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## Bree Collaborative | Hepatitis C Workgroup

February 3, 2022 | 8:00 – 9:30 a.m.

Virtual

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### MEMBERS PRESENT

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Abha Puri, MPH, Community Health Plan of Washington	of Washington
Emalie Hurliaux, MPH, Washington State Department of Health	Patrick Judkins, Thurston County Health Department
John Scott, MD, MSc, University of Washington	Ryan Pistoresi, PharmD, MS, Washington State Health Care Authority
Jon Stockton, MHA, Washington State Department of Health	Wendy Wong, BSc, Providence Health and Services
Melda Velasquez, Kadlec	Vania Rudolph, MD, MPH, Swedish
Omar Daoud, PharmD, Community Health Plan	Yumi Ando, MD, Kaiser Permanente

### STAFF AND MEMBERS OF THE PUBLIC

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Nick Locke, MPH, Bree Collaborative

### WELCOME

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Nick Locke, Bree Collaborative, welcomed everyone to the Bree Collaborative's Hepatitis C virus (HCV) workgroup. With new members attending for the first time, those present introduced themselves and described their current work with HCV.

Mr. Locke introduced the January minutes for approval.

**Decision:** No changes were made to January minutes

### CHARTER UPDATES AND REVIEW

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Mr. Locke shared the group's charter, as approved at the January meeting, and adopted by the full Bree Collaborative on January 26<sup>th</sup>. Three comments to review included:

- Changing the focus on screening to "universal screening"
  - The workgroup agreed to adopt the phrase "universal screening" especially given current USPSTF recommendations to screen for Hep C
- The difference between "underserved populations" and "at-risk populations"
  - Workgroup members preferred the phrase "underserved" as "at-risk" can imply stigma against the population we are trying to reach.
  - The workgroup still wants screening and treatment services to be universally available, but the biggest impact can be made by targeting populations with the highest incidence of HCV (underserved populations).
  - Specific underserved populations to consider include people who inject drugs, those experiencing homelessness, BIPOC communities, and older adults.
- Reimbursement for programs outside of healthcare, or improving reimbursement for pharmaceuticals for treatment
  - The workgroup wants to consider BOTH reimbursement rates for prescription drugs (such as Maverick and 340b) as well as novel reimbursement models for community-based programs providing HCV services.

The workgroup also clarified the scope of the charter in several key areas:

- The workgroup will remain broad in scope with regard to clinical settings, but will focus a bit more on providers of HCV services, rather than community-wide recommendations.
- The workgroup revisited the focus on provider training and education
- Emerging themes for focus areas included:
  - Reimbursement: many different pieces including Medicaid, care coordination, pharmacy, CBOs/ODU providers, telemedicine, and value-base payment.
  - Education: mostly focusing on providers, but may include some brief recommendations about public education for patients/community engagement
  - Stigma related to HCV treatment and diagnosis
  - Screening and metrics
  - Connecting to treatment

### **HEP C FREE WASHINGTON PRESENTATION**

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Emalie Hurlaux , MPH, Washington State Department of Health, presented on the current state of the Hep C Free Washington Initiative. Key topics included data about HCV screening and treatment in Washington state, the 2019 Hep C Free plan, and the joint strategies from DOH and HCA to implement the action plan.

Ms. Hurlaux specifically mentioned the Hep C Free Washington’s clinical workgroup priorities which included:

- Improving clinical workflow for patients with HCV (structural barriers)
- Improving screening and monitoring
- Providing clinical care beyond clinical settings
- Pairing other service lines with HCV, especially for OUD

After the presentation workgroup members discussed:

- The importance of care coordination, both as a solution to clinical workflow barriers as well as the need for care coordination reimbursement
- Scaling up local public health jurisdictions for collecting data and engaging underserved populations
- Adding quality metrics for HCV care in order to tie incentives to quality
- Engaging pharmacists as providers to improve reimbursement and care coordination

**To Do:** Ms. Hurlaux will send the draft spreadsheet of Hep C Free’s clinical workgroup priorities to Mr. Locke to distribute among workgroup members.

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

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Mr. Locke reminded the workgroup members to complete Open Public Meeting Act training and fill out Conflict Disclosure forms. 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, March 3<sup>rd</sup>, 2022. In March the workgroup will review priority topics and develop focus areas for recommendations.