Key Presentation Objectives

To Provide:

1. A brief overview of the hepatitis C virus (HCV) in Washington State.
3. An overview of Health Care Authority’s work related to the Directive.
Background and Epidemiology of HCV

- RNA virus identified in 1988
- Most common chronic blood-borne infection in US
- Not vaccine preventable
- Spontaneously cleared in approximately 1 in 5
- ~ 4/5 become chronically infected

Prevalence of chronic HCV infection in US and WA State

1Department of Health data; 2Hofmeister MG et al, Hepatology 2018; 3Kim HS et al, J Viral Hepat 2019 May;26(5):596-602
HCV in the United States: Routes of Transmission

- Sharing of drug injection equipment: 60% of cases
- Blood transfusion prior to July 1992
- Receipt of solid organ transplantation prior to 1992
- Receipt of factor concentrates made before 1987
- Sexual transmission (limited, primarily among people living with HIV)
- Tattoos in unregulated settings
- Intranasal drug use
- Birthing parent to child

Highest risk: sharing needles and syringes

Can also occur with sharing injection equipment such as water, cookers, and cotton filters
Hepatitis C in Washington State

- At the beginning of 2018, there were an estimated 59,100 (32,500-71,500) people living with HCV in Washington. (Source: CDA Foundation, 2019)

- In 2017, 543 deaths attributed to chronic HCV.

- In 2018, 479 deaths attributed to chronic HCV, 118 new reports of acute infection, the highest in over twenty years.

### Newly Reported HCV cases

<table>
<thead>
<tr>
<th>Year</th>
<th>Acute</th>
<th>Chronic</th>
<th>Total</th>
</tr>
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<tbody>
<tr>
<td>2012</td>
<td>54</td>
<td>4,865</td>
<td>4,919</td>
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<tr>
<td>2013</td>
<td>63</td>
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<tr>
<td>2014</td>
<td>83</td>
<td>5,995</td>
<td>6,078</td>
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<tr>
<td>2015</td>
<td>63</td>
<td>7,085</td>
<td>7,148</td>
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<tr>
<td>2016</td>
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<td>8,118</td>
<td>8,213</td>
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<tr>
<td>2017</td>
<td>73</td>
<td>8,839</td>
<td>8,912</td>
</tr>
<tr>
<td>2018</td>
<td>118</td>
<td>8,085</td>
<td>8,203</td>
</tr>
</tbody>
</table>

Source: WA DOH Hepatitis Surveillance Records
A Tale of 2 Epidemics

• As throughout US, there has been an age shift in HCV, reflecting two epidemics: baby boomers and young people who inject drugs (PWID)

• In WA in 2018, 118 new reports of acute HCV, the highest in 20 years

Chronic HCV in WA State

2007

2018

Source: WA State Dept of Health
Opioid Epidemic and HCV

- **Emerging epidemic** of HCV infections among young PWID
- Closely related to increases in opioid use
- Reported acute infections are the “tip of the iceberg”

Rates of reported acute hepatitis C by age group, US, 2002-2017
(CDC Viral Hepatitis Surveillance Data)

Figure source: modified from hepatitisc.uw.edu from Klevens et al, Am J Public Health 2014
Need for preventive services, linkage to care, treatment, and cure

Figure 1: HCV Care Cascade, Washington, 2018

- Viremic Infections Beginning of 2018: 59,100
- Diagnosed Through 2018: 52,100 (88%)
- Treated During 2018: 7,300 (12%)
- Cured: 7,000 (95%)

Source: Center for Disease Analysis Foundation report, 2019 (Appendix A)
Governor Inslee issued directive on September 28, 2018 to eliminate Hepatitis C in Washington by 2030

Directives from Governor Inslee:

September 28, 2018

To: Washington State Executive and Small Cabinet Agencies
From: Governor Jay Inslee
Subject: Eliminating Hepatitis C in Washington by 2030 through combined public health efforts and a new medication purchasing approach

This year, an estimated 65,000 Washingtonians are living with the chronic Hepatitis C Virus (HCV), but fortunately, we now have a cure. HCV is the leading cause of liver cancer and liver transplantations. The virus also causes other health problems, including debilitating fatigue, which can significantly impact the quality of life of those affected.

HCV is the most common blood-borne disease in the United States, and in Washington, from 2012 to 2017, nearly 40,000 new cases of HCV were reported, increasing each year. And while deaths from other infectious diseases have steadily declined over the past decade, HCV-related deaths continue to rise, now exceeding all deaths from other reportable infectious conditions combined.

Nearly acquired HCV-infection reports show a 130% increase in Washington between 2013 and 2017 when compared to the prior five years, an increase linked to the opioid crisis. And while the disease has historically impacted Baby Boomers (those born between 1943 and 1965), younger people are now contracting the disease with greater frequency, again related to opioid use. Ultimately, Washington’s HCV-related hospitalization charges totaled $114 million between 2012 and 2014.

Confronting the HCV crisis is challenging because many Washingtonians living with HCV do not know they are infected. So, to reach affected communities, we must make enhanced public health efforts, including efforts to improve education, prevention services, and early detection of HCV to treat and care existing infections and curb the continued transmission of the virus.

Fortunately, we see an opportunity to take action against HCV. In 2017, the National Academies of Sciences, Engineering, and Medicine released “A National Strategy” outlining how the United States can save nearly 30,000 lives from HCV-related deaths and eliminate HCV by 2030. Moreover, medications now exist to cure HCV in nearly all people appropriately linked to, and retained in, care. HCV drugs are expensive, but we can drive down costs by applying new purchasing strategies in which state agency health-care purchasers collaborate with pharmacies to negotiate lower prices.

Main Elements of Governor Inslee’s Directive

- HCA and DOH to jointly develop strategies to eliminate HCV from Washington State by 2030.
- HCA to develop a procurement strategy for all state covered lives.
- DOH, with multisector stakeholder group, to develop a comprehensive public health outreach strategy.
Statewide Hepatitis C Elimination Plan

- DOH, in collaboration with any other relevant state agencies that it identifies, shall convene and facilitate an hepatitis C virus (HCV) elimination coordinating committee comprised of stakeholders from various sectors, including individuals personally affected by HCV.

- The committee shall draw on existing efforts, best practices, and community knowledge to develop, by July 2019, a comprehensive strategy to eliminate the public health threat of HCV in Washington by 2030.
Collective impact involves a group of people getting together to work on a complex issue.
Three topic-specific work groups made recommendations to the Coordinating Committee for what should be included in the Hep C Free WA plan to eliminate HCV by 2030.
Hep C Free Washington’s Plan

• Elimination plan released in July 2019

• Plan comprised of 15 goals and 90 recommendations

https://www.doh.wa.gov/Portals/1/Documents/Pubs/150nonDOH-HepCFreeWA-PlanJuly2019.pdf
Current Status

COVID-19 and related response disrupted the process.

• The Committee did not meet through much of 2020. Re-engagement in 2021 to work on prioritizing recommendations. The prioritization process is almost complete – then we will work on implementation plans for the prioritized recommendations.

• Work Groups did not meet through much of 2020 and 2021, except for the Community-based Strategies & Interventions Work Group.
  • The Clinical Strategies Work Group met once. Unclear if the Work Group should continue to meet with the Bree is focused on hepatitis C (do not want to duplicate effort).
Building Clinical Capacity and Competency

- Clinical gaps in eliminating hepatitis C
  - Sufficient outreach tailored for specific populations.
  - Providers willing to treat people who continue to use drugs, as well as non-complicated cases.
  - Clinical case management and navigation.
  - Educational support for all clinical personal.

Additional information: https://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/Hepatitis/ProviderInformation
Primary Care Providers and HCV Elimination

- CDC / United States Preventive Services Task Force (USPSTF) recommend routine one-time time screening for HCV regardless of risk.
  - Repeat screening for HCV in persons with ongoing risk factors.
- Make Hep C treatment available as a routine part of primary care.
- Obtain a buprenorphine waiver in order to provide a comprehensive set of services for at-risk populations (HCV treatment in conjunction with medications for opioid use disorder).
- Contact partners, such as local health jurisdiction and syringe service programs to ensure people who use drugs have access to harm reduction services to prevent forward transmission.
Benefits of Cure of HCV

- Reduced all-cause mortality
- Positive psychosocial effects and improved quality of life
- Decreased inflammation and non-hepatic comorbidities
- Reduced transmission to others
- Reduction in liver fibrosis and liver complications
- Reduced incidence of liver cancer
HCA’s Purchasing Strategy

- Request for Proposals issued January 2019
- Requested discounted drug costs for all state covered lives as well as outreach support services
- Two new agreements effective 7-1-19
  - Medicaid which also describes the outreach services coordination
  - Non-Medicaid – same net costs for all non-Medicaid programs
HCA’s Purchasing Strategy (continued)

- Medicaid represents a modified subscription model:
  - Guaranteed net unit price for the drugs
  - Drug cost is negligible after treatment goal met
  - Outreach support services are done in collaboration with the Hep C Free Washington work

- Non-Medicaid includes
  - Traditional rebate for public and school employees and those injured workers covered by L&I
  - Upfront discount and distribution for Dept. of Corrections and those living in state institutions.
  - Option to pursue 340b pricing for Dept. of Corrections
  - Option to expand to other purchasers
Medicaid Pharmacy Policy

- No sobriety requirement.
- Evidence of fibrosis not required.
- **Any** licensed prescriber allowed to screen and treat.
- Wait time to validate chronic condition not required.
- Prior Authorization **not** required for AbbVie’s Mavyret product.
What makes HCV elimination possible in Washington State?

- Good access to syringe service programs
- Increasing access to medications for opioid use disorder
- Committed medical providers willing to treat and cure HCV
- Academic institutions with clinicians and educators studying HCV interventions and building provider capacity
- Medicaid expansion and a new Medicaid policies that makes it possible to treat majority of beneficiaries living with HCV
- AIDS Drug Assistance Program that supports HCV treatment for people who are living with HIV and HCV
- Improving HCV surveillance and assessment efforts
- CDC support for some HCV programming and surveillance
Potential barriers to HCV elimination in Washington State

• Increasing homelessness and displacement

• Increasing incidence of HCV among young people who inject drugs

• Racial/ethnic disparities in HCV and lack of racial/ethnic data in case reporting

• Many primary care providers not yet ready or willing to treat and cure HCV in their practices

• Limited federal investment in viral hepatitis surveillance, prevention, testing, and treatment interventions
Questions?

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