
Bree Collaborative | Hepatitis C Workgroup

January 6, 2022 | 8:00 – 9:30 a.m.

Virtual

MEMBERS PRESENT

Abha Puri, MPH, Community Health Plan of Washington

Emalie Hurlaux, 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

Omar Daoud, PharmD, Community Health Plan of Washington

Patrick Judkins, Thurston County Health Department

Yumi Ando, MD, Kaiser Permanente

STAFF AND MEMBERS OF THE PUBLIC

Nick Locke, MPH, Bree Collaborative

Ginny Weir, MPH, Bree Collaborative

WELCOME

Nick Locke, Bree Collaborative, welcomed everyone to the inaugural meeting on Hepatitis C virus (HCV) in Washington State. Those present introduced themselves and described their current work with HCV.

BREE INTRODUCTION AND GOVERNANCE

Mr. Locke presented slides on the background of the Bree Collaborative, the process for developing guidelines in workgroup collaboration, and the rules and regulations governing open public meetings.

To Do: Workgroup members must complete Open Public Meetings Act (OPMA) training and fill out a participant disclosure form within 90 days of joining the workgroup. Mr. Locke will send the relevant material out to members following the meeting.

HEP C CHARTER AND SCOPE

Those present discussed the scope and purpose of the Hep C workgroup, starting with topics that should be addressed by the workgroup. Key themes included:

- The gap between identifying cases and providing treatment – access to treatment is key
- Reimbursement models, especially for treating patients outside of a healthcare delivery system and in the community.
- The interaction between social need and access to treatment, especially for underserved populations including those experiencing homelessness or those in rural areas.
- Identifying provider champions to make proper referrals
- Telemedicine and other technology, while being away of tech limitations of patients
- Training and incentivizing primary care providers and simplifying the care cascade for Hep C.

Those present reviewed the draft charter and added new language to the “Aim” “Purpose” and “Duties and Responsibilities” sections.

- Added the phrase “access to treatment” to charter Aim
- Added “patient-centered” to HCV preventative and screening services in Purpose
- Added “identifying and engaging underserved patients with HCV” to Purpose
- Added “train and incentivize primary care providers on treating HCV” to Purpose
- Added “engaging pharmacists as a care team partner” to Purpose

- Added “Developing reimbursement models to reach patients with HCV outside of traditional delivery systems” to Purpose
- Added “Align efforts with other related state-wide initiatives and Hep C Free Washington” to Duties and Functions.
- Added “Maintaining an equity lens while developing recommendations” to Duties and Functions.

All members present will be added to the current workgroup roster. Additional outreach will be made toward tribal representatives, patient representatives, pharmacists, and additional primary care providers, especially from community health centers around the state.

To Do: Bree Collaborative staff will conduct further outreach to potential workgroup members. Several workgroup members offered to facilitate connections with pharmacists, community health centers, and opioid treatment centers (which often serve Hep C patients).

Decision: Those present voted to adopt the current charter to present at the full Bree Collaborative meeting on January 21st.

PUBLIC COMMENT AND GOOD OF THE ORDER

Mr. Locke invited final comments or public comments, then thanked all for attending and adjourned the meeting. The workgroup’s next meeting will be on Thursday, February 3rd, 2022.