

Hepatitis C Free WA progress report

Hepatitis C elimination strategy in 2021

Engrossed Substitute House Bill 1109; Chapter 415; Laws of 2019; Section 211(45)

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Acknowledgements



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Legislative summary

In September 2018, Washington State Governor Jay Inslee issued Directive of the Governor 18-13 that called for the “Elimination of Hepatitis C in Washington by 2030 through combined public health efforts and a new medication purchasing approach.” Governor Inslee directed the Department of Health (DOH) and the Health Care Authority (HCA) to lead the state’s elimination efforts.

Progress report

HCA and DOH have continued to collaborate on the HCV elimination effort. This has included partnering with the Hep C Free Washington team, AbbVie, the drug manufacturer, the Hepatitis Education Project and others in the community. From October 1st through December 31, 2021, 237 HCA Apple Health covered lives received treatment.

AbbVie and the Hepatitis Education Project partnered to provide testing and case management services with the AbbVie’s elimination bus. Testing at events provides rapid anti-body HCV screening, follow up confirmatory testing, and referrals to HCV providers for those who tested positive/reactive. The bus provides HCV general information and promotes the state’s elimination initiative. The following bus event took place during the reporting period:

➤ Blessings Under the Bridge Winter Event

- Date: December 18, 2021
- Event time: 11AM-3PM
- Event location: Downtown Spokane under the bridge off 4th and McClellan

DOH facilitates the Hep C Free Washington workgroup— a collective impact initiative composed of multisector partners with the shared goal of eliminating the public health threat of HCV in Washington. Over the past quarter the activities are:

(The numbers referenced in the grid below correlate with Hep C Free WA Recommendations and Goals report.)

Overarching Coordination Goal

Ensure implementation of the Hep C Free Washington recommendations in order to achieve HCV elimination by 2030.

Progress in 2021:

In the fourth quarter of 2021, the Department of Health continues to re-structure the Hep C Free WA planning focus from developing recommendations to developing implementation work plans. During this quarter, the Hep C Free WA quarterly Coordinating Committee meeting convened on December 14th to continue discussions on prioritization and implementation recommendations outlined within the HEP C Free WA elimination plan. The coordinating group reviewed progress of the updated scoring matrix which included additional recommendation scoring form the Clinical Strategies and Community Engagement workgroup. The Department of Health sent committee members the scoring matrix for further review and comment and plan to discuss and finalize in the first quarter meeting of 2022. In addition, during our quarterly meeting, DOH HCV

Epidemiology staff provided an update of current state-wide surveillance structure, burden of disease, and upcoming surveillance projects.

Since the pandemic, the Clinical Strategies workgroup paused its regularly scheduled meetings. Most members of this workgroup are clinicians and finding time to join the sub-committee workgroups proved difficult during the pandemic. During this quarter, the Clinical Strategies workgroup reconvened and held its first meeting since the pandemic started on November 1st. The group was joined by Ginny Weir from the Bree Collaborative to discuss next year's (2022) focus on Hepatitis C. The Bree Collaborative was established in 2011 by the WA State Legislature to identify specific ways to improve health care quality, outcomes, and affordability in the state. Each year, members identify health care services with high variation in the way that care is delivered, that are frequently used but do not lead to better care patient outcomes. For most topics, the collaborative forms an expert workgroup to develop evidence-based recommendations. Recommendations are sent to HCA to guide the type of health care provided to Medicaid enrollees, state employees, and other groups. For more information: [About Us | Bree Collaborative \(qualityhealth.org\)](#) The Bree Collaborative is recruiting approximately 15 members for the workgroup and a group chair for the upcoming calendar year. Several clinicians and members from the Clinical Strategies workgroup volunteered for the Bree Collaborative.

Data and Strategic Information Goals

Obtain resources and build capacity for continuous data monitoring, evaluation, quality improvement, and reporting.

3.2 Add resources and build capacity at the local health jurisdiction level to strengthen data quality and completeness and timeliness of HCV case reporting.

Through a cooperative agreement with the Centers for Disease Control and Prevention, DOH supports an HCV Disease Intervention Specialist (DIS) housed within OID. DOH's HCV DIS conducts HCV surveillance investigations for LHJs that lack sufficient resources to conduct their own HCV investigations. During this reporting period, DOH was successful in hiring three (3) additional HCV Disease Intervention Specialists with support from Foundational Public Health Funds. Additional staff will be start in the first quarter of 2022 and will allow OID to expand the disease intervention services (DIS) program to investigate additional HCV cases, enhance active linkage to care and supportive services, and include partner/at-risk population elicitation and notification.

3.7 Use metrics to develop care cascades for the above populations. Metrics collected and evaluated will be used to develop statewide, Medicaid, Department of Corrections, and other sub-population care cascades.

DOH increased our HCV Epidemiology capacity through the hiring of a new HCV Epidemiologist Coordinator in quarter 3. In addition, the Epidemiology unit will be recruiting an HCV Epidemiologist and two (2) HCV surveillance support staff in quarter 1 (2022). Increased epidemiology capacity will allow our office to analyze Medicaid data and develop a care/cure cascade for Medicaid beneficiaries.

Community-Based Responses and Interventions Goals

Improve access to and use of preventive and health care services in non-clinical settings through expansion and co-location of services.

6.1 Expand the provision of clinical services, including HCV and other infectious disease screening and diagnostic testing (e.g., HIV testing, HBV testing, testing for sexually transmitted infections), linkage to care services, HCV treatment, vaccination (e.g., against HAV and HBV), wound care, overdose education and naloxone distribution in high-

impact settings (settings that serve a high proportion of clientele who inject drugs, such as syringe service programs, substance use disorder treatment facilities, opioid treatment programs, organizations serving people experiencing homelessness).

Progress In 2021: During this quarter, DOH and Capital Recovery Center collaborated to develop a plan to integrate clinical services within CRC's Olympia Buprenorphine Clinic, a substance use disorder treatment facility in Thurston County. DOH and CRC developed a scope of work that includes, but not limited to; providing infectious disease screening services (HCV, HIV, STIs), provision of confirmatory testing, direct clinical care and treatment of HCV, and referral to supportive services for populations in substance use disorder treatment. With GFS funds, DOH will contract with CRC to execute the scope of work in quarter 1 of 2022.

If successful, CRC would provide critical infectious disease screening and treatment for highly marginalized populations in a resource poor county. DOH intends to continue funding for this project, if successful, and as available funding allows. It is critical that funding for these projects is not only available but remain long-term in order to achieve outcomes detailed within the HCV Elimination Plan.

6.9 Provide resources, including financial resources for Medical Assistant-Phlebotomy training and staff, so that high-impact, non-clinical settings have access to onsite phlebotomy in order to perform immediate blood draws for confirmatory RNA testing for people who have a reactive test result from a point-of-care rapid antibody screening test.

For quarter 4 of this reporting period, trainings have paused in response to rising COVID numbers.

6.10 Explore innovative and evolving approaches to HCV testing in non-clinical settings as new platforms receive approval from the Federal Drug Administration, such as dried-blood spot testing to detect RNA and point-of-care antigen testing.

DOH plans to implement dried blood spot testing within DOH sponsored screening sites in the Winter of 2022.

Background: DOH worked with Molecular Testing Labs (MTL) to offer dried blood spot testing for hepatitis C antibody and confirmatory testing for DOH supported community-based test sites. MTL recently became validated to conduct HCV lab testing and is currently building capacity to support high volume submissions. DOH is currently developing protocols and working with community partners to support the adoption and integration of the new platform in existing DOH screening sites. The new technology offers several benefits over the existing rapid HCV Ab testing technology currently being used by community screening sites, including, but not limited to; reduced individual licensure requirements, ability to bundle multiple screening tests on one card (e.g., HIV, hepatitis B, syphilis), and provides confirmatory HCV RNA testing. The ability to conduct confirmatory HCV testing is a critical need among existing screening sites providing services for marginalized and vulnerable populations.

6.13 Maximize opportunities to integrate HCV services into HIV prevention and care services, such as ensuring that agencies contracted with the Department of Health to provide HIV prevention and/or care services receive education about HCV and share that education with clients, including men who have sex with men, women of transgender experience, and people who inject drugs.

The goal is to stand up integrated testing and linkage services at all DOH funded community testing sites in 2022.

Improve access to and use of clinical care and supportive services by sufficiently scaling coverage and widening the scope of community-based navigation and case management programs.

1.3 Allocate funding for case management in high-burden counties and/or high-impact settings to support people diagnosed with HCV who are also experiencing mental health issues, challenges with substance use, and/or histories of trauma and incarceration.

Progress In 2021: DOH continues to provide funding through the CDC Overdose Data to Action grant to support care coordination/patient navigation at three syringe service programs. While the focus of this coordination/navigation is not exclusively related to HCV, HCV services are a need identified by syringe service program (SSP) participants. Additionally, DOH received a CDC COVID-19 Health Disparity grant to support people who use drugs and address comorbidities that lead to severe illness and/or death due to COVID-19. This grant will focus on care coordination and vaccine access. Four SSPs will be funded in 2022 to carry out the grant activities.

In addition to the grant activities above, DOH provides CDC HIV Prevention funds to a SSP for care coordination specific to connecting participants to care for hepatitis C treatment. During this reporting period, Thurston County Health Department's Hep C Test to Treatment program has enrolled 3 new participants – noting a decline since the previous reporting period. The program also conducted 23 hepatitis C tests, 7 of which came back as reactive (30% reactive). More importantly, during this reporting period an enrolled participant successfully completed hepatitis C treatment. While this reporting period noted a reduction in enrollments and number of testing events, one participant achieving treatment completion is a resounding success. COVID-19 and more acutely, the recent Omicron surge has continued to cause lags in care and engagement for participants. Lastly, 2 more participants have also experienced disruptions in care access due to incarceration.

1.4 Provide community-based medical case managers in high-impact settings.

Progress In 2021: Medical case management (MCM) delivered by Hepatitis Education Project (HEP), a Seattle-based nonprofit organization, has proven effective in linking impacted populations to care and supportive services. Funding to expand the MCM model throughout the state in high burden counties would fill the unmet need of linking highly marginalized populations to care and supportive services in high-impact settings (syringe service programs and substance use disorder programs). Funding to initiate and sustain MCM programs would make a considerable impact in achieving HCV elimination within the state.

Clinical Strategies Goals

Improve access to and use of clinical care for marginalized populations at risk for or living with HCV through innovative service delivery models.

9.4 Support the integration of HCV testing and treatment in opioid treatment programs and office-based buprenorphine treatment programs and encourage providers to offer medications for HCV in conjunction with medications for opioid use disorder early in the course of substance use treatment.

Progress In 2021: see 6.1 under Community Based Responses and Intervention Goals above.

Specific efforts by HCA included:

- Established a cadence of quarterly reporting and meetings with the Apple Health Managed Care Organizations (MCO,) to assure patients under their coverage are appropriately screened, connected to care and receiving the needed treatment and medication.

- Sent reports to each MCO with data on how many positive cases are reported under their care, and how many clients were treated.
- Required MCOs to send HCA a quarterly HCV provider list, detailing if they are accepting new patients.
- Met with MCOs to discuss their action plans, progress and barriers.

Next steps

1. Work with the Bree Collaborative's Hepatitis C Work Group to focus on high-priority clinical recommendations and develop some plans for potential implementation.
2. Convene the Hep C Free WA work groups to develop implementation plans for prioritized community-based services and engagement recommendations and data and strategic information recommendations.
3. Continue collaboration with the State Opioid Treatment Authority to support integration of infectious disease services, especially HCV services, into interested opioid treatment programs.
4. Stand up a syndemic planning group, which will advise the DOH Office of Infectious Disease on priorities related to HIV, STIs, and HCV. These priorities will inform future funding allocations and strategic approaches.