

Syndemic Approaches: Integrating Viral Hepatitis Services

Jessica Deerin, PhD, MPH

Office of Infectious Disease and HIV/AIDS Policy

June 27, 2024



OASH

Office of the
Assistant Secretary
for Health

Disclosure

Presenter has no financial interest to disclose. This continuing education activity is managed by The St. Louis STI/HIV Prevention Training Center and accredited by Missouri State Medical Association (MSMA) in cooperation with the Chicago Department of Public Health.

About Us | Office of Infectious Disease and HIV/AIDS Policy (OIDP)

OIDP is part of the Office of the Assistant Secretary for Health (OASH).

We work to reduce the burden of infectious diseases through:

- **Collaboration** and **coordination** among federal agencies and stakeholders.
- **Strategic direction** through national strategic plans.
- **Innovation** in technical assistance, grants, and services.
- Public health **education** for health/public health professionals and the public.

We focus on policy and programs related to:



Blood and tissue
safety and availability



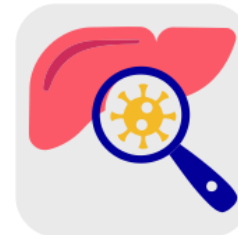
HIV/AIDS



Sexually transmitted
infections



Vaccines

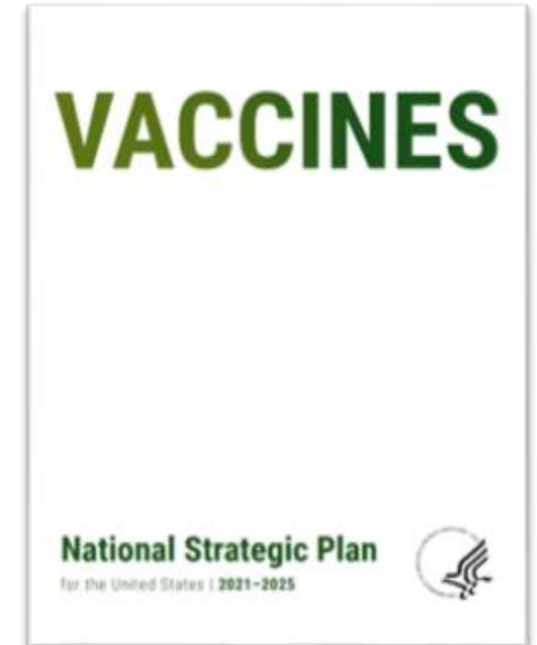
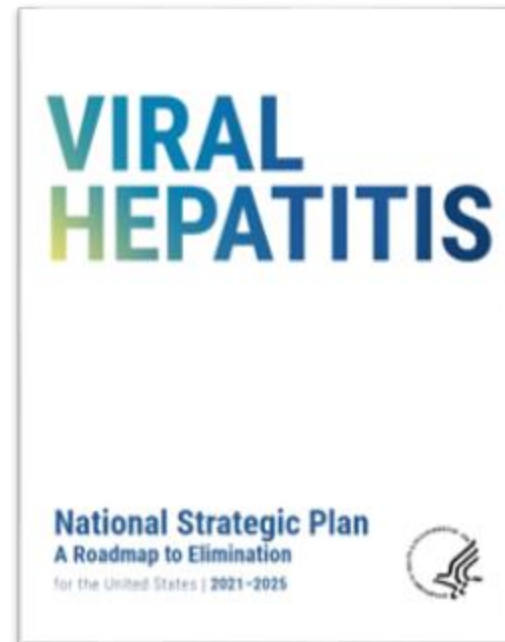
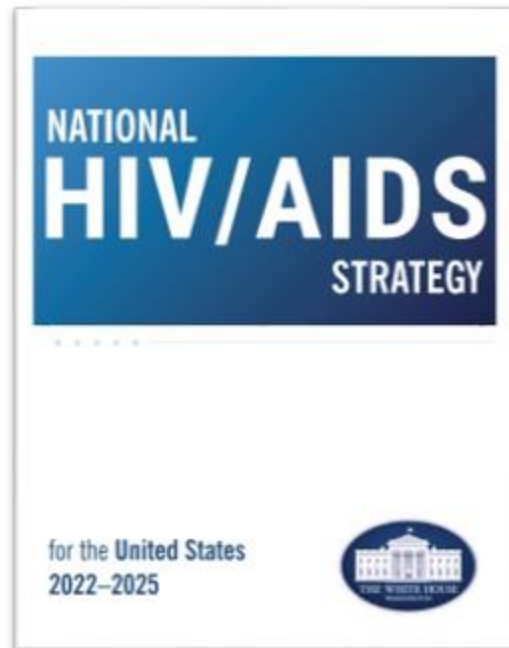


Viral
hepatitis



Other infectious
diseases and
related issues

National Call for a Syndemic Approach



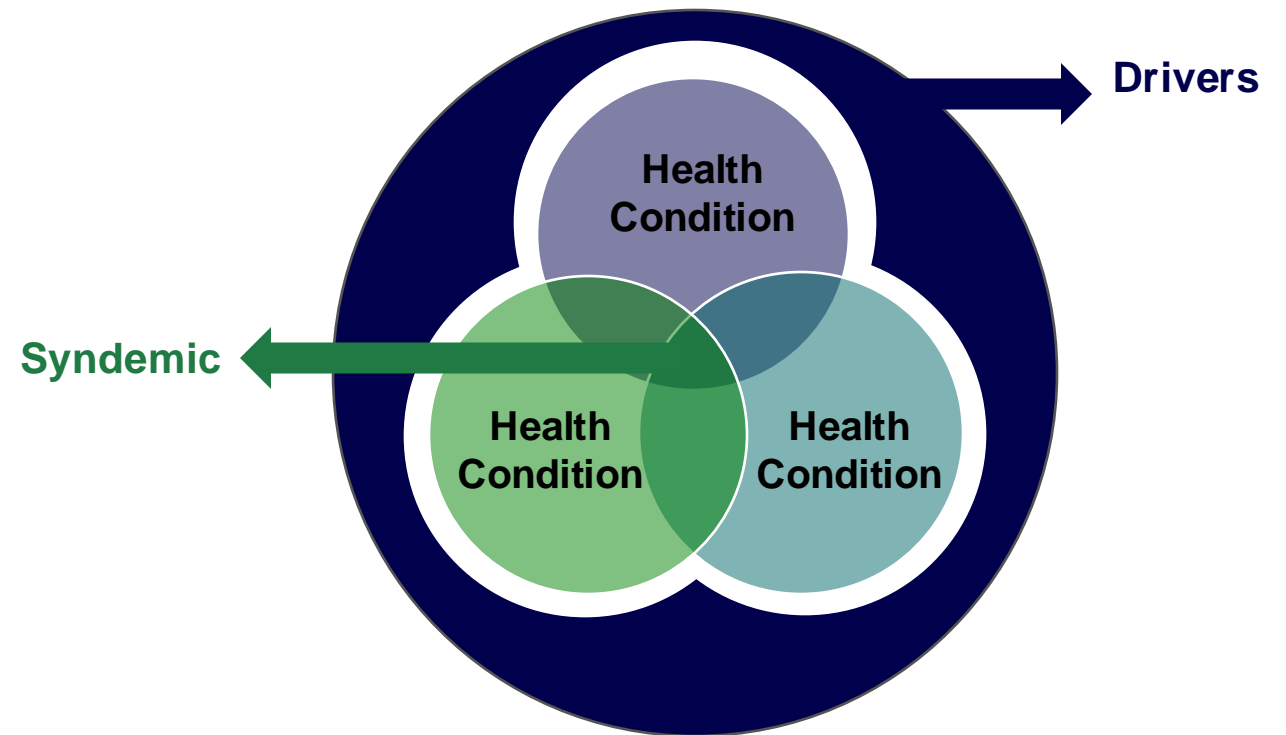
**DISEASE ONLY TREATS
HUMANS EQUALLY WHEN
OUR SOCIAL ORDERS
TREAT HUMANS EQUALLY.**

**- JOHN GREEN,
The Anthropocene Reviewed**

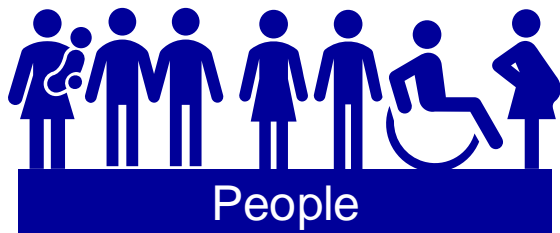
HHS Definition | Syndemics

Syndemics happen when:

- Two or more **health conditions cluster** and **interact** within a population,
- **Social and structural factors and inequities** allow for diseases or health conditions to cluster; and
- The clustering of disease or health conditions results in **disease interaction**, either biologic or social or behavioral, leading to an **excess burden of disease** and **continuing health disparities**.



HHS Syndemic Approach | People, Place, Science, and Action



- Recognizing not all populations are affected by syndemics similarly.
- Centering populations served.



- Understanding the environments where people are born, live, learn, work, play, and age.
- Allocating resources by disease burden and for more holistic care.



- Identifying syndemic interactions and root causes.
- Integrating scientific findings into communities.

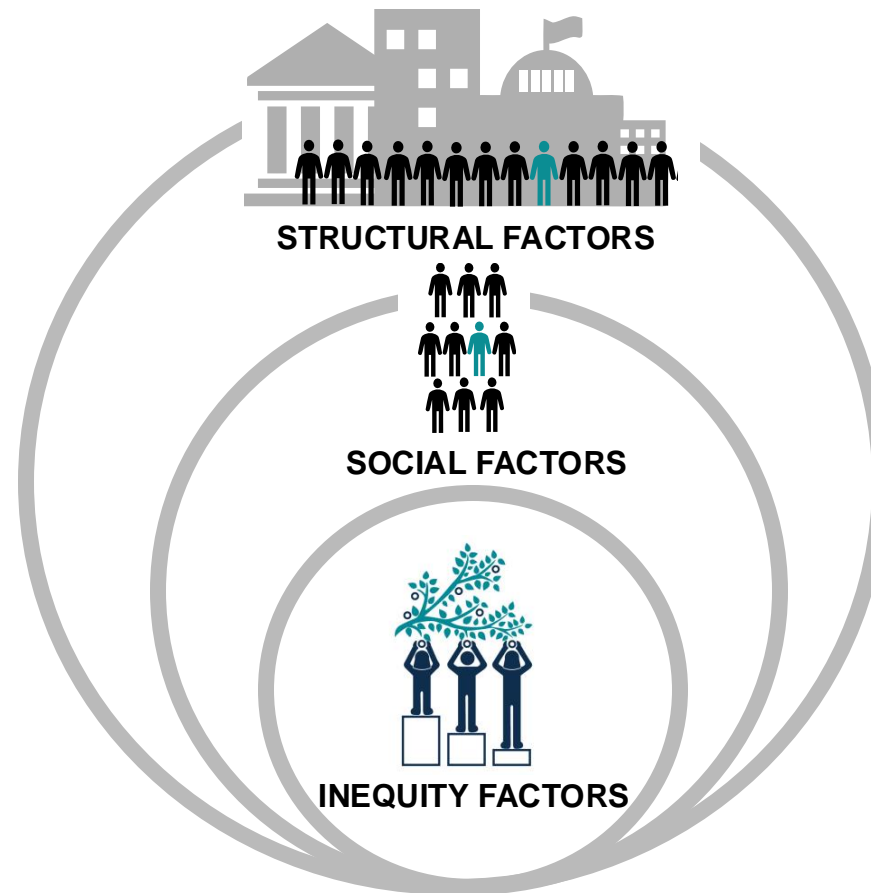


- Implementing activities to support syndemic approaches, including campaigns, policies, funding, and data.

Setting the stage | Social Determinants of Health

STRUCTURAL and SOCIAL FACTORS:

- Economic stability
- Neighborhood and physical environment
- Education
- Food security
- Community and social context
- Health care



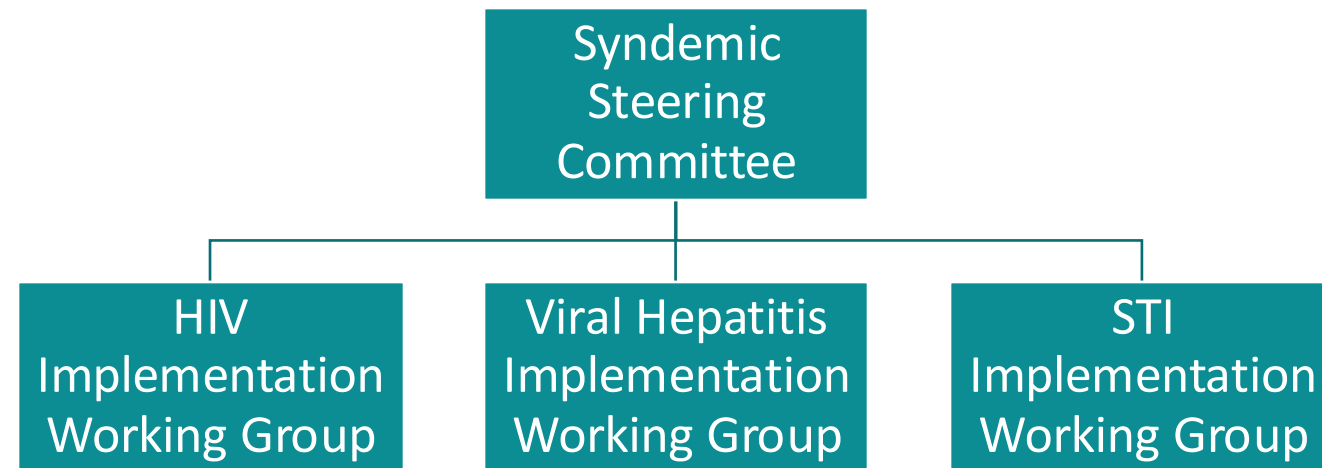
INEQUITY FACTORS:

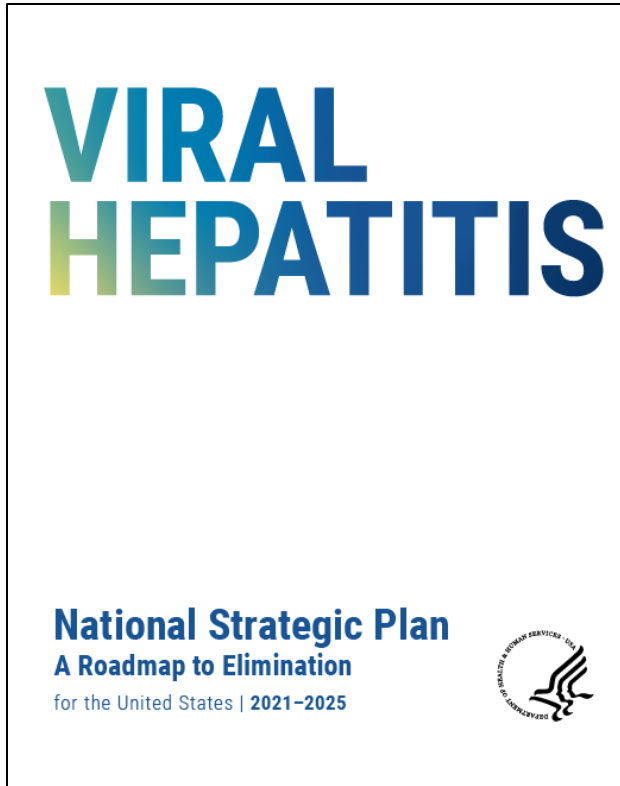
- Class
- Gender and gender identity
- Race / ethnicity
- Sexual identity and orientation

Federal Syndemic Steering Committee: HIV, STIs, Viral Hepatitis, Mental Health, and Substance Use

Charge:

- Integrate HIV, STI, viral hepatitis, mental health, and substance use activities as a foundational approach to more effectively and efficiently serve populations
- Support cross-agency collaboration and coordination of programs, policies, and activities
- Integrate services and programming through a health equity lens





OVERARCHING GOAL
Elimination
by 2030

Goals

In pursuit of this vision, the Hepatitis Plan establishes five goals:



1. Prevent new viral hepatitis infections



2. Improve viral hepatitis–related health outcomes of people with viral hepatitis



3. Reduce viral hepatitis–related disparities and health inequities



4. Improve viral hepatitis surveillance and data usage



5. Achieve integrated, coordinated efforts that address the viral hepatitis epidemics among all partners and stakeholders

OIDP Initiatives



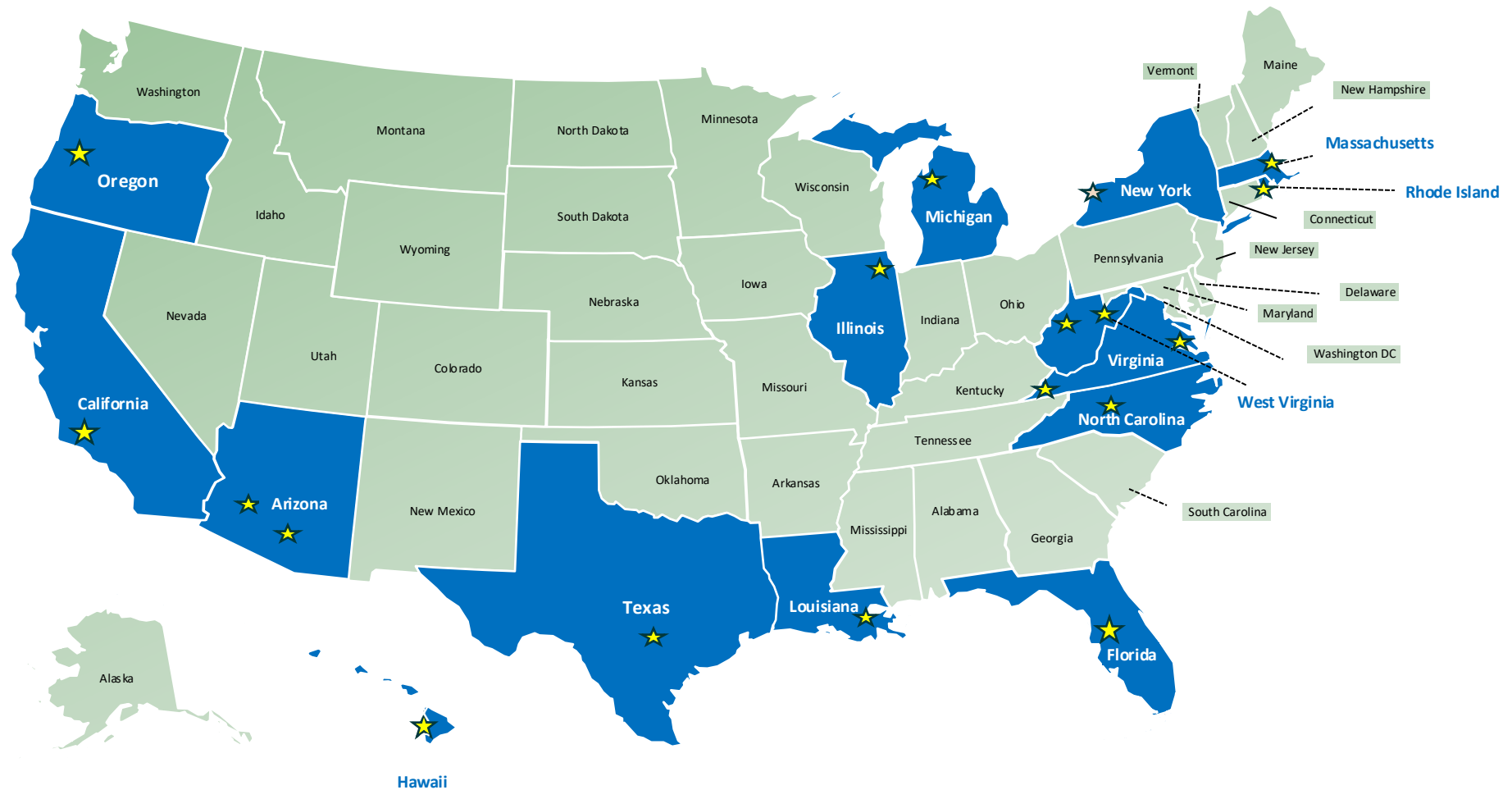
OASH

Office of the
Assistant Secretary
for Health

Project | Program Evaluation to Address Syndemics of HIV, STIs, Viral Hepatitis, Mental Health, and Substance Use

- Assess programs integrating services at the same location to:
 - 1. Eliminate duplication of efforts and best meet client needs, and**
 - 2. Identify and disseminate evidence-based practices**
- Project goals and objectives:
 - 1. Develop a criteria assessment framework to identify programs that implement a syndemic approach**
 - 2. Identify facilitators and barriers of integrated prevention, treatment and care services**
 - 3. Develop a list of resources of syndemic-related materials for service providers to integrate services.**

Programs Interviewed to Date



Preliminary Findings

- Across different program settings, common facilitators have emerged:
 - Engaging communities served intentionally
 - Establishing syndemic champions and leadership buy-in
 - Centering the focus on the needs of populations served
 - Securing multiple funding streams and establishing partnerships to allow for flexible, more holistic service delivery
- Aim is to encourage programs to implement more fully integrated service delivery by developing and sharing case studies and other resources

Project | Financing Integrated Viral Hepatitis Services



Initiative Goal:

Develop recommendations, including financing and payment models, derived from real-world experience, that can be applied to new and existing integrated service programs

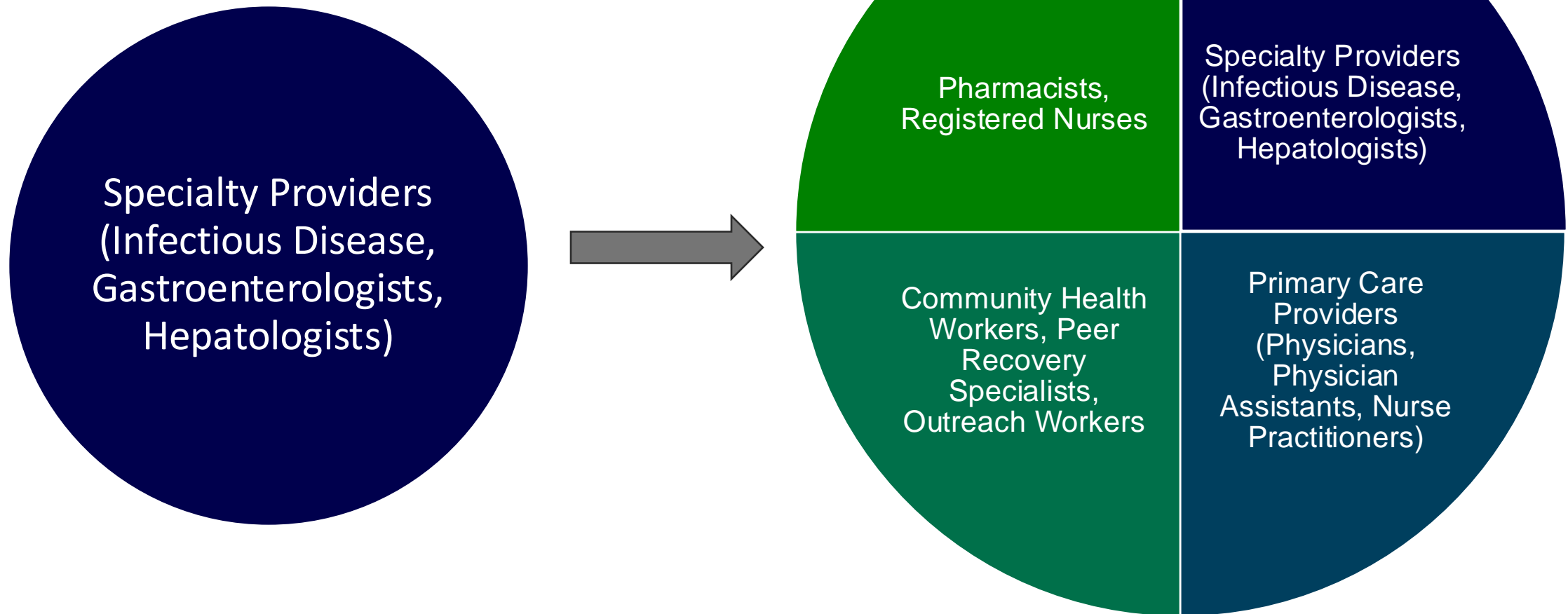
Identify and address payment and reimbursement barriers

Identify promising payment models

Disseminate findings to support implementation activities

-
- A clipboard with a yellow clip at the top and a white sheet of paper with a checklist. The checklist has four items, each with a green checkmark in a square box.
- Correctional Facilities
 - Substance Use Treatment Programs
 - Syringe Services Programs
 - Other Harm Reduction Programs

The Viral Hepatitis Workforce



Expanding Pharmacist Scope of Practice & Medicaid Reimbursement in California

- Pharmacists need both the authority to deliver patient care, and sufficient incentive (e.g., payer reimbursement) to provide viral hepatitis services



As of March 8, 2024, the following disease categories have been added as eligible qualifying conditions for MTM services:

- Alzheimer's Disease
- Bone Diseases (e.g. Osteoporosis, Osteoarthritis, etc.)
- Cardiovascular Diseases
- Dyslipidemia
- End-Stage Renal Disease (ESRD)
- Hepatitis C
- Hypertension



Reimbursement Opportunities for Street Medicine & Outreach Sites

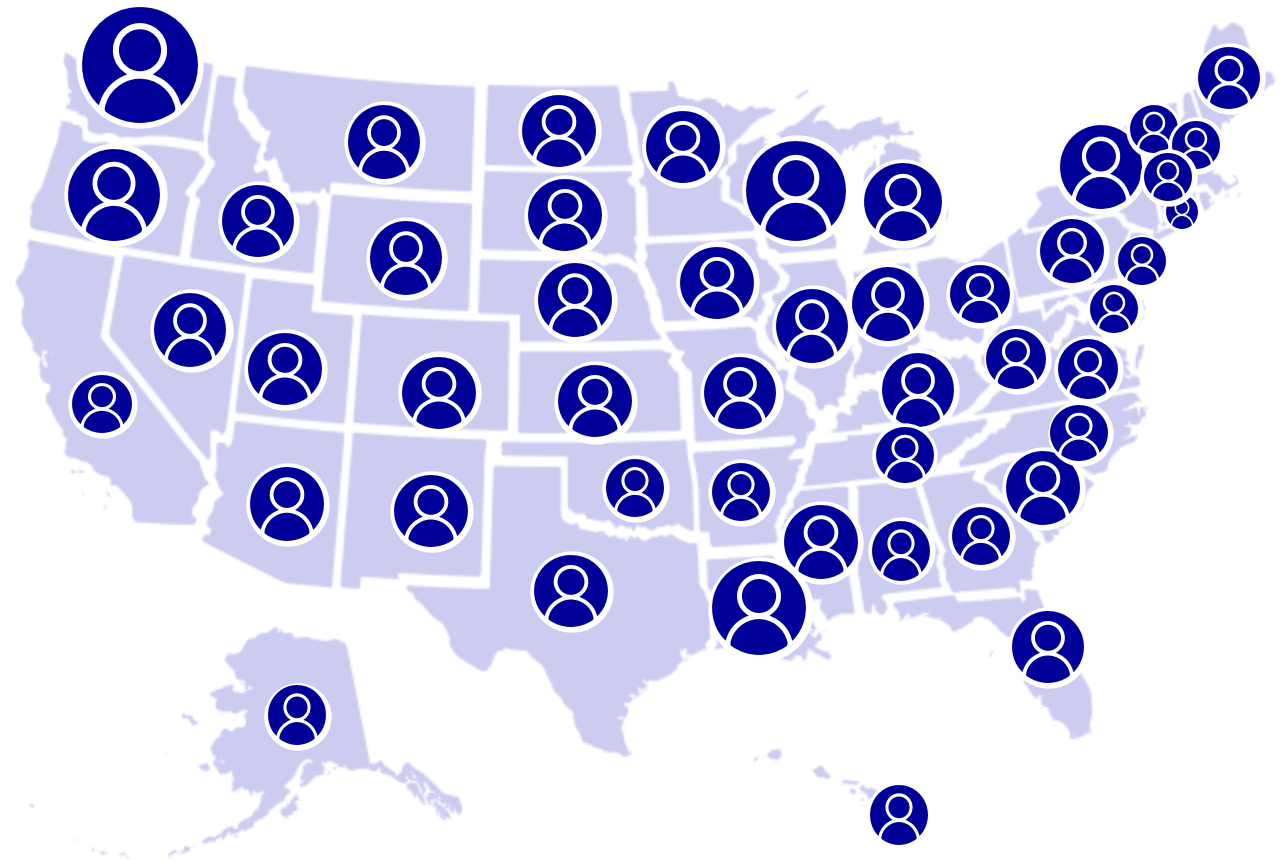
CMS Place of Service code 27 – Outreach Site/Street (available October 2023)

A non-permanent location on the street or found environment, not described by any other POS code, where health professionals provide preventive, screening, diagnostic, and/or treatment services to unsheltered homeless individuals.

Project | Viral Hepatitis Quality Measure Adoption at State Level

Goal:

Drive consistent quality measurement of viral hepatitis across states and accelerate nationwide elimination efforts



Viral Hepatitis Quality Measure Examples at National Level

HRSA Ryan White HIV/AIDS Program	Medicare	Medicaid
HIV Care Performance Measures	Merit-based Incentive Payment System (MIPS)	Adult Core Set Measures
<p>3 of 14 measures related to hepatitis B screening and vaccination and hepatitis C screening in the Adolescent and Adult Performance Measures Set</p>	<p>2 MIPS Value Pathways:</p> <ul style="list-style-type: none"> • 3 hepatitis C measures in Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV (2024) • 1 hepatitis C measure in Promoting Wellness (2023) <p>Traditional MIPS: several hepatitis C measures across performance years</p>	<p>0 of 33 measures for states and territories to report in 2024 focus on viral hepatitis</p>

Types of Health Care Quality Measures

Process Measures

Focus on the steps that should be followed to provide evidence-based care



Screening for hepatitis B or hepatitis C infection



Treatment initiation for a positive test result for hepatitis B or hepatitis C infection

Outcomes Measures

Focus on the health status of a patient resulting from evidence-based care



Sustained virological response (SVR) (virologic “cure”) for hepatitis C

What Can You Do?



Best Practice | People Centered Approach

Addressing syndemics requires a people centered approach rather than an issue centered approach.

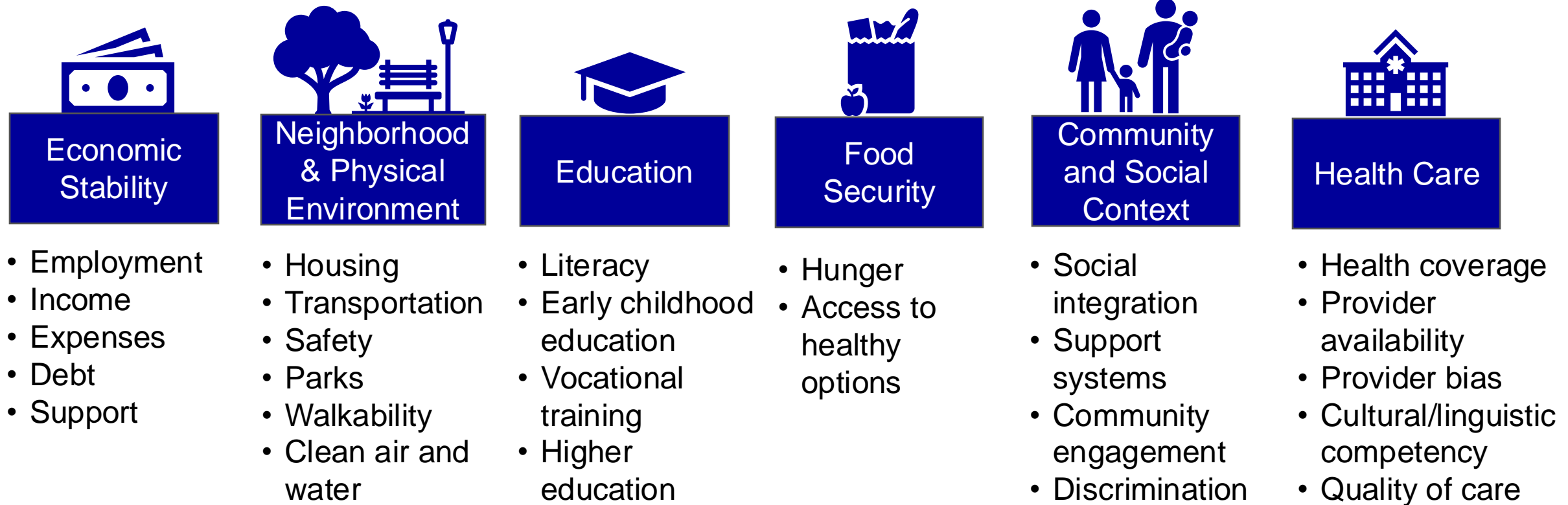
A People Centered Approach means:

- Being intentional in understanding the communities we serve.
- Prioritizing populations disproportionately affected.
- Empowering communities to be engaged in agenda setting and decision-making.
- Creating opportunities for people with lived experience in systems of care.
- Establishing transdisciplinary partnerships to provide more holistic care.



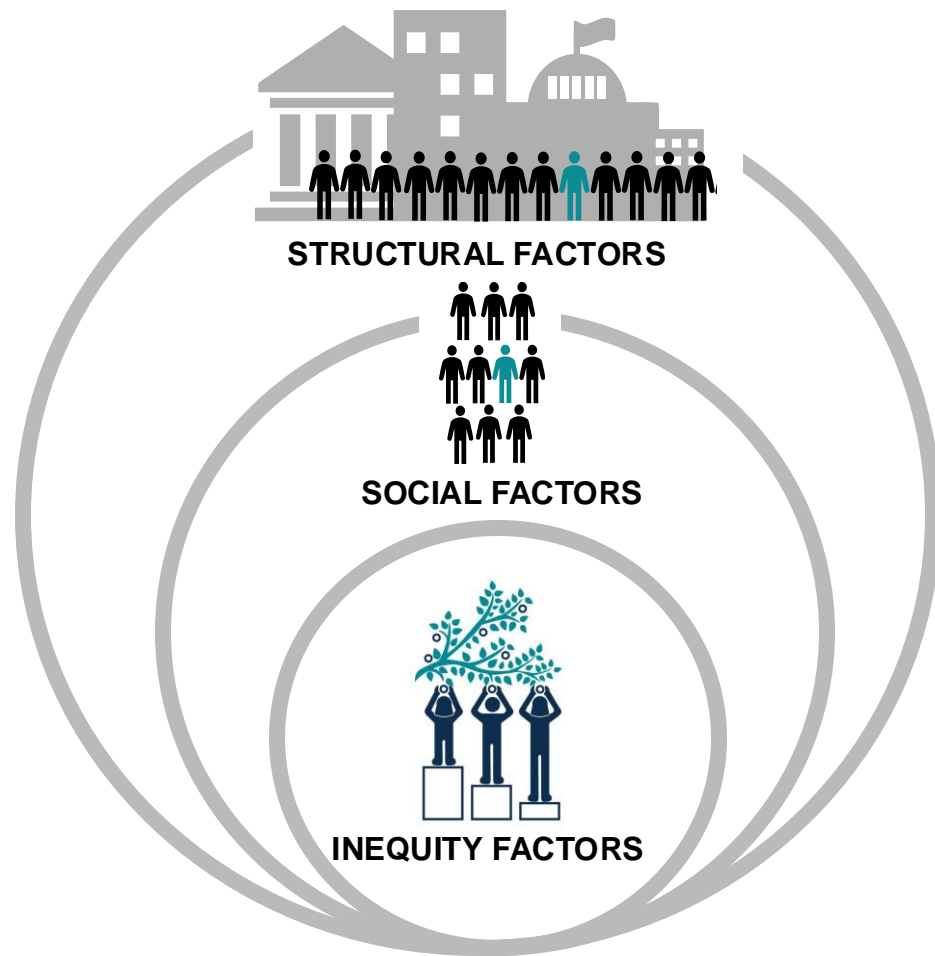
Best Practice | Know the drivers and how they interact

Conduct robust analysis across the social determinants of health.



Best Practice | Be strategic and honest

Look across the spheres of influence to identify all factors.....And analyze, tailor, and prioritize your actions.



INTERNAL

Strengths

- Experience, Knowledge
- Resources
- Reputation
- Competence

Weaknesses

- Gaps in experience, knowledge
- Financial realities
- Burnout

EXTERNAL

Opportunities

- Partnerships
- Initiatives aligned with equity goals
- Innovation
- Funding

Threats

- Competition for resources
- Political will
- Lack of community trust

POSITIVE

NEGATIVE

Best Practice | Be a champion



You can be a **champion** for syndemics by:

- Learning more about syndemics, including best practices from other programs.
- Educating policy makers about syndemics and their importance in affecting overall health and well-being.
- Leading the development of integrated standard operating procedures.
- Obtaining program leadership commitment for integrated service delivery.
- Understanding the available resources in your community and making new partnerships.

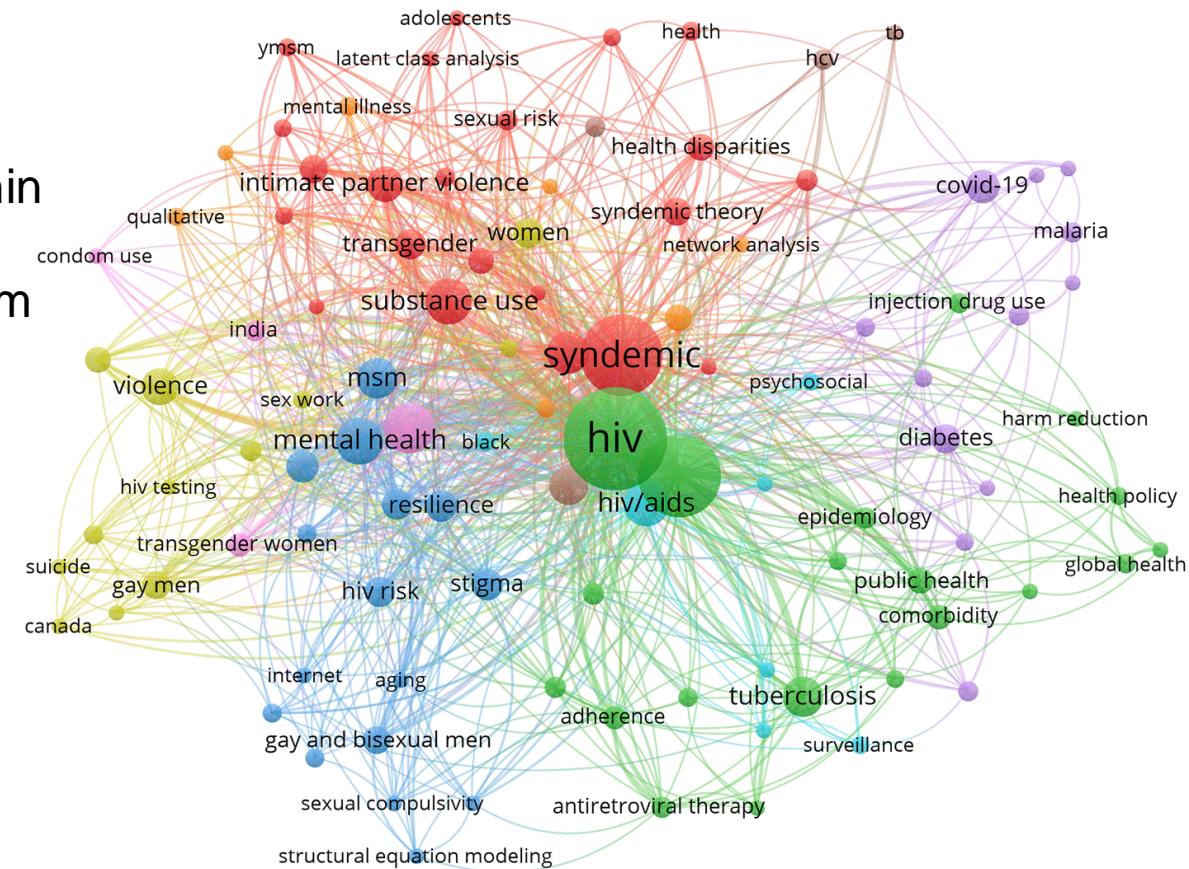
Syndemic Realities | The funding and resource gap

Funding is often a challenge:

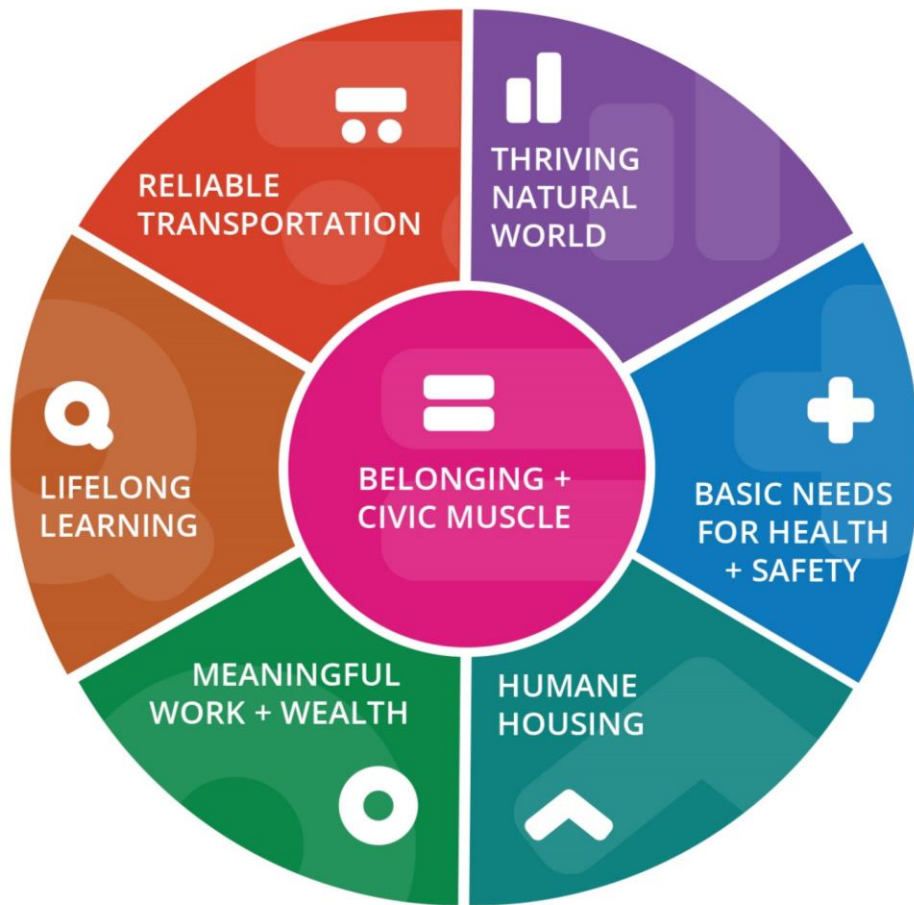
- Secure multiple funding opportunities.
- Work with teams to incorporate syndemics into grants.
- If unsure, ask funders if syndemic programming is within the scope of award.
- Consider applied research grants that allow for program development and implementation.

Syndemics often do not have dedicated staff or resources:

- Identify a syndemics champion.
- Understand limitations and leverage related resources for integrated service delivery where allowable.
- Collaborate with teams and partners.



Final Thoughts: Vital Conditions for Well-Being and Justice



All people and places
THRIVING
no exceptions.



OASH | Office of the
Assistant Secretary
for Health

Thank you!

Jessica Fung Deerin, PhD, MPH
Viral Hepatitis Policy Advisor
Jessica.Deerin@hhs.gov