

Hepatitis C Virus Recommendation Checklist

Delivery Site & Health Systems-Level 2



The current state of the issue

The number of acute HCV cases has been steadily increasing in the United States between 2012-2019, with an estimated 133% increase in acute cases reported in 2019 compared to 2012. While the cure cascade for HCV is well-defined, disparities in testing and treatment prevent many patients from accessing treatment. The greatest gap occurs between diagnosis and treatment. In Washington, only an estimated 12% of patients with diagnosed HCV infections start direct-acting antiviral treatment. Together, we can support the screening and treatment of individuals with HCV to reach our goal of eliminating Hepatitis C in Washington State by 2030.

Strengthen the capacity to treat and cure individuals

- ☐ Mentor and teach Health Professional Trainees and Students on HCV management.
- ☐ Expand access to clinics and providers that treat HCV, including accepting walk-in patients offering hours outside of the workday, and offering telehealth visits.
- ☐ Develop targets to treat patients with HCV and designate providers within the health system to help reach HCV targets.

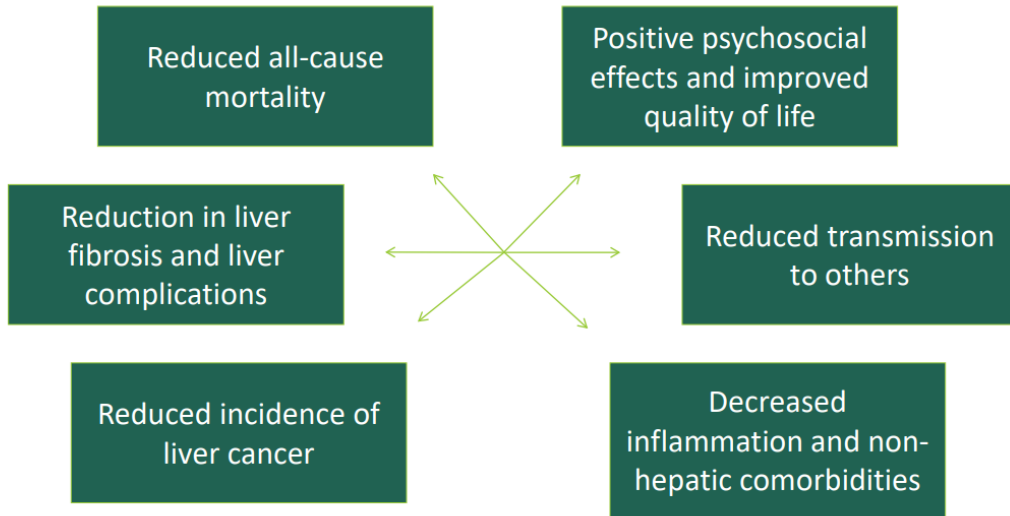
Utilize an interdisciplinary team

- ☐ Expand current collaborative drug therapy agreements (CDTAs) and memorandum of understanding (MOU) agreements with pharmacists to allow pharmacists to treat people living with HCV.
- ☐ Create FTE positions for care navigators at the Health Delivery System who help patients with HCV address challenges they have accessing care.
- ☐ Connect people living with HCV with challenges accessing care to care navigation services.
- ☐ Recognize and reward providers, teams, and clinics who provide HCV treatment to priority populations (people who inject drugs, people experiencing homelessness, etc.)

Measure outcomes

- ☐ Develop and incorporate two HCV metrics into value-based contracts.
- ☐ One metric on HCV screening for adults aged 18 to 79
- ☐ One metric for connecting people living with HCV to treatment, specifically the prescription of direct-acting antivirals (DAAs)

Benefits of Eliminating HCV



Resources

- The Bree Report on HCV is meant to supplement these resources.
- Full Bree Report on HCV: <https://www.qualityhealth.org/bree/topic-areas/hep-c/>
- AASLD/IDSA: <https://www.hcvguidelines.org/>
- Hep C Free Washington (DOH): <https://doh.wa.gov/you-and-your-family/illness-and-disease-z/hepatitis-information/hepatitis-c/eliminating-hepatitis-c>
- Hep C Free Washington (HCA): <https://www.hca.wa.gov/about-hca/programs-and-initiatives/clinical-collaboration-and-initiatives/eliminating-hepatitis-c>
- Project ECHO Viral Hepatitis: for UW, contact Pam Landinez at landinez@uw.edu
- UW HCV Training: <https://www.hepatitisc.uw.edu/>
- CDC Hepatitis C Virus: <https://www.cdc.gov/hepatitis/hcv/index.htm>
- Hepatitis C Medical Case Management Toolkit: Creating and Expanding Services: https://hepeducation.org/wp-content/uploads/2021/10/HEP_MCM_Toolkit.pdf

Read the full Bree Report on HCV online by scanning the QR code:



Connect with the Bree Collaborative at bree@qualityhealth.org

References: 1. Centers for Disease Control and Prevention. 2021. Viral Hepatitis Statistics and Surveillance: Figure 3.1 Number of reported acute hepatitis C virus infection cases and estimated infections – United States, 2012-2019. Accessed August 2022. Available: <https://www.cdc.gov/hepatitis/statistics/2019surveillance/Figure3.1.htm>. 2. Hep C Free Washington. 2019. Plan to Eliminate Hepatitis C in Washington State by 2030. Washington Department of Health. <https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/150nonDOH-HepCFreeWA>