Bree Collaborative | Hepatitis C Workgroup
June 2, 2022| 8:00 – 9:30 a.m.
Virtual

MEMBERS PRESENT

Abha Puri, MPH, Community Health Plan of Washington
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
Michael Ninburg, MPA, Hepatitis Education Project (retired)
Patrick Judkins, Thurston County Health Department
Ryan Pistoresi, 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
Chelsie Porter, WA Department of 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 May minutes for approval.

Decision: May minutes were approved unanimously

REVIEW: HCV METRICS AND THE COMMON MEASURES SET

Mr. Locke briefly summarized the workgroup's previous conversations on HCV metrics. In May, Jon Stockton, MHA, presented the HCV progress update to the full Bree Collaborative and representatives from HCA indicated that it would be possible to develop a state-wide metric for HCV.

Those present continued the discussed next steps for proposing a metric to the Performance Measures Coordinating Committee (PMCC) as well as other ways to improve quality data for HCV:

- Either the Bree or the Department of Health will likely become the HCV metric steward, responsible for proposing the metric, providing background information, and attending any related ad hoc workgroup meetings from the PMCC.
- The two measures that have been proposed (one for screening, one for starting on DAAs) both seem good.
    - The screening metric exemptions should be reviewed.
    - The data source for starting on DAAs is difficult as the VA, Medicare, and several private plans do not report to the all-payer claims database.
- Workgroup members discussed ways to improve data transparency and reporting
    - Medicare and the VA are subject to federal reporting requirements and do not always report to the DOH for state-wide measures.
    - Pharmaceutical companies like AbbVie or Gilead may have more complete data about who is prescribed DAAs, but there are not currently collaborative data sharing agreements in place.

- Additionally, data from lab reports that notify the DOH when a new HCV case is identified is often incomplete.
    - It would be best if surveillance data could include race/ethnicity, housing status, pregnancy status, and potential exposures.
    - It may be possible to have clinics automatically send a case report made up of data in the patient's EMR once a patient tests positive for HCV.

To Do: The Bree and the DOH will connect to determine the metric steward. Mr. Locke will reach out to workgroup members to look into how to improve data sharing.

REVIEW: HCV CARE COORDINATION

Mr. Locke reviewed last month's conversation on care coordination programs and strategies to address Hep C. At the last meeting the workgroup focused on types of care coordination activities and sustainable funding. Mr. Locke reached out to partners at the HCA to hear updates on the Medicaid 1115 waiver and Title 19 funding for case management. The Medicaid 1115 renewal draft is public, with relatively little about HCV. Title 19 funding for HIV case management is a federal policy, so there is not currently a state-wide equivalent to recommend expansion to HCV patients. Instead, Mr. Locke recommended developing broad funding recommendations to include types of programs to be funded and potential funding sources. Workgroup members continued to discuss other recommendations and topics for HCV care coordination.

- Another potential funding source is the opioid settlement, which will provide funds to address infectious diseases that are comorbidities with opioid use. HCV is a perfect candidate to target with these funds.
- The Hepatitis Education project (HEP) is a strong partner to provide technical assistance and training for HCV case management programs, although HEP would also require more funding to expand and provide these services across the state.
- Case management should be provided in the field as well as in clinics. Potential community locations for case managers include syringe service programs or OUD/SUD treatment facilities.
- A big piece of care coordination is connecting health delivery systems with the community. This will include leadership priorities and organizational culture as well as reimbursement.
    - Our recommendations may be able to address change management – identifying a champioin within healthcare leadership, developing an implementation strategy.

To Do: Mr. Locke will reach out to members with experience developing care coordination best practices, including HEP and Thurston County Public Health.

INTEGRATING PHARMACISTS

With the last few minutes of the meeting, Mr. Locke introduced a new topic: integrating pharmacists on the care team. Washington state currently allows Collaborative Drug Treatment Agreements (CDTAs) for pharmacists to start/stop drug treatment with the permission of a MD/DO/PA. Mr. Locke invited comments about the current barriers and successes of integrating pharmacists on the care team.

- Currently the main barriers for integrating pharmacists include lack of provider/pharmacist interest and reimbursement rates for services beyond drug prescriptions.
    - Other barriers include building trust and creating the partnership between providers and pharmacists and expanding into more community settings.

- Several clinics within Washington have successfully integrated pharmacists onto their teams already, including Kaiser, UW, and Evergreen Heatlh.Evergreen Treatment Services, Providence
- This is another topic where a large focus might be change management and engaging healthcare leadership.

PUBLIC COMMENT AND GOOD OF THE ORDER

Mr. Locke reviewed the workgroups next steps: 1) the Bree and DOH will determine the metric steward to the PMCC, 2) Mr. Locke will reach out to workgroup members with experience in developing care coordination best practices and 3) Mr. Locke will reach out to workgroup members with experience integrating pharmacists on the care team. Mr. Locke invited public comment, then thanked all for attending and adjourned the meeting. The workgroup's next meeting will be on Thursday, July 7th, 2022.