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## Bree Collaborative | Hepatitis C Workgroup

August 4<sup>th</sup>, 2022 | 8:00 – 9:30 a.m.

Virtual

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### MEMBERS PRESENT

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Emalie Hurlaux, MPH, Washington State  
Department of Health

Abha Puri, MPH, Community Health Plan  
of Washington

Chelsie Porter, WA Department of Health

Patrick Judkins, Thurston County Health  
Department

Ryan Pistoressi, PharmD, MS, Washington State  
Health Care Authority

Wendy Wong, BSc, Providence Health and  
Services

### STAFF AND MEMBERS OF THE PUBLIC

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Nick Locke, MPH, Bree Collaborative

Madison McPadden, Washington State Department of Health

### WELCOME

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

Mr. Locke introduced the July 7th minutes for approval.

**Decision:** Minutes adopted unanimously

### REVIEW: CONSOLIDATED RECOMMENDATIONS

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Mr. Locke walked the workgroup through a review of all of their previous conversations on Metrics, Care Coordination, Integrating Pharmacists, Engaging Providers, and Expanding Access. Workgroup members discussed each focus area in turn.

#### Metrics:

- Workgroup members discussed the type of test for each metric. The metric for screening includes antibody tests only as the most accessible test. The metric for treatment includes RNA tests only, as patients are unable to receive direct acting antivirals without an RNA test.
- Data for the metrics will likely come from the all payor claims database, which has data on about 70% of all patients in WA state (not all commercial plans, and not VA patients).
- Workgroup members briefly discussed a third metric to connect positive antibody screenings to RNA confirmatory tests, but decided that this data would be difficult to collect.
- Workgroup members discussed exclusions for the treatment metric, but decided to leave that section blank. The proposed metrics will be more of a template for the Common Measures Set and others, they do not need to be perfect at this point as they will likely change after being proposed.

#### Care Coordination:

- The biggest issue for care coordination and case management for HCV continues to be funding. Some clinics manage to gather grants or discretionary funding for but not great sustainable funding.
- One option is to recommend that plans provide bundled payments for providers to treat HCV positive patients with the intent of using some of the bundled payment for care coordination.

- The workgroup discussed care coordination standards, but agreed that the previous Hepatitis Education Project standards are the best existing standards for HCV.

#### Integrating Pharmacists:

- Currently, pharmacists can be reimbursed for working with HCV positive clients, but only if a primary care provider is linked to the patient.
- There may be more opportunities for pharmacists to get reimbursed for HCV patients through medication review billing, but this needs to be further examined.
- The HCA drug contracts with Abbvie for DAAs is another area of potential funding for HCV work.

#### Engaging with Providers:

- This section has been discussed at previous workgroup meetings, but never written out.
- Workgroup members discussed feasibility of screening for HCV in urgent care/emergency department settings.
- One way to work on future HCV providers is to encourage medical residents to connect with HCV treatment providers.

#### Expanding Access (to non-clinical sites)

- Expanded access could include accepting walk-ins or expanding to evening clinical hours
- Otherwise, this section mostly overlaps with previous sections. It may be easier to display recommendations by audience type, rather than by focus area to help see the overlaps.

**To Do:** Mr. Locke will reach out to several workgroup members for more information about specific recommendations. These topics include:

- Gathering more information about using the APCD for collecting screening and treatment data.
- Determine feasibility of bundled payments for HCV related to care coordination
- Connect with pharmacists about the best reimbursement models for HCV care
- Connect with HCA about how to use drug contracts for DAAs most creatively
- Connect with providers about potential to screen for HCV in urgent care/emergency department

#### **DISCUSS: ALIGNMENT WITH NATIONAL VIRAL HEPATITIS STRATEGY**

Mr. Locke presented a brief table that described the HHS Viral Hepatitis Strategy five goals, and mapped the workgroup's focus areas to each goal. Workgroup members discussed how to encourage alignment across HCV elimination efforts.

- The DOH Hep C Free Washington workgroup recently developed 8 priorities that are cross-walked with the national Viral Hepatitis Strategy. The Bree workgroup will adopt a similar format to demonstrate how our focus areas are related to the Viral Hepatitis Strategy as well as the Hep C Free Washington goals.

**To Do:** Mr. Locke will connect with the DOH to ensure alignment on format and goals.

#### **PUBLIC COMMENT AND GOOD OF THE ORDER**

Mr. Locke invited public comments and adjourned the meeting. The workgroup's next meeting will review a consolidated draft report. The next meeting will be held on Thursday, September 1<sup>st</sup> from 8:00 – 9:30 AM.