
Bree Collaborative | Hepatitis C Workgroup

April 7, 2022 | 8:00 – 9:30 a.m.

Virtual

MEMBERS PRESENT

Abha Puri, MPH, Community Health Plan of Washington
Angelica Bedrosian, MSW, Hepatitis Education Project
Aura Payne, Hepatitis Education Project
Emalie Huriaux, MPH, Washington State Department of Health
John Scott, MD, MSc, University of Washington
Jon Stockton, MHA, Washington State Department of Health
Judith Tsui, MD, MPH, University of Washington

Project
Monica Graybeal, PharmD, Yakima Valley Farm Worker's Clinic
Patrick Judkins, Thurston County Health Department
Ryan Pistorresi, PharmD, MS, Washington State Health Care Authority
Wendy Wong, BSc, Providence Health and Services
Yumi Ando, MD, Kaiser Permanente

STAFF AND MEMBERS OF THE PUBLIC

Nick Locke, MPH, Bree Collaborative
Kelsey Stedman, Kitsap County Public Health
Gib Morrow, Kitsap County Public Health

WELCOME

Nick Locke, Bree Collaborative, welcomed everyone to the Bree Collaborative's Hepatitis C virus (HCV) workgroup. Those present introduced themselves.

Mr. Locke introduced the March minutes for approval.

Decision: March minutes were approved unanimously

REVIEW: HCV WORKPLAN AND PRIORITIES

Mr. Locke reviewed the workgroup's conversation from March, including the priority areas that the workgroup would like to focus on:

- Developing an HCV metric for the Common Measures Set (or broader alignment)
- Integrating Pharmacists with the Care Team
- Improving Local Public Health Jurisdiction Capacity
- Expanding Low-Barrier Treatment Access
- Expanding Access to Case Management for Treatment

Those present discussed the priority areas:

- Members began to discuss the Common Measures Set, as the first priority area is recommending a metric to the Common Measures Set
 - The Common Measures Set is intended to ensure quality by including specific measures for plans to report out on. Measures are linked to value-based reimbursements. Currently there is no HCV metric, and although the HCA prefers to borrow existing metrics from national sources, there is the potential to develop a metric within Washington state.
 - It is clear that there is not national interest in developing an HCV metric at this time, so we may do well to recommend a simple and easily implementable metric.

- Members discussed the priorities around integrating pharmacists into the care team
 - Pharmacists are currently being reimbursed to prescribe medication, but there is an issue with reimbursing pharmacists for their case management and prevention counseling. We may want to refine what we mean by integrating with pharmacists.
 - Common Measures Set metric – widely seen as the most important change we could make/recommend.
- Members discussed how to improve access by reaching out beyond traditional clinical sites, including prison populations.
 - Currently Medicaid is paused for those in prison, and most people in prison who see a primary care provider are receiving free care. We could do better to reach patients currently in prison.

HEP C METRICS

Mr. Locke presented on exiting HCV goals from the WHO, CDC, and USPSTF as a starting point for potential HCV metrics. Two potential metrics that would be easy to implement include a metric about % of patients screened for HCV and % of patients started on treatment.

- When developing the metric, workgroup members wanted to make sure the metric would be able to tie in to reaching the group’s vision: increased access to screening and treatment services to achieve HCV elimination
 - Workgroup members wanted to ensure that a metric would not “backfire” to stop plans/providers from appearing to comply with a metric but not actually improve care.
 - Members agreed that two measures would be necessary – one related to screening but also one related to treatment. The real issue in the state is access to treatment, so a treatment metric could be more effective in closing the gap
 - Any metric related to treatment needs to be clear and concise in order to be measurable. It would be best to draw medication data from the claims database in order to “measure” treatment as opposed to trying to measure referrals or adherence rates.
 - The two measures discussed included:
 - **Screening: % patients screened for HCV**
 - **Treatment: # patients with a DAA claim / # patients with positive HCV RNA test**
- After the metric is developed, the workgroup discussed how to get the measure adopted by the Common Measures Set, and how to get further alignment beyond the Common Measures Set
 - The Performance Measures Coordinating Committee, facilitated by the Health Care Authority, reviews the Common Measures Set yearly, including sub-committees that determine if new metrics should be proposed and/or adopted.
 - The Department of Health and the Bree have been listed as stewards for various metrics on the Common Measures Set in the past.
 - If an HCV metric is added to the Common Measures Set there could be a conversation about thresholds for quality (such as reaching 80% of patients screened for HCV) and incentive payments.
 - Outside of the Common Measures Set, we could develop a metric and recommend employer-based and private plans adopt the metric outside of Medicaid/PEBB/SEBB
- Workgroup members agreed that development of a metric must be combined with strategies to lower barriers to care and increase access to treatment. The most present current barrier for HCV is providing services beyond traditional health care.

To Do: Mr. Locke will invite HCA representatives from the Performance Measures Coordinating Committee to the next meeting to discuss implementation steps for proposing a metric to the Common Measures Set.

PUBLIC COMMENT AND GOOD OF THE ORDER

Mr. Locke invited final comments. Emalie Hurliaux, MPH, Washington State Department of Health recommended using the next meeting to continue discussion on metrics as well as begin a discussion on case management and care coordination. Several workgroup members also recommended addressing care coordination and borrowing from existing test -> treat models from COVID-19 and HIV. Mr. Locke invited public comment, then thanked all for attending and adjourned the meeting. The workgroup's next meeting will be on Thursday, May 5th, 2022. In May the workgroup will hear more about the process for proposing metrics to the Common Measures Set and discuss case management and care coordination models.

DRAFT