

Hepatitis C Virus Guideline Checklist

Clinicians & Pharmacists- Level 2



The current state of the issue

The number of acute HCV cases has been steadily increasing in the United States between 2012-2019, with an estimated 133% increase in acute cases reported in 2019 compared to 2012. While the cure cascade for HCV is well-defined, disparities in testing and treatment prevent many patients from accessing treatment. The greatest gap occurs between diagnosis and treatment. In Washington, only an estimated 12% of patients with diagnosed HCV infections start direct-acting antiviral treatment. Together, we can support the screening and treatment of individuals with HCV to reach our goal of eliminating Hepatitis C in Washington State by 2030.

Increase screening opportunities

- ☐ Review the notification process in EHR system, alerting the clinician that the client is due for HCV screening.

Strengthen the capacity to treat and cure individuals

- ☐ Become an HCV clinical champion within your organization to support other providers in managing HCV clients.
- ☐ Mentor and teach Health Professional Trainees and Students on HCV management.
- ☐ Understand that people living with HCV may have complex life domain issues and may need support accessing care and adherence support. Refer people living with HCV who have challenges to care navigation services.

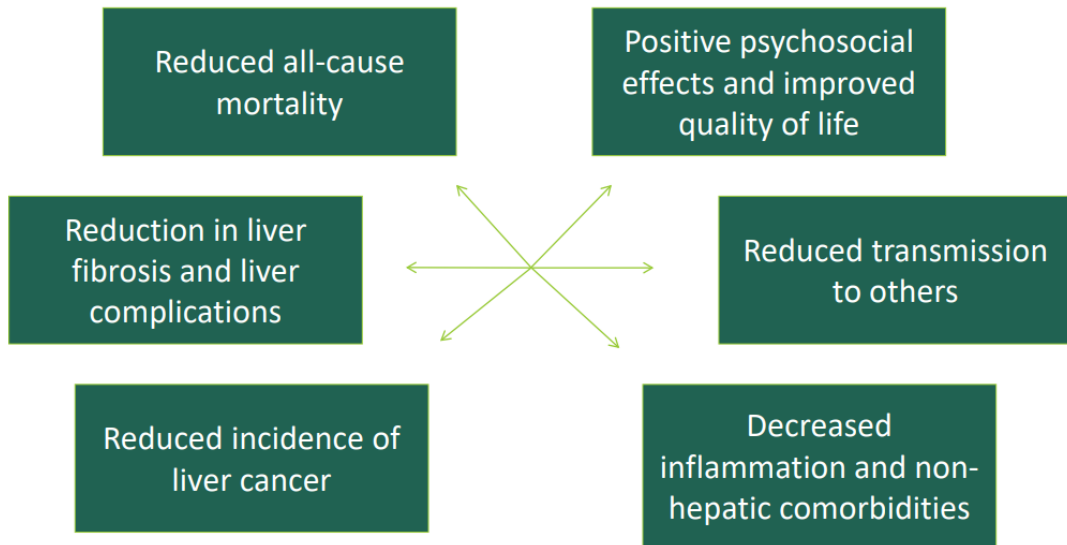
Utilize an interdisciplinary team

- ☐ Connect pharmacists and physicians to facilitate collaborative drug therapy agreements (CDTAs) to create models of care delivery to treat HCV.
- ☐ Consider providing HCV counseling as a form of medication therapy management (MTM) for reimbursement.
- ☐ Engage with interdisciplinary networks for treating HCV that include clinicians, pharmacists, and care coordinators.

Measure outcomes

- ☐ Support the implementation of two HCV metrics into value-based contracts.
- ☐ One metric on HCV screening for adults aged 18 to 79
- ☐ One metric for connecting people living with HCV to treatment, specifically the prescription of direct-acting antivirals (DAAs)

Benefits of Cure of HCV



Resources

- The Bree Report on HCV is meant to supplement these resources.
- Full Bree Report on HCV: <https://www.qualityhealth.org/bree/topic-areas/hep-c/>
- AASLD/IDSA: <https://www.hcvguidelines.org/>
- Hep C Free Washington (DOH): <https://doh.wa.gov/you-and-your-family/illness-and-disease-z/hepatitis-information/hepatitis-c/eliminating-hepatitis-c>
- Hep C Free Washington (HCA): <https://www.hca.wa.gov/about-hca/programs-and-initiatives/clinical-collaboration-and-initiatives/eliminating-hepatitis-c>
- Project ECHO Viral Hepatitis: for UW, contact Pam Landinez at landinez@uw.edu
- UW HCV Training: <https://www.hepatitisc.uw.edu/>
- CDC Hepatitis C Virus: <https://www.cdc.gov/hepatitis/hcv/index.htm>
- Hepatitis C Medical Case Management Toolkit: Creating and Expanding Services: https://hepeducation.org/wp-content/uploads/2021/10/HEP_MCM_Toolkit.pdf

Read the full Bree Report on HCV online by scanning the QR code:



Connect with the Bree Collaborative at bree@qualityhealth.org

References: 1. Centers for Disease Control and Prevention. 2021. Viral Hepatitis Statistics and Surveillance: Figure 3.1 Number of reported acute hepatitis C virus infection cases and estimated infections – United States, 2012-2019. Accessed August 2022. Available: <https://www.cdc.gov/hepatitis/statistics/2019surveillance/Figure3.1.htm>. 2. Hep C Free Washington. 2019. Plan to Eliminate Hepatitis C in Washington State by 2030. Washington Department of Health. <https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/150nonDOH-HepCFreeWA>