Progress report

Hepatitis C elimination strategy in 2022

Directive of the Governor 18-13

Report Period – July 1, 2022 – September 30, 2022

Acknowledgements

Washington State Health Care Authority

Clinical Quality and Care Transformation
P.O. Box 45502
Olympia, WA 98504
Phone: (360) 725-0473
Fax: (360) 586-9551
www.hca.wa.gov

Washington State Department of Health

Division of Disease Control & Health Statistics
[P.O. Box 47840
[Olympia, WA 98504
Phone: (800) 272 - 2437
www.doh.wa.gov

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), a provider leadership group and others in the community. From July 1, 2022 – September 30, 2022, 254 people covered by HCA Apple Health received treatment.

AbbVie and 1st Degree partnered to provide testing and case management services with the Hep C elimination awareness bus. Testing at events provides rapid antibody 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. Three bus events took place during this reporting period, two in Centralia and one in Tacoma.

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.

The progress report for quarter three represents the finalized priority process efforts from the Hep C Free WA Coordinating Committee. During quarters one and two of 2022, the Coordinating Committee went through an exercise to prioritize the 90 recommendations outlined within the Hep C Free Washington elimination plan. Prioritizing the recommendations was an effort to realign our focus on actionable items that could be completed within the next two years. The following report includes the prioritized recommendations that the committee agreed upon and is formatted to be an outward facing document for both our internal partners and the public. The ***Roadmap for 2023-2024*** will be updated quarterly to highlight the efforts conducted during the previous quarter to work toward achievement of the prioritized recommendations.

Roadmap for 2023-2024: Prioritized Recommendations to Progress to Hepatitis C Elimination in Washington State by 2030

Who We Are

Hep C Free Washington (WA) is a collective impact initiative seeking a multisector response to the public health threat of the hepatitis C virus (HCV). Our vision is a world free from HCV. Our mission is to work together to eliminate HCV in Washington State by the year 2030. Our values include:

- **Easy access for all.** Hep C Free WA believes all people at risk for and living with HCV should have easy access to testing, care, and a cure for HCV.
- **Uphold the dignity of each person.** Hep C Free WA believes we must reduce HCV-related stigma, recognize the worth of affected communities, and ensure whole-person care to eliminate HCV and promote wellness.
- **Clear communication.** Hep C Free WA strives to educate all Washingtonians about HCV, including how to prevent the virus, where to get tested, and how to get cured.
- **Health equity.** Hep C Free WA works so that all communities impacted by HCV receive what they need, including services that are culturally relevant and in language they understand, to prevent, diagnose, and cure HCV and achieve the highest level of health and wellbeing.
- **Innovative solutions.** Hep C Free WA seeks new and creative ideas to address HCV by centering the voices of those disproportionately impacted and pairing community wisdom and strengths with the best available data.

Background and Purpose of this Document

On September 28, 2018, Governor Jay Inslee unveiled a first-in-nation approach to eliminate HCV in Washington State by 2030. The Governor's Directive 18-13 focuses on elimination through combined public health efforts and a new medication purchasing approach. In response to the Directive, the Washington State Department of Health (DOH) convened a broad range of partners to develop the Hep C Free Washington initiative. The partners developed a set of 15 recommended goals and 90 recommended actions to achieve the mission.

Given the interruptions caused by the COVID-19 pandemic, the Hep C Free WA Coordinating Committee did not meet for over a year and a half. When the Committee did come back together, several discussions centered on re-focusing our efforts and developing specific priorities based on the original

set of recommended goals and actions. This document, highlighting specific recommendations and action steps prioritized by the Hep C Free WA Coordinating Committee, resulted from those conversations.

Hep C Free WA will be using these prioritized recommendations as a road map to guide our efforts and focus our collective energy during 2023 and 2024. The recommendations in this document are not intended as a comprehensive accounting of all possible efforts that could be taken toward HCV elimination in Washington. Partners are engaged in many efforts which may not be reflected in this document. In addition, over the next two years, work which may emerge that is outside of these prioritized recommendations.

Alignment with the Viral Hepatitis National Strategic Plan

The recommendations outlined in this document align with the goals and objectives in the United States Department of Health & Human Services' Viral Hepatitis National Strategic Plan. The Plan goals are:

1. *Prevent New Viral Hepatitis Infections*
2. *Improve Viral Hepatitis–Related Health Outcomes of People with Viral Hepatitis*
3. *Reduce Viral Hepatitis–Related Disparities and Health Inequities*
4. *Improve Viral Hepatitis Surveillance and Data Usage*
5. *Achieve Integrated, Coordinated Efforts That Address the Viral Hepatitis Epidemics among All Partners and Stakeholders*

For each Hep C Free WA recommendation outlined below, corresponding objectives from the National Strategic Plan are provided to highlight areas of alignment with national efforts.

Summary of Priority Recommendations for 2023-2024

1. Provide funding to hire case managers and community peer navigators for placement in high-impact, low-barrier settings to support people diagnosed with HCV to be linked to HCV treatment and other services.
2. Support strategies for opioid treatment programs to receive reimbursement or bill Medicaid and other health coverage programs for HCV health education, testing, linkage to care, and treatment services.
3. Improve access to sterile syringes and other harm reduction supplies for individuals living in rural and remote parts of the state and regions with limited access to syringe service programs.
4. Expand the provision of clinical services, including HCV and other infectious disease screening and diagnostic testing, linkage to care services, HCV treatment, vaccination, wound care, overdose education and naloxone distribution in high-impact settings.
5. Ensure HAV and HBV vaccine and vaccination capacity are available in high-impact settings.
6. Develop strategies that focus on re-entry community navigators to assist people through the transition between correctional care to community care for HCV and substance use disorder treatment.
7. Employ a multiagency approach to monitoring progress, and resource the Department of Health to employ staff to analyze all state data and develop an annual HCV data report.

Priority Recommendations, Actions Steps, and Status (*as of Nov. 15, 2022*)

1. **Provide funding to hire case managers and community peer navigators (people with experience living with HCV and being cured, people with experience using drugs) for placement in high-impact, low-barrier settings to support people diagnosed with HCV to be linked to HCV treatment and other services.**

   Aligns with the following objectives from the National Strategic Plan:

   - 1.4 Increase viral hepatitis prevention and treatment services for people who use drugs.
   - 1.5 Increase the capacity of public health, health care systems, and the health workforce to prevent and manage viral hepatitis.
   - 2.2 Improve the quality of care and increase the number of people with viral hepatitis who receive and continue (hepatitis B) or complete (hepatitis C) treatment, including people who use drugs and people in correctional settings.
   - 3.1 Reduce stigma and discrimination faced by people with and at risk for viral hepatitis.
   - 3.3 Expand culturally competent and linguistically appropriate viral hepatitis prevention, care, and treatment services.
   - 3.4 Address social determinants of health and co-occurring conditions.
   - 5.1 Integrate programs to address the syndemic of viral hepatitis, HIV, STIs, and substance use disorders.

Action steps:	Status:	Notes:
Develop recommendations through the Bree Collaborative Hepatitis C Work Group to address care coordination/navigation/case management services, including the possibility of using a Medicaid Title IX waiver for care coordination.	In process	The Bree Collaborative recommendations will be complete the 4th quarter of 2022. For more information, visit here.
Create a toolkit for HCV medical case management and identify other guidance for community navigation/care coordination.	Complete	Hepatitis C Medical Case Management Toolkit, Hepatitis Education Project Hepatitis C Community Navigation Model and Toolkit, NASTAD
Identify funding opportunities to support case management and peer navigation activities.	Ongoing	DOH Office of Infectious Disease uses braided funding (e.g., federal HIV prevention funds) to support limited case management activities and seeks other opportunities to do this. Hep C Free WA partners may also seek private funding opportunities via charitable foundations.

Create protocols/policies/procedures for HCV peer navigation.	Not begun	The Oregon PRIME+ Program may have examples to draw from

2. Support strategies for opioid treatment programs (OTPs) to receive reimbursement or bill Medicaid and other health coverage programs for HCV health education, testing, linkage to care, and treatment services.

Aligns with the following objectives from the National Strategic Plan:

- 1.4 Increase viral hepatitis prevention and treatment services for people who use drugs.
- 2.2 Improve the quality of care and increase the number of people with viral hepatitis who receive and continue (hepatitis B) or complete (hepatitis C) treatment, including people who use drugs and people in correctional settings.
- 5.1 Integrate programs to address the syndemic of viral hepatitis, HIV, STIs, and substance use disorders.

Action steps:	Status:	Notes:
Work with HCA to make reimbursement procedures clearer for OTPs and others. WA Health Care Authority (HCA) and DOH to develop a presentation for OTP settings for infectious disease screening.	Complete	HCA presented HCV billing webinar to OTP Program and OTP Medical Directors on 9/29/2022
Work with HCA to increase reimbursement for HCV counseling, testing, and linkage to care. HCA developed and submitted a decision package to increase the payment rate of OTP to match those of Medicare rates and to match Medicare payment methodology.	Complete	Decision package can be found here. Decision package was unsuccessfully adopted by the state legislature in 2020.
Develop recommendations through the Bree Collaborative Hepatitis C Work Group to address HCV services in OTPs.	In process	The Bree Collaborative recommendations will be complete at the end of 2022. For more information, visit here.
HCA work with Medicaid Managed Care Organizations to identify what services they are including in OTP bundled payments.	In process	Clarifying services covered through the bundles and what the Medicaid Managed Care Organizations are to pay for outside of the bundle including testing or referral for appropriate screening.
DOH and HCA to develop environmental scan (survey) of OTPs to assess current infectious disease services and assess the capacity to deliver clinical services within OTP settings.	Complete	A survey was developed in collaboration with UW for OTP Clinical Managers and site Administrators to assess current practices and capacity to deliver

		infectious disease clinical services. Survey results were shared with HEP C Free WA Coordinating Committee and Community Engagement Workgroup. Survey results are still considered preliminary and will be shared next quarter.

3. Improve access to sterile syringes and other harm reduction supplies for individuals living in rural and remote parts of the state and regions with limited access to SSPs (including a mail-order service).

Aligns with the following objectives from the National Strategic Plan:

- 1.4 Increase viral hepatitis prevention and treatment services for people who use drugs.
- 3.2 Reduce disparities in new viral hepatitis infections, knowledge of status, and along the cascade/continuum of care.

Action steps:	Status:	Notes:
Identify funding opportunities to support syringe service programs and mail-order supply access.	Ongoing	DOH Office of Infectious Disease uses braided funding (e.g., federal HIV prevention funds) to support SSPs where possible (e.g., using CDC COVID disparities funding to promote vaccination and care coordination at SSPs) and seeks other opportunities to do this. The Purdue and Opioid Distributor Settlement funds may offer additional local and state funding opportunities for SSPs. Expanding SSPs is named as a specific Core Strategy in the List of Opioid Remediation Uses provided by the court.

		Funding permitted, DOH Office of Infectious Disease will consider resourcing a mail-order program to complement the existing naloxone mail-order program.

4. **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.**

   Aligns with the following objectives from the National Strategic Plan:

   - 1.2 Increase viral hepatitis vaccination uptake and vaccine development.
   - 1.4 Increase viral hepatitis prevention and treatment services for people who use drugs.
   - 1.5 Increase the capacity of public health, health care systems, and the health workforce to prevent and manage viral hepatitis.
   - 2.1 Increase the proportion of people who are tested and aware of their viral hepatitis status 2.2 Improve the quality of care and increase the number of people with viral hepatitis who receive and continue (hepatitis B) or complete (hepatitis C) treatment, including people who use drugs and people in correctional settings.
   - 3.2 Reduce disparities in new viral hepatitis infections, knowledge of status, and along the cascade/continuum of care.
   - 3.3 Expand culturally competent and linguistically appropriate viral hepatitis prevention, care, and treatment services.
   - 3.4 Address social determinants of health and co-occurring conditions.
   - 5.1 Integrate programs to address the syndemic of viral hepatitis, HIV, STIs, and substance use disorders.

Action steps:	Status:	Notes:
Create a work plan for the hiring of nurse practitioners that individual organizations can use if they find a funding source.	Complete	DOH worked in collaboration with the HEP C Free WA Committee to develop a work plan for this action step.
Share the DOH Office of Infectious Disease's Drug User Health Hub concept paper for possible inclusion in the Substance Use Recovery Services Advisory Committee's recommendations to the Legislature.	In process	Drug User Health Hubs are low-barrier health engagement "one stop shops" to provide health care and social services for people who use drugs who are not well served by the current health care system and experience significant health disparities.
Assess county jails to determine what infectious disease, including HCV, services are provided.	Not begun	DOH to request environmental scan of

		county jails from OID Capacity Building program.
Identify funding opportunities to nurse practitioners/physician assistants to provide clinical services in high-impact settings.	Ongoing	The Purdue and Opioid Distributor Settlement funds may offer additional local and state funding opportunities for services such as this. Expanding access to testing and treatment for infectious diseases, as well as supporting mobile units that provide, among other things, health care, are listed in the Approved Uses in the List of Opioid Remediation Uses provided by the court.
Include infectious disease recommendations in legislative/governor's report "Complex Treatment Needs of Individuals with OTP" for standardizing services in OTP settings.	Complete	Report completed and submitted to the legislature in 2021.
Enhance care coordination and outreach efforts Care Coordination and Outreach	In process	Continuing to track Medicaid Managed Care Organization performance related treatment, care coordination, partnership and outreach efforts. Four dedicated DOH Disease Intervention Specialists provide outreach and connection to care in targeted areas and will begin reaching those Medicaid members not Medicaid Managed Care Organizations enrolled.
Engage and educate providers	Ongoing	Meeting with providers and LHJs on community-based elimination challenges strategies, starting with Mason County November 7, 2022. Conducted three educational webinars. Re-fresh web sites with

		provider support. Distribute bi-monthly provider messaging. Planning a half-day provider education webinar. Ongoing monthly meetings between HCA, DOH and local providers to discuss strategies to scale up screening and treatment with health systems. To join or learn more about please contact Jon Stockton, jon.stockton@doh.wa.gov
Support Medical Assistant-Phlebotomy training for partners delivering services in high impact settings.	Ongoing	DOH continues to support sending staff from local health jurisdictions, community-based organizations, and syringe service programs to phlebotomy training in partnership with University of WA.

5. Ensure HAV and HBV vaccine and vaccination capacity are available in high-impact settings.

Aligns with the following objectives from the National Strategic Plan:

- 1.2 Increase viral hepatitis vaccination uptake and vaccine development.
- 1.5 Increase the capacity of public health, health care systems, and the health workforce to prevent and manage viral hepatitis.
- 3.3 Expand culturally competent and linguistically appropriate viral hepatitis prevention, care, and treatment services.

Action steps:	Status:	Notes:
Understand barriers for SSPs to offer HAV and HBV vaccines or partner with vaccine providers.	Complete	CDC completed a survey of SSPs on this topic and published a peer-reviewed article outlining the findings. Numerous Washington-based SSPs responded to the survey.
Identify funding and other means to address SSPs' barriers to providing vaccination services for their participants	Not begun	The Drug User Health Hub concept previously mentioned under recommendation 4 may

		provide an opportunity to offer vaccination services.

6. **Develop strategies that focus on re-entry community navigators to assist people through the transition between correctional care to community care for HCV and substance use disorder treatment (e.g., the navigator could meet with a person a few weeks prior to reentry to provide connection back into community and to stay connected as they navigate to care services).**

   Aligns with the following objectives from the National Strategic Plan:

   - 1.5 Increase the capacity of public health, health care systems, and the health workforce to prevent and manage viral hepatitis.
   - 2.2 Improve the quality of care and increase the number of people with viral hepatitis who receive and continue (hepatitis B) or complete (hepatitis C) treatment, including people who use drugs and people in correctional settings.
   - 3.2 Reduce disparities in new viral hepatitis infections, knowledge of status, and along the cascade/continuum of care.

Action steps:	Status:	Notes:
Identify funding opportunities to peer re-entry navigators for people exiting prison incarceration.	Ongoing	DOH Office of Infectious Disease will consider if there are opportunities to use braided funding (e.g., federal HIV funds) to support HCV re-entry navigators, similar to existing HIV re-entry navigators. The Purdue and Opioid Distributor Settlement funds may offer additional local and state funding opportunities for supporting people with re-entry services. Addressing the Needs of Criminal Justice-Involved Persons, as well as expanding access to testing and treatment for infectious diseases are listed among the Approved Uses in the List of Opioid Remediation Uses provided by the court.
Work with HCA's Reentry Advisory Workgroup to examine opportunities for providing HCV case management to people exiting incarceration settings	In process	For more information on the Reentry Advisory Workgroup, visit this link.

through resources provided by Medicaid Managed Care Organizations.		Representatives from HCA and DOH presented the state's elimination directive to the Reentry Advisory Workgroup.

7. Employ a multiagency approach to monitoring progress, and resource the Department of Health to employ staff to analyze all state data and develop an annual HCV data report.

Aligns with the following objectives from the National Strategic Plan:

- 4.1 Improve public health surveillance through data collection, case reporting, and investigation at the national, state, tribal, local, and territorial health department levels.
- 4.3 Conduct routine analysis of viral hepatitis data and disseminate findings to inform public health action and the public.

Action steps:	Status:	Notes:
Hire additional HCV epidemiologists in the Department of Health to improve HCV surveillance data quality and analysis.	In process	Nearly complete. The Assessment Unit now has an HCV surveillance coordinator, 3 HCV epidemiologists, 3 HCV health services consultants, and a Drug User Health epidemiologist. The team will be hiring one additional Drug User Health epidemiologist.
Create HCV disease intervention specialist quality assurance reports to share with local health jurisdictions	In process	DOH HCV surveillance and prevention teams will work together to develop these reports utilizing data in the state's surveillance system, WDRS
DOH get access to and incorporate additional data into statewide surveillance system to increase completeness of reported case information and identify additional areas for follow up. Data sources include: HIV surveillance data, WA death data, WA birth data, STI surveillance data, and HIV Ryan White data.	In process	Data share agreement to get access to death and birth data complete. Matching between HCV registry and all data sources and import processes need to be implemented.
DOH support work with Health Care Authority to match data from the surveillance registry and Medicaid claims data to augment data being sent to the Medicaid Managed Care Organizations	In process	DOH currently working on providing HCA with results following a match conducted in 2019/2020, and matching new data since then. A routine match cadence will be

		established once the backlog is complete.
DOH support Health Care Authority to develop a care cascade using claims data in the Medicaid Claims Database	In process	DOH provided link to CDC methodology, HCA has nearly completed his work
DOH support Health Care Authority to develop a care cascade using claims data in the All-Payer Claims Database (APCD)	Not begun	DOH provided link to CDC methodology, HCA will evaluate the CDC methodology requirements with the available APCD data and determine with DOH the efficacy of moving forward.
DOH create a surveillance lab-based, statewide care cascade	Not begun	Leverage CDC methodology. Note that there will be limitations as this care cascade is developed until labs begin to consistently report non-positive RNA results. The 2023 notifiable conditions rule update mandates non-positive HCV NAT reporting.
DOH and HCA to develop a comprehensive care cascade	Not begun	Triangulate the three care cascade to create a comprehensive care cascade.
DOH: create and maintain a HCV fact sheet summarizing statewide surveillance data and data limitations.	In process	Will be available to share with various partners, and will be posted on DOH's public-facing website. Plan is to use this as a foundation for a more extensive report.
DOH: complete an HCV surveillance report that can be updated annually.	Planned	The work on the shorter fact sheets will be the starting point for this work.

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. Provide link to final report in quarter 4.

2. Finalize the ***Roadmap for 2023-2024: Prioritized Recommendations to Progress to Hepatitis C Elimination in Washington State by 2030*** document and post on HCA/DOH webpage and send to external partners.
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. Work with the newly formed Washington Syndemic Planning Group, which will advise the DOH Office of Infectious Disease on priorities related to HIV, STIs, and HCV. These priorities will inform the Office of Infectious Disease's future funding allocations and strategic approaches.

Glossary

- **High-impact settings** are 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, and prisons and jails.
- **Low-barrier settings** are settings where that the requirements for entry and for accessing services are limited or minimal. Examples of low-barrier settings include, but are not limited to, drop-in community clinics with minimal intake requirements, mobile or outreach-based services, programs providing free HCV testing and linkage to care services, HCV treatment services that do not require sobriety.