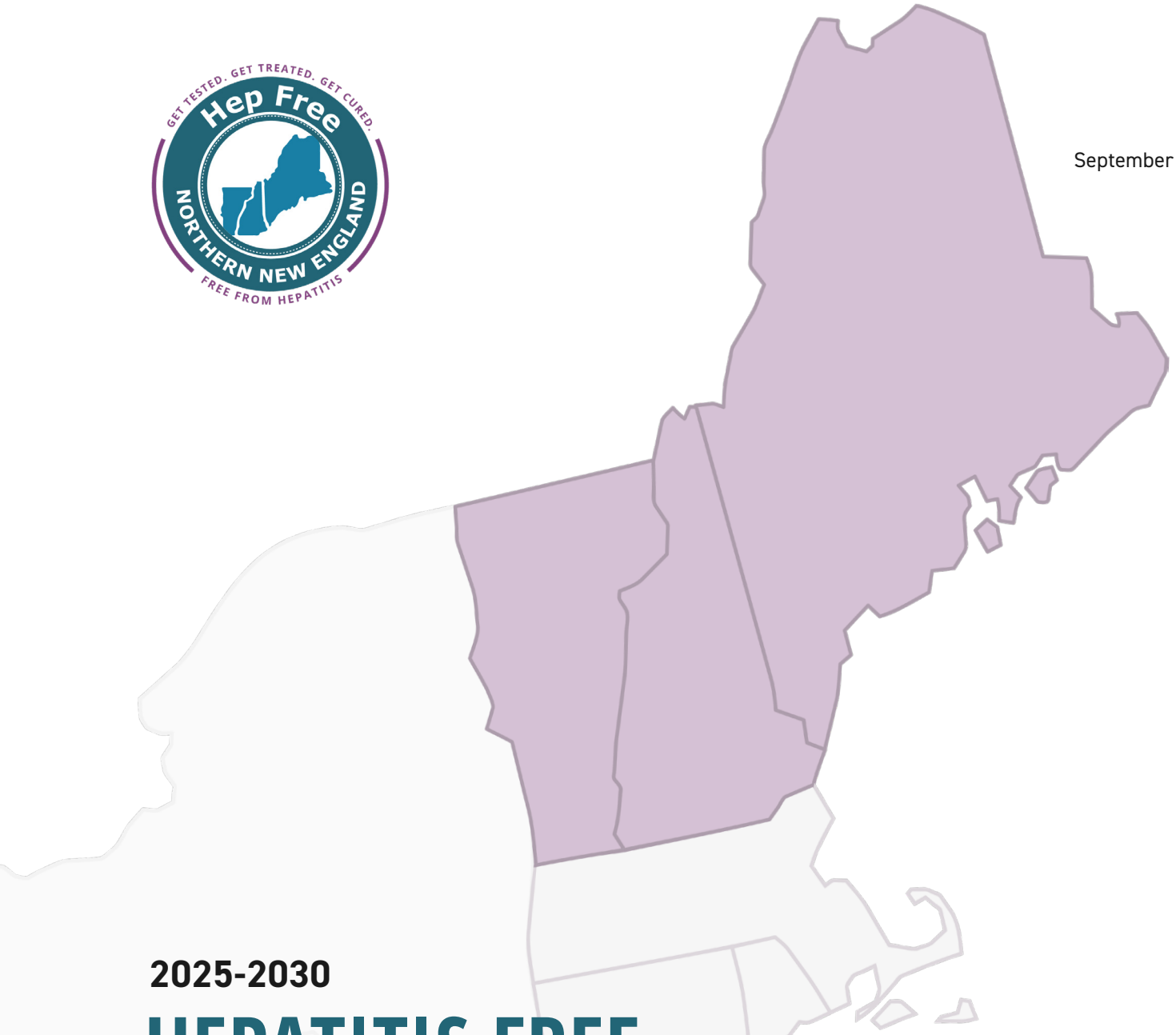

September 2025

2025-2030

HEPATITIS FREE NORTHERN NEW ENGLAND VIRAL HEPATITIS B & C ELIMINATION PLAN

A tri-state collaboration between Maine, New Hampshire, and Vermont

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This work was made possible by cooperative agreement #CDC-RFA-PS21-2103, "Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments" award #NU51PS005173-03-01 (New Hampshire) from the Centers for Disease Control and Prevention, Division of Viral Hepatitis. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does mention of trade names, commercial practices, or organizations imply endorsement of the U.S. Government.

PURPOSE

The 2025-2030 Hep Free NNE Elimination Plan (the Plan) is a roadmap for eliminating viral hepatitis B and C in Northern New England. Developed and driven by the broader Northern New England (NNE) community, this Plan is designed to be implemented by local partners, who are the best decision-makers about their community's specific needs and resources. It is intended to be used as a guidepost to help people and organizations concerned with viral hepatitis contribute to the ultimate goal of freeing Maine, New Hampshire, and Vermont from viral hepatitis B and C.

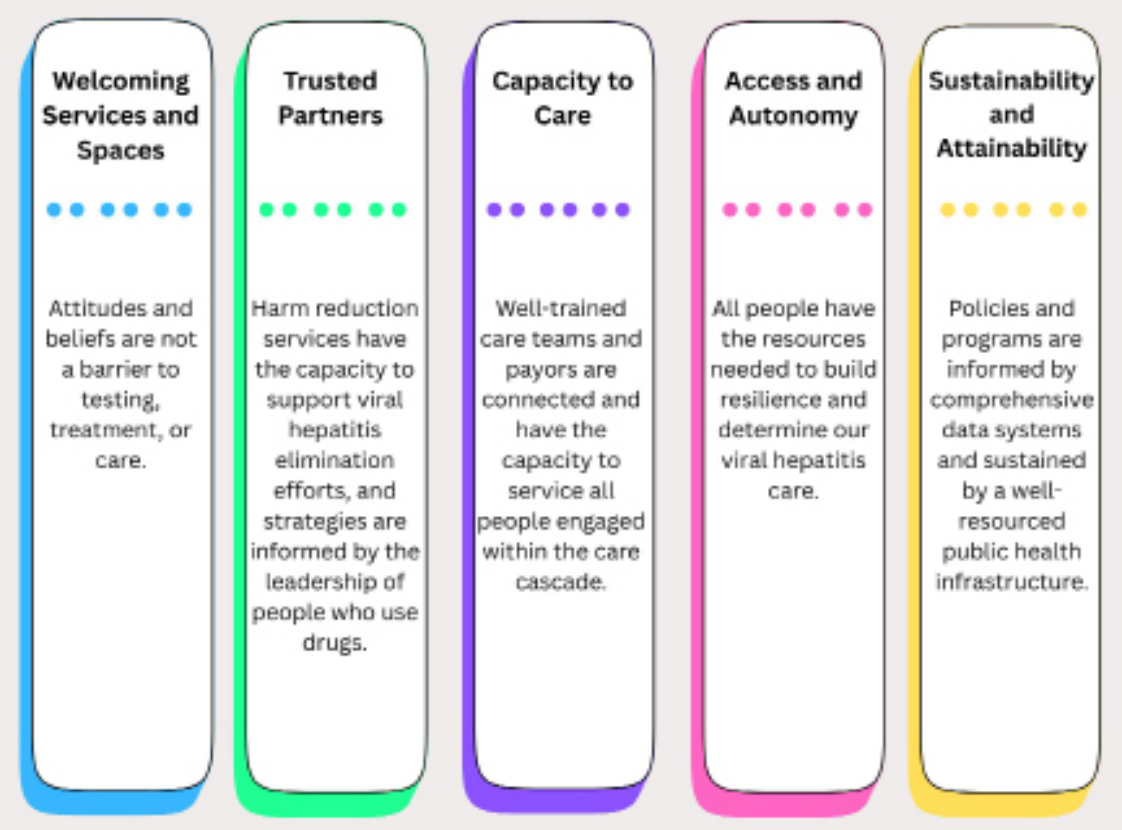
We dedicate this Plan to those across a wide range of sectors and life experiences who contributed to the development of the first-ever NNE viral hepatitis B and C elimination plan.

EXECUTIVE SUMMARY

New hepatitis B and hepatitis C infections have increased with the opioid crisis. This in turn has led to a new generation at risk of future liver cancer, cirrhosis, and premature death. Meanwhile, vaccination against hepatitis B virus continues to be underutilized for adults, and treatment initiation for hepatitis C is decreasing overall, with approximately 40% of people living with chronic hepatitis C unaware of their status. Data spanning 2013–2022 revealed that only a third of people with a documented hepatitis C diagnosis were cured over the past decade. For individuals without health insurance under the age of 40, only one in six have been cured.

Given the availability of highly effective, well-tolerated curative treatments, and proven harm reduction strategies to reduce transmission, Northern New England (NNE) has the tools to free itself from the viral hepatitis epidemic. However, preventing new diagnoses and curing those living with hepatitis C will take a coordinated approach. The Hep Free Northern New England (Hep Free NNE) tri-state collaborative set out to develop this 2025-2030 Hep Free NNE Elimination Plan (the Plan) to highlight evidence-based, localized, and actionable strategies that partners across the cascade of viral hepatitis care can take on to help eliminate hepatitis B and hepatitis C from the region.

This community-led elimination plan is a product of more than 200 co-creators, as well as of hundreds of additional contributors who gave input through interviews, community discussions, and workgroups, and is built upon by five core pillars and goals:



A "cascade of care" or "care cascade" is a framework used in health care to track a patient's progression through stages of a treatment process between testing and diagnosis, and ultimately achieving the desired health outcome.[1]

The Plan highlights examples of successful micro-elimination strategies from around the United States. A "micro-elimination approach" is a concept first introduced by the European Association for the Study of the Liver's International Liver Foundation. This approach to eradicating viral hepatitis breaks down national-level goals into smaller goals for specific communities, enabling partners across NNE to implement more locally responsive strategies quicker, and using tailored methods.

By facilitating opportunities for partners to learn from one another, both across NNE and within each of the three states, the Hep Free NNE coalition embodies the collaboration, creativity, and flexibility required to achieve the Plan's goals, and to inspire participation and partnership across the care cascade.

"Micro-elimination is less daunting, less complex, and less costly than full-scale, country-level initiatives to eliminate [viral hepatitis] and it can build momentum by producing small victories that inspire more ambitious efforts. The micro-elimination approach encourages stakeholders who are most knowledgeable about specific populations to engage with each other, and also promotes the uptake of new models of care."[2]

We hope you will join us.

In good health and solidarity,
The Hep Free NNE State Co-Chairs

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HIV/STI/HCV Epidemiologist
Vermont Department of Health

Bronwyn Barnett, MPH
Viral Hepatitis Prevention Coordinator
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Chloe Manchester, MSc
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[1] Socías ME, Volkow N, Wood E. Adopting the 'cascade of care' framework: an opportunity to close the implementation gap in addiction care? Addiction. 2016 Dec;111(12):2079-2081. doi: 10.1111/add.13479. Epub 2016 Jul 13. PMID: 27412876; PMCID: PMC5321168.

[2] Lazarus JV, Safreed-Harmon K, Thursz MR, Dillon JF, El-Sayed MH, Elsharkawy AM, Hatzakis A, Jadoul M, Prestileo T, Razavi H, Rockstroh JK, Wiktor SZ, Colombo M. The Micro-Elimination Approach to Eliminating Hepatitis C: Strategic and Operational Considerations. Semin Liver Dis. 2018 Aug;38(3):181-192. doi: 10.1055/s-0038-1666841. Epub 2018 Jul 9. PMID: 29986353.

CO-CREATORS

On behalf of the Hep Free NNE State co-chairs, Hep Free NNE extends its deepest appreciation for all of the individuals, organizations, and systems involved in bringing this Plan into existence.

Most importantly, we thank the hundreds of individuals with lived experience who entrusted their stories to Hep Free NNE, and whose experiences and desire for change were the cornerstone of the Plan.

Hep Free NNE Leadership

The Hep Free NNE Steering Committee provides central leadership, coordination, direct support, and oversight for viral hepatitis B and C elimination planning across New Hampshire, Maine, and Vermont. Steering Committee members served on subcommittees for planning initiatives and as ex-officio members of the broader Hep Free NNE Planning Group where the Elimination Plan's content was developed.

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Tiffany Townsend, MS, FNP-C, AAHIVS | Family Nurse Practitioner, ME ECHO, Maine Medical Center/Maine Medical Partners

Community collaborators

Hep Free NNE's commitment to developing a community-centered elimination plan would not have been possible without the partnership of these community-based partners. These organizations conducted the interviews and discussion groups which afforded Hep Free NNE the opportunity to authentically center the Plan around the experiences of people directly impacted by viral hepatitis.

Maine

- Maine Family Planning
- Maine Access Points

New Hampshire

- Greater Seacoast Community Health
- H2RC
- Karlee's Home Team

Vermont

- AIDS Project of Southern Vermont
- Pride Center of Vermont
- Vermont CARES

Authors and facilitators

Through contracts with New Hampshire Department of Health and Human Services (NH DHHS) and the Vermont Department of Health (VDH), the following individuals were responsible for facilitating planning activities and synthesizing the results into the Plan.

- **Lauren Ferridge** | JSI
- **Emma Geurts** | JSI
- **Alexander Potter** | Caracal Consulting
- **Katherine Robert** | JSI
- **Jonathan Stewart** | JSI

BACKGROUND

This 2025-2030 Hep Free NNE Hepatitis Elimination Plan is the product of a four year tri-state partnership that began in 2021. The analysis and design activities would not have been possible without the successful underlying inception and planning work. The work in these formative stages was led by three individuals who would eventually become the Hep Free NNE State Co-Chairs. They were joined by a dedicated group of early partners - which would later be officially convened as the Hep Free NNE Steering Committee.

During the Steering Committee's early meetings, the group worked to articulate its own role within the broader Hep Free NNE planning efforts. The committee's role, it was determined, was to guide and oversee a viral hepatitis elimination strategic planning process that engages a group of partners across NNE with a focus on prioritizing and amplifying the voices of individuals most affected by viral hepatitis and the organizations that serve them. Hep Free NNE implemented a holistic, multimodal approach to gathering data and designing a Plan that retained community and individual experiences at its core.

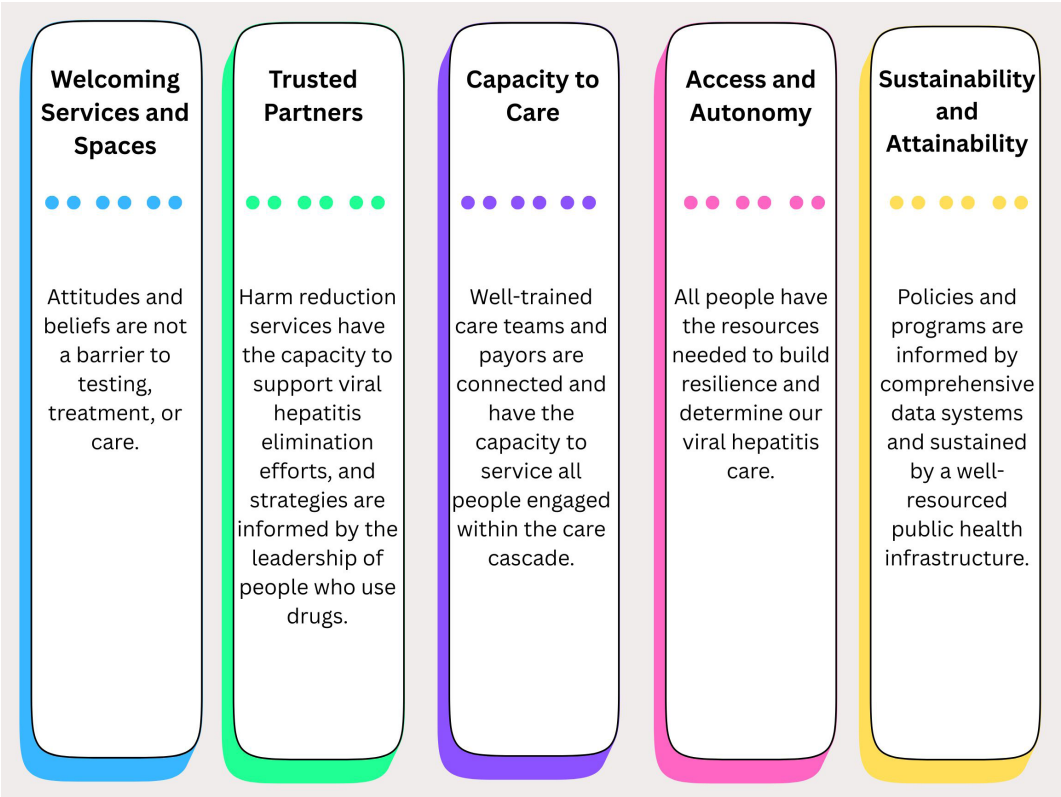
Together, the State Co-Chairs and Steering Committee finalized the Hep Free NNE keystone items:

» **Mission**: To free Northern New England from viral hepatitis B and C.

» **Vision**: Northern New England is a place where new hepatitis B and C infections are prevented, every person knows their status, and every person with viral hepatitis has high-quality health care and treatment in a supportive and respectful environment.

2025-2030 HEP FREE NNE ELIMINATION PLAN

The 2025-2030 Hep Free NNE Elimination Plan is a dynamic resource that has been designed to support partners committed to eliminating viral hepatitis in Maine, New Hampshire, and Vermont. The Plan is structured around five core pillars and goals. Each pillar contains a set of objectives and activities recommended for action by the Hep Free NNE Planning Group and Steering Committee. To provide context for future measuring of progress, each set of objectives and activities is accompanied by a list of desired outcomes.



How is the Plan structured?

Organized by its five pillars, each section of the Plan includes the following:

- Introductory statement: Co-authored by a Hep Free NNE Steering Committee member, each introduction describes the overall intent of its pillar and offers a glimpse into what an environment free of viral hepatitis might look like.
- Drivers for change: Highlighted data points and quotes reflect the lived experience which grounded the objectives and activities within each pillar.
- Pathways to elimination: Each pillar is framed by a singular goal statement, and built out with objectives. Each objective contains a set of activities which were identified by the Hep Free NNE Planning Group and Steering Committee, and a list of desired outcomes that indicate each objectives' progress towards success.

Community member quotes are included throughout this Plan in order to center the humanity that underlies this important work to eliminate viral hepatitis in Northern New England. Hep Free NNE honors the experiences of individuals who contributed to "the heart" of this Plan, and extends our endless gratitude.

The Plan also highlights findings from research on implementation of microelimination strategies in different settings and at different scales.

The Plan is intended as a tool to showcase the extensive work that must be resourced to achieve this goal, as well as a planning guide for partners seeking actionable ideas on how they can contribute to this collective effort. This document is NOT a one-size-fits-all work plan for partners wanting to help eliminate viral hepatitis. It recognizes the needs and approaches of different stakeholders, and aims to provide flexibility rather than dictate a single method of action.

Who should use this Plan?

As packaged, the Plan is designed to speak to the interests of a wide range of stakeholders, including:

- Any organization, coalition, clinical practice, or community-based group that supports individuals living with/at higher risk for viral hepatitis
- Policymakers seeking education or technical assistance regarding policies to eliminate viral hepatitis in the region.

Whether you're conducting outreach within communities or informing policies at the state or local level, this Plan aims to offer guidance and inspiration for meaningful contributions to the elimination of viral hepatitis.

How does the work in the Plan happen?

The Plan documented in the following pages reflects a myriad of priorities, and requires teamwork and coordinated strategies to succeed. No single organization or system can achieve elimination alone. However, we generate collective energy towards our shared goals when partners across the care cascade can identify and align their own micro-elimination activities with a single roadmap. This document was designed to reflect a range of activities that offer opportunity for any implementing partner to contribute to this important work through tailoring micro-elimination strategies that reflect the needs of the individuals they serve.

This document is NOT a one-size-fits-all work plan for partners wanting to help eliminate viral hepatitis. It recognizes the diverse needs and approaches of different stakeholders, and aims to provide flexibility rather than dictate a single method of action.

So, how does an implementing partner get started?

Given the regionality of this Plan and the very different conditions in which care cascades in Maine, New Hampshire, and Vermont operate, implementation of this Plan will look unique to every partner. Regardless of where an organization sits along the collaboration spectrum, there is an opportunity to be part of this work. This is true even if it means simply focusing on implementing a single best practice within your organization. The Plan is a guidepost to help partners begin moving in a coordinated direction, and any momentum in that direction is helpful. Below, we highlight some examples of how an organization might take action to begin using the Plan as a resource to inform their work.

Examples of Implementing Partner Activities	Benefit
Invite a Hep Free NNE Steering Committee member to present the background of Hep Free NNE and the Plan to your team and other partners from your care cascade.	• Raise awareness within your organization about the Plan and the collective efforts to eliminate viral hepatitis. Promote a sense of community and inspire action to address the epidemic. • Engage a formal or informal network of partners from within your care cascade who are similarly committed to aligning work with the Plan.
Review the Plan with your team to identify points of existing overlap, as well as opportunities to explore new strategies within the context of your organization's mission and environment.	• Build consensus around commitment to aligning existing efforts and expansion opportunities generally with the Plan. • Identify which data or evaluation measures you currently collect and can be used to set baseline and progress goals.
Consider the Plan activities designated as "Quick Starts" or "Big Wins" in the context of your organization and broader care cascade to identify ways to strengthen or build new partnerships.	• Contribute to building momentum towards the Plan's goals by initiating "Quick Win" activities. • Understand how your work is contributing to systemic or population-level improvements, and how you might continue to make incremental changes that align with those specific goals.

Quick Starts and Big Wins

Identifying "Quick starts"  *and "Big wins"* 

The Planning Group and Steering Committee designated the plan's activities as either a "quick start" or a "big win" based on four criteria (table below). These reference points are intended to offer insight to partners interested in aligning their work with the Plan.

Implementation considerations	**Feasibility** → What financial and human resources are needed to complete the activity? **Urgency** → Process-wise, how important is it for this activity to move forward early in the plan's implementation?
Impact considerations	**Impact** → How wide of an impact will this activity have? **Access** → Does this activity embody Hep Free NNE's core value of promoting access and reducing disparities?

Pillar #1 | Welcoming Services and Spaces

Introduction co-authored by David de Gijsel, *Hep Free NNE Steering Committee Member*

Creating welcoming services and spaces is essential to ensuring that everyone feels valued in their health care journey. Normalizing conversations about hepatitis B and C in primary care and making testing routine shifts the focus from fear and judgment to understanding and support. Collaborating with harm reduction programs and health care providers to create clear, compassionate messaging helps people who use drugs feel comfortable seeking health care.

A "welcoming services and spaces" designation will identify health care sites committed to this effort, empowering patients to seek care without fear. Education, awareness campaigns, and trauma-informed care priciples make clinical practices more welcoming and effective. Training health care workers to discuss hepatitis with empathy strengthens connections, leading to better testing, treatment, and health outcomes.

Training includes improving the understanding of hepatitis care and guidelines, ensuring that all members of health care teams are aware of the current recommendations to offer treatment to people regardless of their substance use. The voices of people with lived experience (PWLE), both of substance use and hepatitis C, are essential in educating health care workers in the creation of welcoming services and spaces.

Together, we can build an environment empowering individuals to take charge of their health. By bridging harm reduction organizations, health care providers, and peer support networks, we ensure everyone has access to the resources, support, and care they deserve.

DRIVERS FOR CHANGE

40% of people living with chronic hepatitis C are unaware of their status.

"People's discomfort is a barrier to testing and treatment."

" ...[B]e more open-door and inviting about it. Don't look at it as an illness, but an opportunity to prevent an illness. Approach it with prevention rather than diagnosis. It's scary for some people to be told you are positive."

"There are a lot of misconceptions about drug use, and people don't want their drug use to be known because of negative attitudes."

WELCOMING SERVICES AND SPACES: PATHWAYS TO ELIMINATION

GOAL: Attitudes and beliefs are not a barrier to testing, treatment, or care.

KEY: Quick start Big win

Objective 1: Normalize conversations about hepatitis and testing for hepatitis B and C during routine primary care visits.

Activities

- Collaborate with harm reduction programs and primary care practices to develop clear messaging that can be shared and used in clinical settings, and is aimed at making people who use drugs feel welcome and valued as patients.
  - Develop a welcoming services and spaces designation that can be achieved by health care sites, and an accompanying list that is made available to the public
  - Identify providers across the care cascade who are implementing "welcoming and trauma-informed care" practices
- Provide education to primary care providers on normalizing conversations around hepatitis B and C with patients.
  - Facilitate the development of regional learning communities, as well as other opportunities for continuing professional education
- Adapt clinical practice to incorporate evidence-informed guidelines for screening and vaccination into routine care.
  - Include education around approaching routine screening conversations in a respectful and compassionate manner
- Develop and disseminate public awareness campaigns, including:
  - Communication campaigns in waiting rooms, pharmacies and other health care locations to increase awareness and generate more visibility and discussion around viral hepatitis testing and treatment
  - Radio broadcasts showcasing people's lived experiences with hepatitis B and C as a means of educating via storytelling
  - General educational brochures that can be widely distributed
  - Social media, SMS, and email campaigns
- Program electronic medical record systems to require reflex testing.
- Equip all electronic medical record systems with an automatic notification for universal hepatitis B and C screening.
- Include a discussion script for health care providers who offer testing.
- Promote universal screening across all practices.

The use of electronic prompts for clinicians is reported to increase by threefold the likelihood of clinicians ordering tests for patients recommended for Hepatitis C virus (HCV) screening.[3]

[3] Tsay CJ, Lim JK. Assessing the Effectiveness of Strategies in US Birth Cohort Screening for Hepatitis C Infection. J Clin Transl Hepatol. 2020 Mar 28;8(1):25-41. doi: 10.14218/JCTH.2019.00059. Epub 2020 Mar 24. PMID: 32274343; PMCID: PMC7132023.

WELCOMING SERVICES AND SPACES: PATHWAYS TO ELIMINATION

GOAL: Attitudes and beliefs are not a barrier to testing, treatment, or care.

Objective 1: Normalize conversations about hepatitis and testing for hepatitis B and C during routine primary care visits.

Desired outcomes

- Programs across Maine, New Hampshire, and Vermont receive a Welcoming Services and Spaces designation.
- Care providers receive Continuing Education related to viral hepatitis.
- Patients are screened for hepatitis during primary care visits, per CDC guidelines.
- Patients are vaccinated for hepatitis A and B, per CDC guidelines.
- A public awareness campaign is implemented.
- Electronic medical record systems are programmed with automatic hepatitis screening prompts.

Objective 2: Increase awareness among health care workers and patients of the high cure rates and low reinfection rates of viral hepatitis among people who use drugs.

Activities

- Increase health care worker training around the effectiveness of treatment.
  - Provide evidence of low reinfection rates
- Increase general public awareness of high cure rates.
- Support skills of harm reduction program staff to assess patient readiness to seek testing and treatment.

Desired outcomes

- Health care workers receive training in the effectiveness of viral hepatitis treatment.
- Harm reduction staff are trained on strategies for assessing and supporting people who use drugs in making choices for testing and treatment.
- No one is denied viral hepatitis care.

A meta-analysis of 41 observational studies showed reinfection rates were lowest among people who inject drugs as compared to other higher risk groups, such as those in prison settings and MSM. Micro-elimination efforts among target populations offer important information that can challenge assumptions (for example, that people who inject drugs have high reinfection rates) and bring to the surface challenges for closer inspection.[4]

[4] Munari SC, Traeger MW, Menon V, Latham NH, Manoharan L, Luhmann N, Baggaley R, MacDonald V, Verster A, Siegfried N, Conway B, Klein M, Bruneau J, Stoové MA, Hellard ME, Doyle JS. Determining reinfection rates by hepatitis C testing interval among key populations: A systematic review and meta-analysis. Liver Int. 2023 Dec;43(12):2625-2644. doi: 10.1111/liv.15705. Epub 2023 Oct 10. PMID: 37817387.

WELCOMING SERVICES AND SPACES: PATHWAYS TO ELIMINATION

GOAL: Attitudes and beliefs are not a barrier to testing, treatment, or care.

Objective 3: Build the capacity of peer support workers, health advocates, and CHWs to make judgment-free connections and build productive relationships between communities and local healthcare resources.

Activities

- Support multi-pronged and regionally specific relationship building between community harm reduction organizations, substance use treatment settings, housing programs, and local health care resources.
- Educate primary care professionals on the importance of peer advocacy and CHWs.
- Provide funding for peer and patient navigation programs at syringe service programs, community health centers, and other relevant community organizations.
- Fund an organization to provide training, mentoring, and technical assistance to navigators across all of the programs.

Desired outcomes

- Organizations are funded to strengthen the peer navigator workforce.
- Mechanisms are in place to support strong relationships between organizations that provide harm reduction, SUD treatment, housing and health care services.
- Facilitating organizations for peer navigator staff are operationalized.

Objective 4: Increase the use of trauma-informed care principles through health care worker training and education, and the redesign of testing and treatment practices and programs.

Activities

- Provide more continuing professional education opportunities, and leverage resources for the development and support of cross-state learning communities.
  - Increase the capacity of health care practices to implement trauma-informed care approaches

Desired outcomes

- Health care professionals receive training in trauma-informed care principles and practices.
- Health care systems deliver care using trauma-informed approaches.

[4] Munari SC, Traeger MW, Menon V, Latham NH, Manoharan L, Luhmann N, Baggaley R, MacDonald V, Verster A, Siegfried N, Conway B, Klein M, Bruneau J, Stoové MA, Hellard ME, Doyle JS. Determining reinfection rates by hepatitis C testing interval among key populations: A systematic review and meta-analysis. Liver Int. 2023 Dec;43(12):2625-2644. doi: 10.1111/liv.15705. Epub 2023 Oct 10. PMID: 37817387.

Pillar #2 | Trusted Partners

Introduction co-authored by Mike Selick and Lauren McGinley, *Hep Free NNE Steering Committee Members*

Eliminating viral hepatitis requires trusted partnerships, open and accessible care, and sustainable harm reduction practices that reach all communities. Guided by voices with lived experience, harm reduction services can reshape health care by integrating hepatitis education, testing, and support across the care continuum. Empowering peer leaders and fostering collaborative outreach creates accessible, trauma-informed programs that reduce barriers to care. Partnerships with community organizations, faith leaders, and local advocates give everyone a stake in this journey to wellness. Varied funding and innovative reimbursement models will secure long-term support, making harm reduction services resilient. With education, evidence-based practices, and compassionate partnerships, we can build a future grounded in trust and a shared vision, where viral hepatitis is eliminated.

DRIVERS FOR CHANGE

"I only use the AIDS Project and Habit Opco. We need to expand syringe service programs and get more outreach and navigators with lived experience."

"There should be peer-to-peer support, and having more people who are positive speak out about their experiences and educate about the pros and cons of waiting versus going for treatment."

TRUSTED PARTNERS: PATHWAYS TO ELIMINATION

GOAL: Harm reduction services have the capacity to support viral hepatitis elimination efforts, and strategies are informed by the leadership of people who use drugs.

KEY: Quick start Big win

Objective 1: Increase the number of people with lived experience planning, leading, and participating in outreach and peer programming efforts to integrate viral hepatitis education and testing into high-quality, established programs.

Activities

- Develop a free, confidential, and easily accessible support group to prevent burnout and sustain collaborative partnerships with people engaged in peer support work.
- Provide multiple channels to gather and act on feedback from people with lived experience regarding how to better meet people where they are to facilitate participation, planning, leadership, and outreach.
- Collaborate with faith-based and other community leaders to provide space to share personal experiences and offer peer support.

Desired outcomes

- Programs have a documented plan to engage people with lived experience in their planning work, based on evidence-supported strategies.
- Program implementation and improvements are responsive to the input of people with lived experience.
- Peer support opportunities meet service area demand.

Objective 2: Increase and broaden funding for harm reduction programs.

Activities

- Conduct long-term financial planning to prevent over-dependence on opioid settlement funds.
  - Use data and evidence of the effectiveness of harm-reduction programs to encourage increased financial support.
- Establish mechanisms to distribute surplus resources from organizations receiving grants for viral hepatitis activities and services.
- Support multiple funding streams for harm reduction programs.

Desired outcomes

- A long-term financial sustainability plan for harm reduction services is completed.
- Increase the number of braided funding or other supplemental funding applications.
- Increased proportion of program funding from braided sources.

TRUSTED PARTNERS: PATHWAYS TO ELIMINATION

GOAL: Harm reduction services have the capacity to support viral hepatitis elimination efforts, and strategies are informed by the leadership of people who use drugs.

Objective 3: Expand the ability of harm reduction programs to provide viral hepatitis supports and services across the full care cascade.

Activities

- Offer confirmatory testing in harm reduction settings.
- Ensure harm reduction programs can dispense medication.
- Provide training opportunities for harm reduction program staff on evidence and communication strategies for supporting people who use drugs in seeking testing and treatment.
- Expand harm reduction program staff capacity to provide care navigation and coordination assistance.

Desired outcomes

- All harm reduction program clients are offered confirmatory testing.
- All harm reduction programs can offer their clients the ability to safely store medication.
- All harm reduction programs will have staff with training and capacity for providing viral hepatitis care navigation services.

The proximity of syringe service programs are directly linked to lower rates of new and reinfections of HCV among people who inject drugs.[5]

Objective 4: Make it easier to seek care from harm reduction services and recovery-focused community organizations by fostering collaboration between treatment programs that offer welcoming and trauma-informed care.

Activities

- Increase awareness of harm reduction initiatives through media campaigns and/or other avenues.
- Create and distribute a list of healthcare systems/sites that are harm reduction-friendly.
- Incorporate whole-person care into harm reduction and recovery settings.
- Develop communities of practice focused on partnership and shared services between different types of harm reduction and substance use and behavioral health programs.

[5] Romo E, Rudolph AE, Stopka TJ, Wang B, Jesdale BM, Friedmann PD. HCV serostatus and injection sharing practices among those who obtain syringes from pharmacies and directly and indirectly from syringe services programs in rural New England. Addict Sci Clin Pract. 2023 Jan 3;18(1):2. doi: 10.1186/s13722-022-00358-7. PMID: 36597153; PMCID: PMC9809047.

GOAL: Harm reduction services have the capacity to support viral hepatitis elimination efforts, and strategies are informed by the leadership of people who use drugs.

Objective 4 *(continued)*: Make it easier to seek care from harm reduction services and recovery-focused community organizations by fostering collaboration between treatment programs that offer welcoming and trauma-informed care.

Desired outcomes

- All harm reduction programs are aware of the harm reduction-friendly healthcare systems/sites in their community.
- Collaborative partnerships are established between harm reduction and SUD and Behavioral Health programs.
- Regional communities of practice are operationalized with active participation of harm reduction, treatment, and recovery organizations.

A common myth is that people who inject drugs and are cured of hepatitis C are at high risk of reinfection. However, data suggests that reinfection is rare for people who inject drugs and clear HCV with therapy, even if they continue to inject drugs.[6]

Objective 5: Make harm reduction programming more financially sustainable through insurance coverage and other innovative reimbursement models.

Activities

- Develop a Roadmap to Reimbursement for harm reduction activities.
  - Utilize existing models (locally or in other states/regions) to make prevention activities reimbursable by insurance and other payors
  - Develop a package of harm reduction services for insurance billing to support individuals utilizing services
- Build knowledge of providers to assist clients in finding ways to have services covered by non-insurance payors.

Desired outcomes

- Harm reduction programs are consulted in the development of a Roadmap to Reimbursement.
- A Roadmap to Reimbursement is distributed and utilized by harm reduction programs.
- Harm reduction programs are reimbursed by a well-rounded pool of payors.

[6] HCV Guidance: Recommendations for Testing, Managing, and Treating Hepatitis C; Key Populations: Identification and Management of HCV in People Who Inject Drugs. www.HCVGuidelines.org. American Association for the Study of Liver Disease and the Infectious Diseases Society of America.

Pillar #3 | Capacity to Care

Introduction co-authored by Frank McGrady, *Hep Free NNE Steering Committee Member*

Building a healthcare system capable of supporting everyone affected by viral hepatitis requires responsive, well-trained, and connected care teams. When health care workers are responsive to the communities they serve, patients feel respected and are more likely to complete treatment. Recruitment and retention of workers representative of the community they serve, including those with lived experience, ensures hepatitis care is empathetic and effective.

Expanding technical training empowers both clinical and nonclinical staff to provide meaningful support across cultural and linguistic lines. Smoother care transitions, expanded telehealth, and support tailored for specific populations, like justice-involved individuals, ensure no one falls through the cracks.

To sustain this level of care, reimbursement models must recognize and support comprehensive hepatitis services, allowing organizations to deliver compassionate, high-quality care. By creating a health care environment where each patient feels valued, we pave the way for universal access to treatment, better outcomes, and stronger community health.

DRIVERS FOR CHANGE

"If there were more places for people to get tested, like at the harm reduction program or pop-up clinics like the flu shots. It takes so long to get into a doctor around here, every couple of months it feels like we have to find a new PCP."

"It can be hard to get labs done without transportation. I tend to get my labs drawn at the pharmacy – would be good to offer screening and treatment through there. There should be more places to access information."

CAPACITY TO CARE: PATHWAYS TO ELIMINATION

GOAL: Well-trained care teams and payors are connected and have the capacity to serve all people engaged with the care cascade.

KEY: Quick start Big win

Objective 1: Prioritize recruitment and retention of viral hepatitis health care workers who understand the communities they serve.

Activities

- Ensure training programs and career pathways within the care cascade are available to people with lived experience.
- Promote recruitment of staff with varied linguistic and cultural backgrounds in clinic- and community-based healthcare and Medications for Opioid Use Disorder (MOUD)/SUD treatment sites.

Desired outcomes

- People with lived experience are active members of care teams.
- Care teams receive adequate support and training during onboarding and beyond.
- Care teams collectively represent the the communities they serve.

Objective 2: Expand technical training for clinical and nonclinical staff to deliver appropriately adapted viral hepatitis services that support individuals towards completion of treatment and eventual clearance.

Activities

- Conduct a needs assessment to identify current training needs and opportunities to improve access to culturally appropriate training.
- Create a catalog of existing training resources that includes national, state, and locally relevant content.
- Develop culturally appropriate training materials and train-the-trainer models that have been informed by individuals with relevant lived or professional experience, and tested by the intended audience.
- Create technical assistance centers to expand access to culturally relevant training.

Desired outcomes

- Training needs are identified.
- Existing national, state, and local training content is cataloged.
- Culturally appropriate training content is delivered.
- Individuals receive culturally appropriate viral hepatitis services.

CAPACITY TO CARE: PATHWAYS TO ELIMINATION

GOAL: Well-trained care teams and payors are connected and have the capacity to serve all people engaged with the care cascade.

Objective 3: Make the patients' transition between and across systems smoother to improve the likelihood of completion of treatment and eventual clearance.

Activities

- Promote the use of clinical decision support tools and quality improvement projects within systems to facilitate linkage to care across settings.
- Implement closed-loop referral platforms.
- Build the capacity of care navigators and peer recovery specialists to support transitions across the care cascade.

Desired outcomes

- Systems are implementing quality improvement activities to facilitate linkage to care and complete treatment.
- Individuals moving through the care cascade are not lost to follow-up.

Objective 4: Expand care teams to include those who work with at-risk populations, peer navigators, and other community-based staff who typically work outside of traditional healthcare settings.

Activities

- Develop tools to help care teams assess and monitor team composition to ensure membership reflects the needs of the population being served.
- Develop resources to help organizations across the care cascade build teams focused specifically on supporting the specialized needs of individuals with justice system involvement.
- Develop partnerships that support individuals' maintaining stability upon re-entry to the community from correctional settings.

Desired outcomes

- Care team composition reflects the needs of the population they serve.
- Partnerships exist to support successful community reentry and completion of treatment for justice-involved individuals.

CAPACITY TO CARE: PATHWAYS TO ELIMINATION

GOAL: Well-trained care teams and payors are connected and have the capacity to serve all people engaged with the care cascade.

Objective 5: Increase telehealth access for viral hepatitis education and treatment, focusing especially on access for rural populations and people who do not typically engage with traditional healthcare settings.

Activities

- Develop resources that support organizations across the care cascade to assess and implement telehealth services.
- Expand networks that allow primary care clinicians to connect with subspecialists for remote case consultation.
- Identify resources to mitigate cost and reimbursement barriers to implementing telehealth.

Desired outcomes

- Organizations across the care cascade offer telehealth services.
- Primary care providers have access to remote case consultation from subspecialists.

The American Association for the Study of Liver Diseases group highlights how Project ECHO can progressively simplify management of HCV care and treatment by integrating it into routine primary care. Project ECHO, a tele-mentoring model, links liver-disease specialists with primary care physicians (PCPs) in a "knowledge network" to discuss management of more complex cases.[7]

Community-based collaborative care teams have proven effective in working in rural areas. Public health nurses and case managers communicate with populations about referrals, lab tests, and direct-acting antiviral treatment.

Objective 6: Improve and enhance access generally for viral hepatitis care through broader reimbursement strategies.

Activities

- Conduct a scan to document public and private payors' reimbursement guidelines and state regulations across the viral hepatitis care cascade.
- Conduct a scan to document how providers are being reimbursed for viral hepatitis services across the care cascade, and other reimbursement barriers.
- Develop a toolkit that can broadly guide service providers in seeking and implementing new reimbursement models.
- Develop data-informed recommendations on ways to improve service providers' access to reimbursement for viral hepatitis services.

Desired outcomes

- Providers have access to information about ways to remove reimbursement barriers to providing viral hepatitis care.
- Payers and lawmakers are informed on ways to improve policy around payment for viral hepatitis services.

[7] Feld JJ, Ward JW. Key Elements on the Pathway to HCV Elimination: Lessons Learned From the AASLD HCV Special Interest Group 2020. Hepatol Commun. 2021 May 3;5(6):911-922. doi: 10.1002/hep4.1731. PMID: 34141979; PMCID: PMC8183173.

Pillar #4 | Access and Autonomy

Introduction co-authored by Anna McConnell, *Hep Free NNE Steering Committee Member*

We must work together to transform our current systems of care and ensure that every person has the resources they need to understand and navigate their health; this is especially important for those at higher risk. Empowering people to have a voice in their viral hepatitis care is essential to building resilient communities. Designing care models that center the lived experiences of people who use drugs and address the root causes of poor health will result in care that is both accessible and effective.

Removing barriers related to cost, distance, and time is critical. Direct engagement with those affected by viral hepatitis helps us tailor strategies to meet their needs. Working at the intersection of multiple systems (housing, mental health, and systems of incarceration) supports a holistic approach, addressing viral hepatitis alongside other health and social challenges.

Multi-discipline task forces, innovative outreach, and accessible educational materials are necessary to amplify community voices and raise awareness. Sharing educational materials in familiar clinical and community settings will create the pathways for informed, shared decision-making, as well as meaningful engagement with care. Together, we can create a supportive environment where everyone has the ability to get the care they deserve.

DRIVERS FOR CHANGE

For patients without health insurance under the age of 40, only 1 in 6 has been cured.

"I got tested when I was in prison. They were going to treat me, but my stint wasn't long enough. I actually thought of finding a way to do more time so. . .I could get treatment."

"...[T]esting and vaccine clinics happen[ing] at community centers. More education and access to info. More queer doctors, and free testing would help."

ACCESS AND AUTONOMY: PATHWAYS TO ELIMINATION

GOAL: All people have the resources we need to build resilience and determine our viral hepatitis care.

KEY: Quick start Big win

Objective 1: Increase the use of easy-to-access resources for those who may be at higher risk for viral hepatitis or who may have more trouble getting care.

Activities

- Disseminate educational resources in clinical and community-based settings, including SSPs, where individuals with higher risk for viral hepatitis frequently and comfortably spend time.
- Engage with dissemination partners to identify new and creative channels to deliver care resources to intended audiences.
- Expand outreach and service delivery models that remove cost, distance, and time barriers to accessing treatment and other care resources.

Desired outcomes

- Educational resources are widely available in settings where individuals with higher risk for viral hepatitis spend time.
- Low-barrier care is available to those at higher risk for viral hepatitis.

Decentralizing care and providing care services where higher-risk individuals are more readily found has been shown to increase screening and treatment initiation. "Opt-out" systems that automatically link individuals experiencing homelessness to care early in the cascade have proven to be a promising protective factor.[8]

Objective 2: Design and improve viral hepatitis care around the experiences of people who use drugs and social drivers of health data.

Activities

- Implement strategies, such as structured, motivational interviews, to incorporate input from people who use drugs and incarcerated individuals to inform and improve viral hepatitis care.
- Implement procedures for regularly and systematically gathering and acting on data from social drivers of health screening tools.
- Formalize quality assurance strategies to ensure new activities, materials, and services are grounded by the goals of improving access and opportunity.

Desired outcomes

- Systems have the knowledge and skill to sensitively engage people who use drugs and incarcerated individuals for quality improvement processes.
- Viral hepatitis care is informed and improved by the experiences of people who use drugs and other social drivers of health data.

[8] Seaman A, King CA, Kaser T, Geduldig A, Ronan W, Cook R, Chan B, Levander XA, Priest KC, Korthuis PT. A hepatitis C elimination model in healthcare for the homeless organization: A novel reflexive laboratory algorithm and equity assessment. Int J Drug Policy. 2021 Oct;96:103359. doi: 10.1016/j.drugpo.2021.103359. Epub 2021 Jul 27. PMID: 34325969; PMCID: PMC8720290.

ACCESS AND AUTONOMY: PATHWAYS TO ELIMINATION

GOAL: All people have the resources we need to build resilience and determine our viral hepatitis care.

Objective 3: Provide information, knowledge, and support needed for everyone to make informed decisions about viral hepatitis care.

Activities

- Develop patient educational materials that provide clear and accurate information on current prevention, screening, testing, and treatment recommendations.
- Make educational materials pertaining to local communities and delivered through virtual and in-person modalities that align with different styles of learning and communication.
- Develop social marketing campaigns that highlight the experiences of people who have completed HCV treatment.

Desired outcomes

- Individuals can access viral hepatitis educational materials and other information in their preferred language, literacy level, and modality.
- Individuals can incorporate the experiences of people who have completed HCV treatment into their decision-making.

Objective 4: Integrate viral hepatitis care in strategic plans focused on housing, substance use, mental health, and incarceration.

Activities

- Form multi-sectoral state-level task forces:
  - Which engage people experiencing housing insecurity, substance use or mental health challenges, or involvement with the justice system
  - To identify, inform, and act on opportunities for a holistic approach to addressing viral hepatitis and other associated health and social conditions
  - That emphasize two-way communication to keep the public informed on the progress of these plans
- Pursue funding opportunities that support integrated planning across sectors.
- Include terms in requests for proposals, contracts, and other funding mechanisms that require vendors to provide information and resources as appropriate for viral hepatitis awareness, education, screening, referral, or treatment.
- Educate government agencies on how they can incorporate viral hepatitis considerations into relevant planning and programming efforts.

Desired outcomes

- Multi-sectoral partnerships pursue opportunities for plans that integrate viral hepatitis considerations.
- Viral hepatitis considerations are incorporated into plans that address housing stability, substance use, mental health, and carceral health.
- Government agencies promote syndemic solutions through administrative and contractual procedures.

Pillar #5 | Sustainability and Attainability

Introduction co-authored by Anne-Marie Toderico, *Hep Free NNE Steering Committee Member*

A sustainable public health infrastructure is key to eliminating viral hepatitis. By leveraging data systems and creating collaborative partnerships, we will build a coordinated care cascade that effectively serves those at risk. Our progress over time will be measured by the achievement of our clear incremental goals.

Cooperation across health systems, including data-sharing policies and improved communication, streamlines access to vaccinations, screenings, and treatment. Training community partners, especially those serving populations at higher risk of viral hepatitis, ensures people receive effective, low-barrier care in all settings.

The support of policymakers and legislators is essential for this work. Their support of better surveillance and standardized reporting will allow the data to reveal essential insights into treatment outcomes. Establishing long-term funding and creating resource-sharing mechanisms empower communities to build adaptable and resilient care systems.

Together, we can transform viral hepatitis care, fostering collaboration and innovation that prioritizes health for all. Our collective efforts pave the way for a future where viral hepatitis is eliminated, ensuring a healthier tomorrow for everyone.

DRIVERS FOR CHANGE

"They do the best they can, but we always need more for more people. We could use [counselors] that can help people make a plan for the future and execute it."

"The services and things only work as well as you put energy into them, but sometimes it feels like you're trying to make things work while the people you're working with have no clue what's going on."

SUSTAINABILITY AND ATTAINABILITY: PATHWAYS TO ELIMINATION

GOAL: Policies and programs are informed by comprehensive data systems and sustained by a well-resourced public health infrastructure.

KEY:  Quick start  Big win

Objective 1: Leverage existing systems, capabilities, routines, and partnerships to improve information sharing and coordination of services across the care cascade.

Activities

- Develop goals for collaborative efforts that create early momentum and have increasing levels of complexity over time.
- Establish opportunities for partners across the care cascade to learn about successful practices and workflows that might be replicated.
- Promote use of data-sharing policies and agreements to improve care coordination, case monitoring, and access to care.
- Support systems of care in building capacity to track measurable outcomes in screening, vaccination, linkage to treatment, and treatment success.

Desired outcomes

- Collaborations have written documentation of their shared goals and expectations for participation.
- Peer-learning opportunities are accessible to partners across the care cascade.
- Partners within the care cascade have documented data-sharing agreements.
- Systems can monitor and accurately report measurable outcomes across the viral hepatitis care cascade.

Objective 2: Increase training and technical assistance on new and best practices for testing, care, and support across health and community care systems.

Activities

- Support systems of care in establishing mechanisms that remove treatment adherence barriers and alleviate burden on primary care offices.
- Promote novel options that support individuals in receiving initial screening and completing the viral hepatitis care cascade.
- Prioritize capacity-building specific to meeting the needs of individuals with viral hepatitis living in correctional settings, and those same individuals as they transition back into a community setting.
- Offer low-barrier viral hepatitis training opportunities specifically designed for community partners (harm reduction programs, recovery community organizations, shelters).

Desired outcomes

- Care cascades include services that promote treatment adherence outside of the primary care setting.
- Providers utilize novel strategies to engage individuals across the care cascade.
- Care teams across systems have enhanced knowledge to support individuals re-entering the community from correctional settings.
- Community partners have access to viral hepatitis training opportunities.

SUSTAINABILITY AND ATTAINABILITY: PATHWAYS TO ELIMINATION

GOAL: Policies and programs are informed by comprehensive data systems and sustained by a well-resourced public health infrastructure.

Objective 3: Improve ways to report laboratory test results and gauge outbreaks and trends to support better viral hepatitis surveillance.

Activities

- Make all hepatitis C results reportable to the state - including + ab, + and - RNA antibody tests.
- Establish a prevalence measure for each state.
- Upgrade surveillance systems to track cases of clearance, cure, and reinfections.

Desired outcomes

- State surveillance systems can track all hepatitis C cases through the care cascade.
- State surveillance programs have access to data that assesses viral hepatitis differences in the community.

In 2014 the Department of Veterans Affairs (the VA) began an effort to cure a defined population in a specific setting - the 170,000 veterans with chronic HCV in VA care. By early 2019, they had treated 116,000 vets. This demonstrates how a focused effort can help an existing system adapt. The VA relied on a strong existing HCV surveillance system and the ability to implement rapid clinical redesign.[9]

Objective 4: Improve awareness and collaboration for funding, policies, and other resources that are needed to make progress toward the elimination of viral hepatitis.

Activities

- Identify "gold-standard" measures New Hampshire, Maine, and Vermont can each use to illustrate progress towards viral hepatitis elimination.
- Identify gaps in systems to report on "gold-standard" measures, and identify incremental steps towards addressing those gaps.
- Create standard surveillance reports for stakeholders to share with policy- and decision-makers.
- Develop educational resources that inform policy about the viral hepatitis epidemic, and necessary policy and funding solutions.
- Establish long-term funding for public health staff and community organizations workin across the viral hepatitis care cascade.
- Build mechanisms that allow partners to share grant and funding opportunities within and across New Hampshire, Maine, and Vermont.

Desired outcomes

- "Gold standard" measures are documented to guide progress towards the elimination of viral hepatitis.
- Viral hepatitis elimination activities are supported by adequate and sustainable funding.

[9] Gonzalez R, Park A, Yakovchenko V, Rogal S, Chartier M, Morgan TR, Ross D. HCV Elimination in the US Department of Veterans Affairs. Clin Liver Dis (Hoboken). 2021 Aug 18;18(1):1-6. doi: 10.1002/cld.1150. PMID: 34484696; PMCID: PMC8405054.