

# Hepatitis C Free WA progress report

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## Hepatitis C elimination strategy in 2022

Directive of the Governor 18-13

Report Period – April 1, 2022 – June 30, 2022

### Acknowledgements



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## Legislative summary

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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

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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 April 1, 2022 – June 30, 2022, 316 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. No bus events took place during this reporting period.

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 2022:

*In the second 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. During this quarter, the Hep C Free WA quarterly Coordinating Committee meeting convened in on May 4<sup>th</sup> 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 of the recommendations from the previous quarter and finalized the document. DOH introduced the next phase of the prioritization process which includes 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. DOH will work to develop example work plans for the top scored recommendations for the committee to review.*

*During the first 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 \(qualityhealth.org\)](#)

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 worked to finalize the topic areas for future work which include; (1) developing HCV metrics for the Common Measure Set, (2) integrating pharmacists into the HCV care team, and (3) expanding access to case management for treatment. This quarter the workgroup focused on goal 1, developing HCV metrics for the Common Measure set, which included the following activities; assessing the current national HCV measures, developing draft metrics for consideration, and collaborating with HCA Quality Measurement and Improvement Manager to gain a better understanding of the Common Core committee overview and process.

#### **Data and Strategic Information Goals**

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

#### **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.**

Effective January 2023, there will be a notifiable conditions rule update to chapter 246-101 of the Washington Administrative Code. The rule change will mandate the reporting of race, ethnicity and language, positive rapid screening test results, and negative (non-positive) HCV RNA. The rule change also implements changes to reporting timelines for providers and labs for submission of case reports and lab reports.

#### **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.**

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. DOH's DIS team is planning on developing regional quarterly calls with local health jurisdictions to provide HCV updates, case reviews, and to provide technical assistance for case investigations.

#### **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 and the Health Care Authority are planning on identifying Medicaid beneficiaries impacted by HCV and appear to be lost to care. Identified cases will be sent from HCA to DOH for DIS to follow up on and attempt to re-engage client's back into medical care. During this quarter, DOH will update the data sharing agreement between the two agencies to include additional metrics for case follow-up and to develop a care 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, the Department of Health and Health Care Authority initiated a standing meeting between medical leaders to discuss the promotion of HCV screening and linkage to care activities for incarcerated populations and people who use drugs. During this quarter the group discussed opportunities to engage with medical societies, pharmacy collaboratives, and MCO meetings to promote HCV elimination strategies. In addition, the group discussed the development of an infectious disease billing guide for opioid treatment and substance use disorder programs.

**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. During this quarter, DOH was able to support the training of 13 staff members for phlebotomy training in collaboration with the STD PTC. Attending members included staff from local health jurisdictions, community based organizations, and department of health staff.*

**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.

**6.12 Incentive screening, confirmatory testing, and return for HCV care and treatment in high-impact settings, working with the impacted community to understand what incentives would be most meaningful to promote engagement throughout the testing and linkage to care process.**

*DOH is working with Spokane Regional Health District (SRHD) to implement a grant that was awarded to their infectious disease prevention division. The grant will help support incentivizing*

<p><i>high impact populations screening for HCV Ab, RNA, and linkage to care. DOH is working with SRHD to help develop protocols and procedures for this time-limited project.</i></p>
<p><b>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.</b></p> <p><i>The goal is to stand up integrated testing and linkage services at all DOH funded community testing sites in quarter 2 of 2022.</i></p>
<p>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>
<p><b>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.</b></p> <p><i>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.</i></p>
<p><b>1.4 Provide community-based medical case managers in high-impact settings.</b></p> <p><i>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.</i></p>
<p><b>Clinical Strategies Goals</b></p>
<p>Improve access to and use of clinical care for marginalized populations at risk for or living with HCV through innovative service delivery models.</p>
<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 2021: see 6.1 under Community Based Responses and Intervention Goals above.</i></p>

Specific efforts by HCA included:

- Identified 66 Uniform Medical Plan covered lives that had a diagnosis of chronic HCV but no record of treatment. Letters were sent to the diagnostic provider to reach out to the patient if appropriate.
- Sent letter to Uniform Medical Plan providers encouraging screening all patients 18 years and older.

- Sent reports to each MCO with data on how many positive cases were 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.
- Continue monthly meetings with HCV medical leaders to learn where to focus our efforts.

## Next steps

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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.