

V. Gap Analysis

Based upon material presented earlier in this report and information gathered through key informant interviews, the following list suggests gaps in the state's current hepatitis infrastructure and delivery systems.

Prevention: Education, General Awareness and Outreach

- Improved general awareness of the prevalence of hepatitis in the state as well as the chronic, often asymptomatic nature of HBV and HCV;
- Accurate information on co-infection for persons who are at high risk due to needle sharing or sexual practices and continued integration of hepatitis prevention into HIV prevention messages;
- Improved prevention education in schools, colleges and with youth who may be experimenting with drugs (including those starting as “snorters” or engaging in unprotected sexual activity);
- Culturally appropriate and language specific materials on hepatitis either for general awareness or specific patient education purposes;
- Greater use of web-based and electronic technology to disseminate hepatitis information, in particular utilizing networks for MSM online;
- Targeted prevention messages at communities of color with disproportionate hepatitis burden by using existing community agencies and clinics;
- Thorough hepatitis education and referral upon discharge for inmates in corrections;
- Dissemination of easy to read, clear, visual and language specific educational materials to community-based clinics and other providers to high-risk clients.

Prevention: Vaccination for HAV and HBV

- Coordinated vaccine delivery system for the state;
- HAV and HBV vaccination standards in juvenile detention centers;
- Improved vaccine access for young adults ages 15-25 (via school-based, campus, teen clinics) who missed state law implementation for vaccinations;

- Broader HAV and HBV vaccine availability for adults at risk through community - based clinics, outreach programs and other venues;
- Standardized vaccine delivery for those diagnosed with HCV while in corrections, chemical dependency or methadone clinics.

Testing and Reporting

- Explore need for test sites for HBV and integration into existing STD clinics and HIV test sites;
- Need for public health infrastructure in testing labs supported by MDH;
- Risk assessment and testing protocol development and dissemination to providers to improve consistency and efficacy of testing;
- Improved reporting of hepatitis cases to the MDH by providers including VAMC, public and private clinics;
- Increased testing or standardized vaccine delivery (including opportunities beyond initial offering at intake) in high-risk settings such as methadone clinics, corrections and chemical dependency;
- Evaluate reporting in Minnesota by Indian Health Service facilities (only approximately 50% of HBV and HCV cases nationwide diagnosed in IHS facilities are being reported to relevant state health departments);

Medical Care and Treatment

- Consistent use of CDC guidelines for care and treatment of chronic and acute hepatitis by individual providers and clinics;
- Increased knowledge of treatment modalities and ongoing improvements, and leadership from HCV specialists in educating peers;
- Inclusion of all necessary HCV medications in Ryan White CARE Act drug formularies for co-infected individuals.

Ancillary Services: Referrals, Support and Partner Notification and Counseling

- Explore possible integration of HBV and HCV into partner services at the MDH;
- Resource directory for referrals to care providers, behavior modification, substance abuse, etc. for acute and chronic hepatitis;

- Research prevention and care case management system for chronic hepatitis patients and the potential for integration into HIV case management programs;
- Inclusion of ancillary services in referrals covered by leading health plans in the state;
- Referrals from primary care or specialty (GI) to mental health and substance use treatment are inconsistent/provider specific (particularly important before beginning any HCV treatment).

Surveillance

- Currently no electronic reporting of hepatitis cases by providers or labs in the state;
- Better data management programs at the state, including reduced paperwork, to improve efficiency and free up resources;
- Quarterly reporting and monitoring and increased breakdown of data reporting by geographic, age and behavioral risk factors.

Training and Protocol Development

- Low cost and short duration trainings for a wide variety of primary care providers including physicians, nurses, physician assistants and nurse practitioners;
- Provide examples of risk assessment, vaccination and treatment protocols to primary care providers along with training and technical assistance on how to use them;
- Provider training on chronic hepatitis management and referral services, particularly to substance abuse, mental health, and behavior change programs;
- Training for chemical dependency treatment, methadone clinics, mental health professionals and correctional facility staff on all aspects of hepatitis (prevention education and counseling, risk assessment, vaccine delivery, testing and treatment options);
- Training of multicultural work force and community-based organizations to impart education and vaccine delivery to high-risk communities;
- Education and protocols for case reporting by physicians to improve gaps in surveillance data;
- Informational websites for providers, teachers and community leaders to get current updates and information;

- Provide additional training and technical assistance to primary care providers regarding partner notification (integrate into needed training for primary care providers re: STD partner notification).

Research: Clinical Trials and Needs Assessment

- Health disparities in incidence of hepatitis in specific populations, such as Native American and African American and design/integration of appropriate interventions and prevention programs.

Collaboration and Integration

- Define the role of HIV prevention programs to address HCV including promoting/providing tests, outreach, and promoting/providing HBV/HAV vaccines, particularly for MSM and IDU populations being served;
- Exploration of current HIV/STD screening sites as test sites for hepatitis C and HAV/HBV vaccine delivery.

Leadership: Policy, Advocacy and Funding

- Advocacy for health insurance coverage/reimbursement for hepatitis testing, vaccination and treatment, including drug formularies;
- Advocacy for hepatitis testing sponsored by MDH labs;
- Resources and support for personnel and programs to address hepatitis at the state and community levels (e.g. joint funding of initiatives to support combined HIV/HCV case management activities);
- Leadership on addressing health disparities in hepatitis in collaboration with the Office of Minority and Multicultural Health at the MDH;
- Viral hepatitis team to guide all state programs, invite participation from other state, county and local agencies, consumers, providers and community-based organizations;
- Development of policy for hepatitis services at community-based clinics;
- Continued funding and advocacy for high-risk adult vaccination programs;
- Follow-up to ensure operationalization of immunization registry in remaining counties in Minnesota;

- Legislative initiatives to gain support for personnel, community programs to promote vaccine and HCV tests in high-risk adults, incorporation of vaccine into STD/HIV clinics and juvenile and adult corrections;
- Seek partnerships for promotion of vaccines for HAV/HBV, such as within the MN Adult Immunization Coalition;
- Resources for vaccines and tests in high-risk settings (e.g. corrections).