

# Hepatitis C Free WA quarterly progress report

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## Hepatitis C elimination strategy in 2020

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

January – December 2020

# Hepatitis C Elimination strategy in 2020

## Acknowledgements

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## Executive summary

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The hepatitis C virus (HCV) attacks the liver and can cause serious health problems, including cirrhosis (scarring of the liver), liver failure, cancer, and death. HCV infection is the most common disease in the United States (U.S.) spread through blood-to-blood contact. Estimates indicate that there are between 2.4 million and 3.5 million people in the U.S., and approximately 60,000 in Washington State, living with HCV infection. Both nationally and in Washington, new HCV infections more than tripled between the years 2010 and 2016, primarily due to rising rates of people injecting drugs.

There is no vaccine for HCV. Newly developed direct acting antivirals (DAAs) to treat HCV infection have a cure rate over 95 percent. Most people with HCV can be cured using a DAA in eight to twelve weeks, with few side effects.

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.

The Washington State Legislature also provided direction to HCA and DOH regarding HCV elimination in the 2019-2021 operating budget. A budget proviso required HCA to work with DOH and others to establish a comprehensive DAA purchasing strategy and report on HCV elimination progress.

Both HCA and DOH have made progress toward eliminating HCV infections from Washington State. HCA entered into two contracts with drug manufacturer AbbVie to purchase the DAA Mavyret (pronounced MAV-ih-reht) for state-funded health care programs.

- The Medicaid contract is a value-based supplemental rebate agreement that provides a discount on Mavyret for HCA’s Apple Health (Medicaid) fee-for-service and managed care programs. As part of the modified subscription model, HCA negotiated an annual threshold, based on the approved state budget. Additional Mavyret purchases above that annual threshold will cost HCA a nominal amount per pill for the rest of the year. This contract also leverages public health services that align with the HCV elimination plan.
- The non-Medicaid contract is a pharmaceutical discount and rebate agreement that provides a discount on Mavyret to non-Medicaid state agency health plans and programs.

Under the new AbbVie contracts, the average cost of treating a client with HCV infection is about 40 percent lower than the average per-client cost before the AbbVie contracts. The total amount spent by the state however will not decrease since we are moving forward with our elimination plan and intend to treat significantly more people with HCV.

DOH facilitated the development of the “Hep C Free Washington Plan to Eliminate Hepatitis C in Washington State by 2030” by establishing Hep C Free Washington — a collective impact initiative composed of multisector partners with the shared goal of eliminating the public health threat of HCV in Washington.

- The Plan outlines 15 recommended goals and 90 action items addressing HCV data and strategic information, community-based responses and interventions, and clinical strategies to eliminate HCV.

- For the 2020 legislative session and supplemental budget, DOH requested funding to scale up HCV testing and linkage to care activities and elimination initiative coordination to begin moving into the implementation phase of the HCV elimination effort.

The COVID-19 pandemic diverted public health and delivery systems attention during 2020 and 2021. The response to the pandemic removed mass screening opportunities which rely on large public gatherings, as well as routine preventive screening accessed in medical offices. During this time the agencies focused on the work captured below including developing and delivering provider education, creating key reporting and information systems and exploring opportunities for service integration with Opioid Treatment Programs and Syringe Service Programs.

As we move out of the pandemic, our attention will turn to:

- Working with the Apple Health Managed Care Organizations to assure patients under their coverage are appropriately screened, connected to care and receiving the needed treatment and medication.
- Working with the local health jurisdictions to understand and support the strategies they will be using within their communities.
- Refining the data infrastructure to support timely reporting of status, opportunities and accomplishments.
- Understanding and addressing systemic issues associated with screening and treatment.

HCA will potentially expand the DAA procurement to other purchasers after gaining sufficient experience in the contract with AbbVie. DOH will continue to lead the Hep C Free Washington Coordinating Committee and related work groups as the state transitions from planning to implementation. Through these and other collaborative efforts, Washington will continue to progress toward the goal of becoming the first state in the nation to eliminate the public health threat of HCV.

## Background

The hepatitis C virus (HCV) is a blood-borne virus that attacks the liver and can cause serious health problems, including cirrhosis (scarring of the liver), liver failure, cancer, and death. The virus spreads through blood-to-blood contact. Currently, sharing equipment for drug injection is the most common route of HCV transmission. Prior to improved screening methods that became available in 1992, HCV was primarily contracted through blood transfusions and organ transplants. HCV can also spread through needlestick injuries in health care settings, from parent living with HCV to their child at birth, through unregulated tattooing or piercing, and by other methods.<sup>1</sup>

HCV infection is the most common blood-borne (spread by blood) disease in the United States (U.S.).<sup>2</sup>

- According to the Centers for Disease Control and Prevention, the estimated number of people in the U.S. living with HCV infection ranges from 2.4 million to 3.5 million people.<sup>3,4</sup>

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<sup>1</sup> Hepatitis C Questions and Answers for Health Professionals, from [www.cdc.gov/hepatitis/hcv/hcvfaq.htm#](http://www.cdc.gov/hepatitis/hcv/hcvfaq.htm#) accessed on March 15, 2021.

<sup>2</sup> Viral Hepatitis C in Washington State, page 12, from [www.doh.wa.gov/Portals/1/Documents/Pubs/420-159-HCVEpiProfile.pdf](http://www.doh.wa.gov/Portals/1/Documents/Pubs/420-159-HCVEpiProfile.pdf) accessed on March 15, 2021.

<sup>3</sup> Hepatitis C Questions and Answers for Health Professionals, from [www.cdc.gov/hepatitis/hcv/hcvfaq.htm#](http://www.cdc.gov/hepatitis/hcv/hcvfaq.htm#) accessed on March 15, 2021

<sup>4</sup> Disease Burden from Viral Hepatitis A, B, and C in the United States, from [www.cdc.gov/hepatitis/statistics/DiseaseBurden.htm](http://www.cdc.gov/hepatitis/statistics/DiseaseBurden.htm), accessed on August 6, 2019.

- According to the Washington State Department of Health (DOH), the estimated number of people living with HCV in Washington State during 2018 was nearly 60,000.<sup>56</sup>

Both nationally and in Washington, reported cases of acute (new) HCV infections more than tripled between the years 2010 and 2016.<sup>78</sup> Although HCV infection has historically impacted mostly Baby Boomers (those born between 1945 and 1965), younger people are becoming increasingly infected through sharing of injection equipment, primarily related to the opioid crisis and increases in methamphetamine use.<sup>9</sup>

Unlike hepatitis A and B viruses, which also infect the liver but are unrelated viruses to HCV, there is currently no vaccine to prevent HCV infection. However, there are oral medications (pills) that can cure a person living with HCV.<sup>10</sup> Current HCV treatments use combinations of drugs called direct-acting antivirals (DAAs). DAAs directly target HCV in different ways to stop it from making copies of itself. Newly developed DAAs have a cure rate over 95 percent. Most people living with HCV infection can be cured by taking DAAs for eight to twelve weeks, with few or no side effects.<sup>11</sup>

There is a national movement to eliminate the public health threat of HCV by combining public health strategies, such as improved preventive services, education, harm reduction services, testing, and linkage to care, with access to DAA treatment. In 2017, the National Academies of Sciences, Engineering, and Medicine (formerly the Institute of Medicine) released a national strategy to eliminate viral hepatitis as a U.S. public health problem by 2030.<sup>12</sup> In addition, the U.S. Department of Health and Human Services developed the National Viral Hepatitis Strategic Plan, in 2020 for 2021-2025.<sup>13</sup> These national strategies align with the Hep C Free Washington recommendations to eliminate the public health threat of HCV in our state.

Although effective curative treatment is now available, access to curative medications is a significant issue. Considerable barriers remain, including the difficulty of navigating the health care system, stigma experienced by people who use drugs, and the lack of primary care providers treating HCV.

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<sup>5</sup> Hep C Free Washington: Plan to Eliminate Hepatitis C in Washington State by 2030, page 5, from [www.doh.wa.gov/Portals/1/Documents/Pubs/150nonDOH-HepCFreeWA-PlanJuly2019.pdf](http://www.doh.wa.gov/Portals/1/Documents/Pubs/150nonDOH-HepCFreeWA-PlanJuly2019.pdf), accessed on March 15, 2021.

<sup>6</sup> Hepatitis C Elimination in Washington State, page 2, from [www.doh.wa.gov/Portals/1/Documents/Mtgs/2018/HSQAMeetingPackets/OctoberORW/HuriauxORW20181023.pdf](http://www.doh.wa.gov/Portals/1/Documents/Mtgs/2018/HSQAMeetingPackets/OctoberORW/HuriauxORW20181023.pdf), accessed on March 15, 2021.

<sup>7</sup> Disease Burden from Viral Hepatitis A, B, and C in the United States, from [www.cdc.gov/hepatitis/statistics/DiseaseBurden.htm](http://www.cdc.gov/hepatitis/statistics/DiseaseBurden.htm), accessed on March 15, 2021.

<sup>8</sup> Hepatitis C Elimination in Washington State, page 3, from [www.doh.wa.gov/Portals/1/Documents/Mtgs/2018/HSQAMeetingPackets/OctoberORW/HuriauxORW20181023.pdf](http://www.doh.wa.gov/Portals/1/Documents/Mtgs/2018/HSQAMeetingPackets/OctoberORW/HuriauxORW20181023.pdf), accessed on March 15, 2021.

<sup>9</sup> Hep C Free Washington: Plan to Eliminate Hepatitis C in Washington State by 2030, pages 4-5, from [www.doh.wa.gov/Portals/1/Documents/Pubs/150nonDOH-HepCFreeWA-PlanJuly2019.pdf](http://www.doh.wa.gov/Portals/1/Documents/Pubs/150nonDOH-HepCFreeWA-PlanJuly2019.pdf), accessed on March 15, 2021

<sup>10</sup> What is Viral Hepatitis?, from [www.cdc.gov/hepatitis/abc/index.htm](http://www.cdc.gov/hepatitis/abc/index.htm), accessed on March 15, 2021

<sup>11</sup> Hep C Free Washington: Plan to Eliminate Hepatitis C in Washington State by 2030, page 73, from [www.doh.wa.gov/Portals/1/Documents/Pubs/150nonDOH-HepCFreeWA-PlanJuly2019.pdf](http://www.doh.wa.gov/Portals/1/Documents/Pubs/150nonDOH-HepCFreeWA-PlanJuly2019.pdf), accessed on March 15, 2021.

<sup>12</sup> A National Strategy for the Elimination of Hepatitis B and C: Phase Two Report, from [nationalacademies.org/hmd/Reports/2017/national-strategy-for-the-elimination-of-hepatitis-b-and-c.aspx](http://nationalacademies.org/hmd/Reports/2017/national-strategy-for-the-elimination-of-hepatitis-b-and-c.aspx), accessed on March 15, 2021.

<sup>13</sup> National Viral Hepatitis Action Plan, from <https://www.hhs.gov/hepatitis/viral-hepatitis-national-strategic-plan/index.html> accessed on March 15, 2021.

Some people who use drugs are at risk for or living with co-occurring issues and life domain issues, including other infectious diseases like HIV, syphilis, and skin and soft tissue infections (e.g., cellulitis, endocarditis), mental health challenges, and housing insecurity. With appropriate care, people who use drugs can have high rates of HCV medication adherence, achieve high rates of virologic cure, and have low rates of reinfection. Despite this, people who actively use drugs continue to face considerable challenges in finding care providers willing to treat HCV. When treated for HCV, people who use drugs report significant improvements in their ability to take charge of their overall health and increases in their ability to engage in health care for other associated infectious diseases.<sup>14</sup> Effectively linking someone to curative medication has a significant public health benefit as curing HCV prevents onward transmission of the virus. It's imperative that effective public health strategies exist to link people at highest risk for transmitting the virus to care and supportive services.

### **Governor's Directive to eliminate hepatitis C**

On September 28, 2018, Washington State Governor Jay Inslee issued Directive of the Governor 18-13. The directive called for the "Elimination of Hepatitis C in Washington by 2030 through combined public health efforts and a new medication purchasing approach."<sup>15</sup> Elimination is not the same as eradication.

- **Elimination:** In the case of HCV, elimination is a state where HCV is no longer a public health threat and where those few who become infected with HCV learn their status quickly and access curative treatment without delay, preventing the forward spread of the virus.
- **Eradication:** Generally, eradication is the reduction of the worldwide incidence of a disease to zero as a result of deliberate efforts, obviating the necessity for further control measures. True eradication usually entails eliminating the microorganism itself or removing it completely from nature.<sup>16</sup>

Describing the challenge to eliminate HCV in Washington, the Governor stated:

HCV drugs are expensive, but we can drive down costs by applying new purchasing strategies in which state agency health care purchasers collaborate with manufacturers in combination with using key public health interventions to reduce the costs of treating and ultimately curing HCV. In curing HCV, we can stem the tide of liver disease and liver cancer and save individuals the physical, emotional, and financial damage caused by HCV infection. Curing this disease will also support HCV-affected persons to engage in healthy behaviors, such as accessing treatment for opioid-use disorder, general primary care, and mental health services, which will help them live full, satisfying, and productive lives. This is an important part of the opioid response plan.<sup>17</sup>

Governor Inslee directed DOH and the Health Care Authority (HCA) to lead the state's elimination efforts:

- DOH shall lead the effort to develop the elimination plan as part of this comprehensive public health response; and

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<sup>14</sup> Beyond clinical outcomes: the social and health care implications of hepatitis C treatment. September 24, 2020. Torrens et al. BMC Infectious Diseases. (2020) 20:702

<sup>15</sup> Directive of the Governor 18-13, Elimination of Hepatitis C in Washington by 2030 through combined public health efforts and a new medication purchasing approach, from [www.governor.wa.gov/sites/default/files/18-13%20-%20Hepatitis%20C%20Elimination.pdf](http://www.governor.wa.gov/sites/default/files/18-13%20-%20Hepatitis%20C%20Elimination.pdf), accessed on March 15, 2021.

<sup>16</sup> Hep C Free Washington: Plan to Eliminate Hepatitis C in Washington State by 2030, page 73, from [www.doh.wa.gov/Portals/1/Documents/Pubs/150nonDOH-HepCFreeWA-PlanJuly2019.pdf](http://www.doh.wa.gov/Portals/1/Documents/Pubs/150nonDOH-HepCFreeWA-PlanJuly2019.pdf), accessed on March 15, 2021.

<sup>17</sup> Directive of the Governor 18-13, Elimination of Hepatitis C in Washington by 2030 through combined public health efforts and a new medication purchasing approach, from [www.governor.wa.gov/sites/default/files/18-13%20-%20Hepatitis%20C%20Elimination.pdf](http://www.governor.wa.gov/sites/default/files/18-13%20-%20Hepatitis%20C%20Elimination.pdf), accessed on March 15, 2021

- HCA shall lead and coordinate with DOH and other agencies and purchasers to establish a purchasing strategy for DAAs and needed public health interventions to eliminate HCV by 2030.

Appendix A of this report includes the complete text of Directive of the Governor 18-13.



# Hep C Free Washington – plan to eliminate hepatitis C in Washington State by 2030 and progress to date

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The Governor’s directive included the following detail about DOH developing a strategy to eliminate HCV in Washington:

DOH, in collaboration with any other relevant state agencies that it identifies, shall convene and facilitate an HCV-elimination coordinating committee comprised of stakeholders from various sectors, including individuals personally affected by HCV. The committee shall draw on existing efforts, best practices, and community knowledge to develop, by July 2019, a comprehensive strategy to eliminate the public health threat of HCV in Washington by 2030. The strategy will address needed improvements to the public health systems to help ensure that all people living in Washington who have or are at risk for contracting HCV, have access to preventive services, know their status, and connect to care and ultimately the cure. The elimination strategy shall include a major public health communications plan financed, to the extent possible, by the funds saved through the [HCA’s HCV medication purchasing strategy].<sup>18</sup>

This section briefly summarizes the Hep C Free Washington “Plan to Eliminate Hepatitis C in Washington State by 2030”, which was developed by the Coordinating Committee convened by DOH.

Since October 2018, DOH has convened regular meetings of multisector partners to develop the “Hep C Free Washington Plan to Eliminate Hepatitis C in Washington State by 2030.”<sup>19</sup> Members of the Hep C Free Washington Coordinating Committee include:

- Representatives from state agencies and offices;
- Tribal health centers;
- Local health jurisdictions;
- Federally qualified health centers;
- Community-based organizations;
- Syringe service programs;
- Opioid treatment programs;
- Academic institutions (i.e., the University of Washington and Washington State University);
- Health plans;
- Professional organizations; and
- People affected by HCV.

DOH acts as the “backbone organization” for Hep C Free Washington. Within a collective impact framework (figure 1), the backbone organization takes on the role of managing the collaboration to tackle a complex issue (in this case, HCV elimination).

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<sup>18</sup> Directive of the Governor 18-13, Elimination of Hepatitis C in Washington by 2030 through combined public health efforts and a new medication purchasing approach, from [www.governor.wa.gov/sites/default/files/18-13%20-%20Hepatitis%20C%20Elimination.pdf](http://www.governor.wa.gov/sites/default/files/18-13%20-%20Hepatitis%20C%20Elimination.pdf), accessed on March 15, 2021

<sup>19</sup> Hep C Free Washington Plan to Eliminate Hepatitis C in Washington State by 2030, page 12, from [www.doh.wa.gov/Portals/1/Documents/Pubs/150nonDOH-HepCFreeWA-PlanJuly2019.pdf](http://www.doh.wa.gov/Portals/1/Documents/Pubs/150nonDOH-HepCFreeWA-PlanJuly2019.pdf), accessed on March 15, 2021

Figure 1



The Committee established three work groups, Data & Strategic Information, Community-Based Responses & Interventions, and Clinical Strategies to draft recommendations based on their specific expertise. The Committee and three work groups developed 15 goals containing 90 recommended action steps.

**Below is an outline of the Hep C Free Washington plan goals and progress made during the reporting period January 2020 through December 2020.** Please note that elimination efforts during this reporting period were significantly hampered by the COVID-19 pandemic. All DOH hepatitis C program and surveillance staff were activated to the COVID-19 response for significant parts of 2020, ranging from three months to six months. This meant that many Hep C Free Washington coordinating committee and work group calls were canceled throughout the year and other activities were put on hold. Hep C Free Washington partners were also significantly impacted by COVID-19, particularly partners providing clinical services and direct community services, and were unable to participate in any Hep C Free Washington efforts during this time. DOH's Office of Infectious Disease partners contracted to provide community-based HCV testing and case management services suspended in-person service delivery and very little community-based HCV testing occurred during this time. In addition, many clinics throughout the state suspended non-essential medical visits, including visits that would involve routine HCV testing in primary care. Clinical partners also reported a significant decline in new HCV treatment starts during 2020 because of many clinics' limited operating hours and because of patient hesitancy to go to medical facilities during the pandemic.

Overarching Coordination Goal
1. Ensure implementation of the Hep C Free Washington recommendations in order to achieve HCV elimination by 2030.
<b>1.3 Create Hep C Free WA work groups focused on how to address the HCV prevention, care, and treatment needs of communities disproportionately impacted by HCV as identified by Hep C Free WA data monitoring and analyses (e.g., people who inject drugs, women of</b>

transgender experience, men who have sex with men, Native Americans, African Americans).

- 1.4 Create Hep C Free WA community leadership opportunities (e.g., a community leadership program, community engagement events) for and promote the involvement of people affected by HCV and people from communities disproportionately impacted by HCV in the Hep C Free WA coordinating committee and work groups to ensure ongoing engagement in the implementation and refinement of the Hep C Free WA plan over time.

Progress in 2020:

*The Data & Strategic Information Workgroup was unable to meet in 2020 due to the COVID-19 pandemic. Most members of this workgroup are epidemiologists and were activated to COVID response early in the pandemic to assist with assessment and informatics functions.*

*The Clinical Strategies workgroup met in early 2020 but was postponed when members of the group needed to focus their efforts on the COVID-19 response. The workgroup addressed key issues including working with HCA to problem-solve issues related to 3<sup>rd</sup> party insurance rejections for the treatment of HCV and developing HCV treatment messages for pharmacies a part of managed care organizations. The workgroup also began development of an issue brief for health care providers regarding the treatment of people who use drugs for HCV. The issue brief was put on hold due to the attention on COVID-19, to be released in early 2021.*

*The Community-Based Responses and Intervention workgroup (now called the Community Engagement workgroup) met quarterly in 2019 and successfully planned and implemented a series of community engagement events hosted by local health jurisdictions and community-based organizations, in Seattle, Spokane, and Tacoma. The community engagement events provided community members an opportunity to learn about HCV within their community, learn about the Hep C Free WA initiative, ask a local health care provider questions about HCV, and hear stories from people in their community impacted by HCV. The in-person community outreach events were scheduled to continue in 2020 but were put on hold due to COVID restrictions. The workgroup has evolved and changed its name to the Community Engagement workgroup.*

*In 2020, the Community Engagement workgroup focused on developing strategies to promote HCV testing and treatment for communities disproportionately impacted by HCV, in particular people who use drugs. The workgroup held monthly meetings (via Microsoft Teams) for a significant part of 2020 and is pursuing efforts to educate people who use drugs about HCV treatment, with a focus on peer-based approaches and storytelling.*

**Data and Strategic Information Goals**

2. Identify data sources and strategies to strengthen the characterization of HCV disease burden within Washington State.

- 2.1 Mandate the reporting of non-positive HCV RNA (viral load) tests to local health jurisdictions, as well as positive ones, to allow tracking of spontaneous HCV clearance and successful HCV curative treatment.

*Progress In 2020:* This mandate is included in the notifiable conditions WAC update that has been going through the Board of Health process. We expect more information on this in 2021. DOH did observe an increase in laboratories reporting these results. We assume this increase was due to laboratories anticipating the pending WAC change.

3. 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.**

*Progress in 2020:* Through Foundational Public Health investments, DOH supported improving and standardizing reporting of HCV events across Washington’s local health jurisdictions. DOH has invested in the disease surveillance data system to better monitor ongoing disease investigations, follow up on community transmission of disease, understand surveillance trends in disease burden, and meet our federal reporting requirements. This is a statewide data system that is used by DOH, LHJs, and tribal disease investigators. DOH is also increasing laboratory testing capacity to establish HCV diagnostic capability for serological, molecular, and subtyping testing at our DOH’s Public Health Lab.

**3.3 Employ a multiagency approach to monitoring progress (including the Health Care Authority, the Department of Health, the Office of Financial Management, the Department of Corrections, the Department of Social & Health Services, the Health Benefit Exchange) and identify and resource an agency (e.g., the Department of Health) to employ staff to analyze all state data and develop an annual HCV data report.**

*Progress in 2020:* HCA and DOH worked with UW School of Nursing to apply for funding through the Arnold Foundation for an HCV elimination evaluation project. UW will look at the mechanics of the AbbVie/HCA Medicaid and Non-Medicaid contracts, compare how many people were treated under the Medicaid modified subscription model to the number expected to be treated if the state had not adopted the model, and explore the cost savings to the state after adopting the model. We were notified in February of 2021 that funding will be received.

**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.**

*Progress in 2020:* In 2018, DOH and HCA executed a data sharing agreement to exchange Medicaid data in order for DOH to match Medicaid patients with evidence of HCV infection against the DOH HCV surveillance registry, with the goal of developing 1) a true HCV positivity number among Medicaid beneficiaries, and 2) an HCV care/cure cascade of Medicaid beneficiaries. The first data transfer from HCA was completed in 2019 and DOH planned to complete the work in 2020. However, due to staffing shortages and COVID response, which took both HCV epidemiologists away from their routine work for most of the year, DOH was unable to commit resources to successfully match Medicaid data with the surveillance HCV registry. DOH plans to complete this work in 2021.

**3.13 Improve coordination among the Department of Health, local health jurisdictions, and community partners to strengthen HCV disease intervention and to assess levels of service needed to optimize outreach services.**

*Progress in 2020:* The DOH HCV Disease Intervention Specialist (DIS) was activated to COVID response for most of the first half of 2020. In the second half of 2020, the DOH HCV DIS began aiding 14 local health jurisdictions by investigating their high-priority HCV cases (i.e., acute cases, suspected perinatal cases, and young chronic cases). HCV disease intervention includes, but is not limited to, completing all necessary components of the state HCV case report, follow

up with the health care provider as needed, informing the case of treatment options and ways to minimize disease progression, and educating the case about HCV and how to reduce the risk of transmission. In addition, the DOH HCV DIS provides ongoing technical support for all jurisdictions conducting HIV DIS activities.

4. Identify and track data metrics using currently available data.

5. Determine metrics using data not yet available or accessible.

### **Community-Based Responses and Interventions Goals**

6. 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 2020:* DOH partnered with HCA to submit a proposal to the US Department of Health & Human Services' HCV Affinity Group. The Affinity Group promotes strategies that contribute to HCV elimination. In early 2020, the Affinity Group accepted Washington's proposal to develop strategies to promote the integration of HCV testing and treatment services within opioid treatment programs (OTPs) and other substance use disorder (SUD) treatment facilities. Through the Affinity Group, we developed a plan to conduct an environmental analysis to measure the current capacity and readiness of OTP and SUD treatment facilities to include HCV and other infectious disease services within their settings. As part of the environmental analysis, DOH partnered with UW and HCA to develop survey tools to assess OTP Administrators and OTP Medical Directors. The online survey tool assesses their HCV knowledge, current HCV practices, knowledge of current testing/treatment recommendations, and structural barriers to implementing HCV screening/treatment services within their organizations. In addition, a second survey was developed in partnership with UW to measure the HCV knowledge, attitudes, practices, and beliefs of SUD treatment professionals. Survey results will be analyzed in early 2021 and used to inform efforts to integrate HCV testing, treatment, and linkage to care and supportive services within OTPs and SUD treatment settings.

**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.**

*Progress In 2020:* DOH scheduled multiple phlebotomy trainings in 2020 for non-clinical testing partners. The first class was held in February 2020, but due to COVID restrictions, all subsequent trainings were cancelled until December 2020 when these trainings resumed on a much smaller scale due to distancing and public health mitigation guidelines. As a result, for calendar year 2020, only 1 staff-person from a syringe service program was able to be trained. For calendar year 2021, phlebotomy trainings will resume and we anticipate additional testing personnel from high-impact settings, like syringe service programs, to be trained. Unfortunately, due to the pandemic, it will take some time before pre-COVID levels of training occur.



7. 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.
<p><b>7.3 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.</b></p> <p><i>Progress In 2020: DOH provided 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 participants and we anticipate that in 2021 these care coordinators will be able to connect participants to HCV testing and linkage to care services.</i></p>
<p><b>7.4 Provide community-based medical case managers in high-impact settings.</b></p> <p><i>Progress In 2020: DOH funded the Hepatitis Education Project, a Seattle-based nonprofit organization, to provide linkage to medical care and supportive services for people living with HCV through medical case management services. The organization provides on-site medical case management services for people living with HCV in high-impact settings. Metrics tracked include case management encounters, individuals diagnosed with HCV linked to care, and referral to supportive services. In 2020, Hepatitis Education Project moved most of their services outside as a COVID safety precaution and case management services were limited.</i></p>
8. Increase HCV awareness, resources, and education, and reduce stigma.
<b>Clinical Strategies Goals</b>
9. Improve access to and use of clinical care for marginalized populations at risk for or living with HCV through innovative service delivery models.
<p><b>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.</b></p> <p><i>Progress In 2020: see 6.1 under Community Based Responses and Intervention Goals above.</i></p>
10. Build the capacity of the health care workforce to diagnose and treat HCV.
<p><b>10.3 Develop easily accessible and low-barrier provider education materials and information to confront bias and prejudice toward people who use drugs in the medical community, including information on why HCV testing and treatment for people who inject drugs is effective and critical to achieve HCV elimination.</b></p> <p><i>Progress In 2020: In early 2020, DOH worked with members of the Hep C Free WA Clinical Strategies workgroup to draft a provider brief focused on promoting HCV testing and treatment of people who drugs. Due to COVID, the project was put on hold and planned to be completed in early 2021. In 2020, HCA began a webinar series focused on provider education and highlighting efforts to eliminate HCV in Washington. The October 6, 2020 webinar, Eliminating Hepatitis C in Washington State, gave an overview of HCV conditions in the state, the Governor’s directive, and the role of primary care providers. Presenters were Sue Birch, HCA, Dr. Kathy Lofy, DOH, and Dr. Judy Zerzan, HCA. The second webinar was November 6, 2020, Myth Busting: treating hepatitis C in primary care, presented by Dr. John Scott, UW. Dr. Scott discussed the HCV disease state, treatment, care models, and myth busting of who can be treated.</i></p>
<p><b>10.5 Develop a provider training program that couples training for prescribing medication treatment for opioid use disorder with training about HCV testing and treatment.</b></p> <p><i>Progress In 2020: DOH contracted with UW to develop a “training of trainers” in order for clinicians providing buprenorphine training to offer an optional one-hour HCV training for</i></p>

*providers. The materials were developed in 2020 and the “training of trainers” and implementation is scheduled for early 2021.*

11. Improve diagnosis of HCV in primary care settings.

12. Improve HCV disease intervention services.

13. Improve access to HCV treatment and comprehensive health care.

14. Improve the ability of people taking HCV direct-acting antivirals to complete treatment.

15. Improve follow-up clinical care for people who have completed HCV treatment.

## Other activities in 2020

In December 2020, DOH submitted its application to CDC for the next five-year viral hepatitis prevention and surveillance cooperative agreement with state and territorial health departments (CDC PS22-2103). DOH anticipates hearing about the notice of award in March 2021 for funding to begin May 1, 2021. This anticipated funding will support core HCV surveillance and prevention staff.

In 2020, DOH and HCA had numerous opportunities to provide education regarding HCV in Washington and to promote the Hep C Free WA initiative within the state and nationally. Relevant meetings and presentations are described below:

- US Department of Health & Human Services Affinity Group – The Road to Hepatitis C Elimination in Washington State. Presentation was conducted in January to participating state Affinity Group members and federal partners. The presentation provided an overview of HCV burden within the state, HCV elimination efforts, and Washington’s plan to work toward integration of HCV testing and treatment services within substance use disorder treatment programs.
- US Department of Health & Human Services Affinity Group – Washington State Hepatitis C Affinity Group Logic Model In 2020. Presentation was conducted in October to participating state Affinity Group members and federal partners. Presentation provided an overview of HCA and DOH efforts to integrate HCV testing and treatment services with behavioral health sites (OTP/SUD).
- Outreach to local health jurisdictions (Clark and Tacoma-Pierce) – Hepatitis C Elimination Resource Discussion. Meetings held in January 2020. The meetings were an opportunity to provide the health departments’ leadership and staff with an overview of the state’s HCV elimination efforts and educational resources available through AbbVie.
- UW Monthly Joint Call with Jail Providers of Medications for Opioid Use Disorder – Overview of Hepatitis C and Hep C Free WA. The presentation, conducted in November, provided an overview of HCV in Washington, its impact on people who have experienced incarceration, and the Hep C Free WA initiative.
- NASTAD National HIV & Hepatitis Technical Assistance Meeting. Community Engagement, Health Equity, Ethics, and Hepatitis C Elimination Planning in Washington State – October 2020. The presentation provided an overview for other state and territorial health departments about efforts to engage community and promote health equity through HCV elimination initiatives.
- Thurston County Safety Net Council. Overview of Hepatitis C and Hep C Free WA – March 2020. The presentation provided an overview of HCV in Washington, the Hep C Free WA initiative, and efforts in Thurston County to improve HCV testing and linkage to care for people who use drugs.