

Bree Hepatitis C Workgroup

Recommendation Review

08/04/2022

Metrics

This workgroup recommends incorporation of two HCV metrics into value-based contracts to help track the incidence and treatment of HCV in Washington state. These two metrics include:

1. Screening for HCV: [From CMS: One Time Screening for HCV](#)

Percentage of patients age \geq 18 years who received one-time screening for hepatitis C virus (HCV) infection

Numerator: Patients who received a one-time antibody screening for HCV infection

Denominator: All patients \geq 18 years of age who had at least one preventive visit OR were seen at least twice within the 12-month reporting period.

Denominator exceptions: Documentation of medical reason(s) for not receiving one-time screening for HCV infection (e.g., decompensated cirrhosis indicating advanced disease [i.e., ascites, esophageal variceal bleeding, hepatic encephalopathy], waitlist for organ transplant, limited life expectancy, other medical reasons) OR Documentation of patient reason(s) for not receiving one-time screening for HCV infection (e.g., patient declined, other patient reasons)

2. Treatment for HCV

Percentage of patients with positive HCV RNA test who receive a prescription for direct acting antivirals for HCV.

Numerator: Patients who received a prescription for direct acting antivirals for HCV

Denominator: All patients \geq 18 years of age who have testing positive for HCV via an RNA test

- The Washington State Department of Health will act as a metric steward for HCV metrics to the Health Care Authority as needed.
- Health plans should incorporate HCV metrics as a voluntary quality metric or as a metric for value-based payment.
- HCV screening data should include patient race, ethnicity, and language (REaL) data, exposure, housing status, and pregnancy status for reporting purposes.

Care Coordination

Providers:

- Attend trainings for providing buprenorphine and treating HCV
- Be open to referrals for HCV patients, either in person or through telehealth
- Treat patients with a person-centered approach that is non-stigmatizing
- Follow CDC, DOH, and AASLD guidelines on counseling patients with HCV about treatment, transmission, prevention, and liver health.
- Develop networks for treating HCV with providers, pharmacists, and care coordinators.
- Review medical case management for HCV toolkit and consider providing case management services to patients.

Healthcare Navigators:

- Clinical staff members (nurse, social workers, etc) who offer navigation services (linkage to care services) should provide enabling resources to HCV-positive patients to facilitate the connection to treatment. Enabling resources include:
 - Facilitating referrals: verifying insurance and need for referral, requesting referral, and confirming referral
 - Strengths-based education: education on HCV symptoms, transmission, and treatment, assessment of strengths and barriers, goals for HCV care engagement
 - Navigation: make appointments with HCV provider, reschedule as needed
 - Reminders: 1-week and 1-day appointment reminders via phone, text, or email

Case Managers:

- Conduct outreach to patients through community sites and community relationships
- Employ peer navigators or peer supports to reach out to patients. (OR model – Prime Plus)
- Provide financial incentives for HCV testing and follow-up
- Offer testing services for HCV
- Work with HCV patients to find a provider, schedule appointments, and address patient's barriers to treatment, including connecting to housing and transportation need as able.
- Work with patients to utilize technology for telehealth if services are available and patients are interested
- Enroll patients in Medicaid/Apple health if needed. Work with insurers in cases where client's medication is lost or stolen
- Develop collaborative agreements with community organizations including needle exchange programs, buprenorphine clinics, and suboxone clinics to offer on-site testing for HCV.

- Consider offering on-site treatment through collaborations with pharmacists, providers, or hiring providers who can directly bill patient's insurance

Plans:

- Provide equitable care coordination services that are accessible. Ensure that in-person care coordination services are available or reimbursed if needed.
 - Hepatitis Education Project, Ryan White standards

Public Health:

- Consider providing sustainable funding for HCV care coordination activities. Sustainable funding may come from CDC, Medicaid, certified agencies that provide case management for HIV/AIDS (title 19), or funds from the recent opioid settlement.
- Reduce barriers to funding for case management/care coordination activities, including allowing funding for transportation services
- Ensure funding for community-level work, case management training, and case management activities
- Increase access to case managers in the community, including at syringe service programs, OUD/SUD treatment centers, and expanding into eastern Washington. Consider partnering with community organizations like the Hep Education Project to provide these services.
- The Hep Education Project provides a backbone for connecting with the community and providing technical assistance for medical case management

Additional Care Coordination Recommendations:

- Consider including infectious disease screening (ex. Hepatitis B, syphilis) and treatment with Hepatitis C programs.

Integrating Pharmacists

Health Systems Leadership

- Understand the background of HCV elimination in Washington state
- Develop CDTA and MOU agreements with pharmacists to treat HCV patients
- Connect HCV patients with navigation services (whether they are seen by pharmacists or by another provider)
- Educate physicians and pharmacists on the treatment process for HCV – especially those providers who treat related conditions including buprenorphine prescribers

Pharmacists

- Connect pharmacists to physician champions to facilitate collaborative drug therapy agreements (CDTAs).
- Consider developing pharmacist-led clinics using CDTAs
- Provide advocacy/awareness campaigns to demonstrate how pharmacists can make a difference in treating HCV, especially at community sites.
- Continue dispensing HCV medications to patients in need. HCV medications are reimbursed even if the patient does not finish their treatment course.

Retail Pharmacies

- Provide HCV Screening services at retail pharmacies, much like flu shots. Bill patient's insurance for provision of antibody screening.
- Refer patients with positive antibody tests to further RNA lab testing.
- Develop a plan for reporting positive cases to the DOH or to the patient's insurer/provider

Plans:

- Develop reimburse models for pharmacists to treat HCV, similar to reimbursements for Medication Therapy Management or Complete Medication Review
- Reimburse retail pharmacies for HCV screening/testing services

Public Health

- Continue discounted drug therapy agreements between the HCA and HCV drug manufacturers pays
- Reimburse care coordinators to conduct non-clinical work for HCV patients including follow-up and connecting to other community services like OUD/SUD and syringe-service programs.
- Develop communication campaigns for HCV awareness to encourage patients to get screened. Consider screening campaign in partnership with retail pharmacies who may provide initial screening services
- Consider funding pharmacists to provide HCV services using funding from opioid or buprenorphine programs.

Engaging with Providers

Health Systems Leadership

- Provide information about treating HCV to providers
- Encourage providers to treat HCV positive patients

Providers and Pharmacists

- Accept new HCV positive patients
- Connect with other providers who have treated HCV positive patients for support if needed
- Understand that HCV patients are often complex and may not complete their course of treatment. It is possible to re-treat patients who do not complete their medication schedule the first time, or to try alternative medications.

Health Plans

- Provide educational material to providers about treating HCV
- Incentivize HCV treatment through reimbursement for HCV office visits

Public Health

- Develop a provider outreach campaign with plans, providers, and local public health to describe the epidemiology of HCV and current treatment guidance
- Provide easy-to-understand educational material about treating HCV and the urgency of eliminating HCV in Washington state