The impact of a state-level hepatitis C testing law on hepatitis C screening and linkage to care
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Abstract Body

Purpose
The New York State (NYS) HCV Testing Law, enacted on January 1, 2014, requires a one-time offer of an HCV screening test to persons born between 1945-1965 receiving services as an inpatient of a hospital or at a primary care setting. This study evaluated the impact of the law with respect to the number of persons screened for HCV and the number of persons who were linked to care following a positive screening test.

Methods
Multiple data systems were used to measure the changes in the number of persons screened before and after the implementation of the law, including a survey of commercial, public health and hospital based laboratories, NYS Medicaid, electronic health records (EHRs) from a sample of New York City (NYC) care providers, and Behavioral Risk Factor Surveillance System (BRFSS). Linkage to care was assessed using NYS/NYC HCV surveillance systems and NYS Medicaid data.

Results
Number of persons screened: From a survey of 106 laboratories, the number of HCV tests increased by 275,000 from 538,000 to 813,000, representing an increase of 51% in HCV screening tests performed one year after the law was enacted.

NYS Medicaid data from 2012-2014 indicated an increase in HCV testing. Before the enactment of the law, the 12-month average HCV testing rate for this age group was 8.4 per 1,000 NYS Medicaid active utilizers in 2012, and 8.8 in 2013. After the enactment of the law, the 12-month average testing rate rose to 12.8 per 1,000 in 2014, representing a 52% increase in the average monthly testing rate between 2012-2014.

Data from a sample of EHRs maintained by the NYC Primary Care Information Project showed the percentage of persons who had an HCV screening test ordered by increased from 4.8% in 2013 to 6.6% in 2014, corresponding to a 46% increase in the number of patients who had an HCV screening test ordered by medical providers in a single year.

BRFSS data showed an increase of 270,000 persons who said they had ever been tested for HCV between 2013-2014. When asked if an HCV test was offered in the targeted medical settings, 17% reported being offered an HCV test when presenting for care in an inpatient unit, compared to 11% among those who received care from other primary care providers. 71% of respondents who received a test offer said they accepted the test. Linkage to Care: A review of surveillance data showed a 40% increase in linkage to care rates among newly diagnosed cases in NYS excluding NYC, compared to a 9.6% increase in NYC. Medicaid data showed an overall rate increase of 35%.

Conclusion
The NYS HCV testing law serves as an effective method to increase the number of people that know their HCV status and get linked to care.