
Bree Collaborative | Hepatitis C Workgroup

September 1st, 2022 | 8:00 – 9:30 a.m.

Virtual

MEMBERS PRESENT

Emalie Huriaux, MPH, Washington State
Department of Health

Angelica Bedrosian, Hepatitis Education Project

Chelsie Porter, WA Department of Health

Patrick Judkins, Thurston County Health
Department

Jon Stockton, MHA, Washington State
Department of Health

Judith Tsui, MD, MPH, University of Washington

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

Emily Robson, DNP, Bree Collaborative

Madison McPadden, Washington State Department of Health

WELCOME

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 August 4th minutes for approval

Decision: Minutes adopted unanimously

REVIEW: DRAFT HCV RECOMMENDATIONS

Mr. Locke presented a draft of the final HCV recommendations. In addition to each focus area, the full draft includes background on HCV elimination in Washington state, recommendations targeted toward different audiences (health delivery systems, providers, plans, and public health agencies), an evidence review section, and broad next steps. Mr. Locke opened up the draft for comments.

Broad Comments on Focus Areas and Goals:

- The focus areas for care coordination and expanding access should be separated to highlight the importance of making HCV services available at community sites.
 - Added a focus area for “Embed HCV Services at Community Sites”
 - Will ensure recommendations address sustainable funding for embedded programs.
- The focus area for “integrating pharmacists” may be clarified to avoid alienating pharmacists and incorporate other providers.
 - Focus are renamed to “utilizing non-traditional models”
 - Additional goals for utilizing non-traditional models include expanding scope of practice to include other APPs and using telehealth models.
 - Other phrases to review about non-traditional clinical models and HCV include “task shifting” and “de-centralization of care”

Health Delivery System:

- Added NASTAD/NY DOH case management toolkit to recommendation about providing case management services. Started a new appendix (Appendix C) for resources including case management toolkits.
- Added best practices to screening: run a confirmatory RNA test for all positive HCV antibody screening tests. (As a dual recommendation for plans/public health – confirmatory RNA tests should be covered by insurance)
- Screening in emergency departments should be clarified:
 - How can the recommendation for screening include connecting patients to resources?
 - Flag positive HCV tests to plans to connect with care coordination?
 - Follow-up with positive HCV tests if the patient is seen again (in the ED or at an in-patient visit?)
 - Potential to learn from HIV best practices at Highland Hospital in Oakland.

Providers: Physicians and Pharmacists

- Expand on what we mean by non-stigmatizing, person-centered care: discuss shared decision making and developing individual treatment plans based on patient need and preferences/
- Financial reimbursement is a big reason why providers/hospitals are not engaged – HCV work is not very profitable. This needs to be addressed in plan and public health recommendations.

Additional Discussion:

- The workgroup briefly discussed whether or not to make recommendations to drug manufacturers.
 - Currently the HCA contracts with drug manufacturers to help expand access to treatment. However, the workgroup elected not to solicit funding requests from drug manufacturers as pharmaceutical companies provide grant funding which is not sustainable.

DISCUSS: NEXT STEPS

Mr. Locke described next steps for approving a draft for public comment. The next Bree meeting to approve a draft for public comment will be held on Wednesday, September 28th. If the HCV draft is not approved for comment then, we will need to wait until Wednesday, November 23rd to approve for public comment.

- Workgroup members elected to continue editing the draft offline before the end of the month, with the goal of having a draft for public comment by the end of September.
- Mr. Locke will send out follow-up steps to workgroup members by the end of the week.

PUBLIC COMMENT AND GOOD OF THE ORDER

Mr. Locke invited public comments and adjourned the meeting. The workgroup's next meeting is to be determined. The workgroup will approve a draft for public comment before September, and will then need to wait for the public comment period to end before meeting again to finalize the draft.