

Hepatitis C Free WA progress report

Hepatitis C elimination strategy in 2022

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 January 1st through March 31, 2022, 265 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:

- Spokane Homeless Connect
 - Date: January 27, 2022
 - Event time: 10AM-3PM
 - Event location: Spokane Convention Center
- Spokane Homeless Connect
 - Date: March 1, 2022
 - Event time: 10AM-3PM
 - Event location: Spokane Convention Center
- Spokane Regional Health District Needle Exchange
 - Date: March 1, 2022
 - Event time: 2-5PM
 - Event location: Spokane Regional Health District

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.
<i>Progress in 2022: In the first quarter of 2022, the Department of Health continues to re-structure the Hep C Free WA planning focus from developing recommendations to developing implementation work plans.</i>

During this quarter, the Hep C Free WA quarterly Coordinating Committee meeting convened in February to continue discussions on prioritization and implementation recommendations outlined within the HEP C Free WA elimination plan. The coordinating group reviewed the updated scoring matrix which included additional recommendation scoring from the Clinical Strategies and Community Engagement workgroup. The Department of Health (DOH) sent committee members the scoring matrix for further review and comment and finalized the recommendations during February's Hep C Free Quarterly Coordinating Meeting. DOH introduced the next steps in prioritization which included the development of action plans for each of the top ranked recommendations. Action plans for each of the recommendations will be used as part of the development of proposal templates that partnering agencies can use as proposes to future funding announcements.

During this quarter, The Bree Collaborative chose Hepatitis C as one of their topic areas to focus on for 2022. 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 held its first monthly meeting in January 2022 and included members from the Hep C Free WA Clinical Strategies workgroup, community-based organizations, health care systems and local governmental public health. During this quarter, the Bree Collaborative met 3 times with the aim of developing recommendations to increase evidence-informed screening, monitoring, and access to treatment for HCV. The Bree Collaborative's Hep C workgroup will work to address existing priority recommendations from the Hep C Free Washington Coordinating Committee and include; (1) developing HCV metrics for the Common Measure Set, (2) integrating pharmacists into the HCV care team, (3) improving local public health jurisdiction capacity, (4) expanding access to case management for treatment, and (5) expanding low-barrier treatment access.

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 were successfully hired during this quarter 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.

During this quarter, DOH's new DIS staff and the Adult Viral Hepatitis Coordinator scheduled meetings with local public health jurisdictions (LHJ) to; introduce the new staff members, discuss local surveillance investigations, provide an update on Hep C Free WA initiative, and to discuss local treatment options for populations impacted by HCV.

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 successfully recruited an HCV 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 2022: 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 executed a contract with CRC to implement integrated infectious disease screening and treatment services in 2022.

CRC will 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.

During this quarter, the Department of Health presented at the OTP Medial Directors meeting to present their strategies to integrate HCV testing and treatment within OTP settings. Survey findings from 2021 HCV Capacity OTP survey were presented at the meeting and highlighted the key barriers to integrating HCV services including staffing challenges and funding resources. As a result of the survey findings, DOH and HCA are developing a HCV billing guide for OTP settings in an effort to overcome identified financial barriers.

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.

In quarter 4 of 2021, trainings have paused in response to rising COVID numbers. Efforts to support phlebotomy trainings for community-based organizations and local health jurisdictions will resume in the second quarter of 2022.

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 July 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 quarter 2 of 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 2022: 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 during this quarter 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 2022: 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:

- 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.
- Established monthly meetings with HCV medical leaders to learn where to focus our efforts.

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.