



Washington State
Health Care Authority



THE ROAD TO HEPATITIS C ELIMINATION IN WASHINGTON STATE

Washington State Board of Health
October 9, 2019

Objectives

To provide:

1. A brief overview of the hepatitis C virus (HCV) in Washington State.
2. A description of the Governor's Directive related to HCV elimination.
3. An overview of Health Care Authority's work related to the Directive.
4. An overview of Department of Health's work related to the Directive, including background on the Hep C Free WA process and plan to eliminate the public health threat of HCV by 2030.

Hepatitis

From the Greek = Hepar (liver), -itis (inflammation)












- Inflammation of the liver
- Either asymptomatic

OR

Symptoms can include:

- Fever
- Fatigue
- Loss of appetite
- Nausea
- Vomiting
- Abdominal pain
- Joint pain
- Dark urine, grey-colored stools, and jaundice

When Caused by a Virus, “hepatitis” is Followed by a Letter

Virus	Transmission routes	Vaccine	Cure
A	<i>A = vowel rhymes with bowel</i>  Fecal-Oral		
B	<i>Body fluids</i>  Blood Semen Vaginal fluid		
C	<i>Circulation</i>  Blood*		

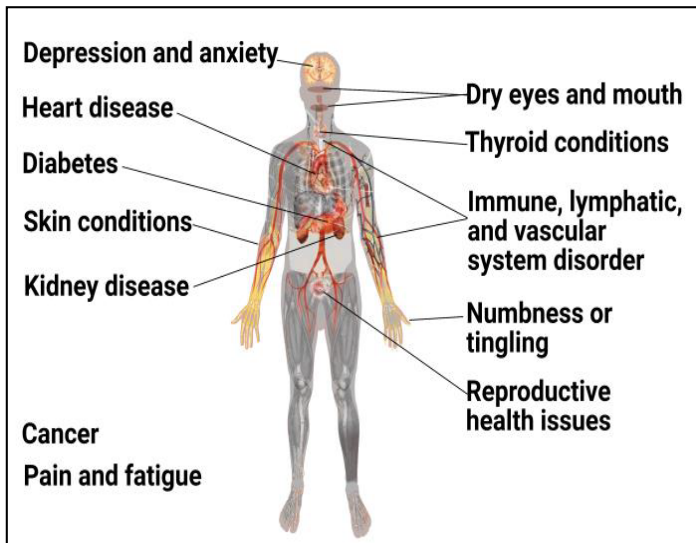
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www.hepatitiseducation.ca

* If blood is present in body fluids (e.g., semen, vaginal), HCV transmission is possible (e.g., unprotected sex if rough or if other sexually transmitted infections are present).

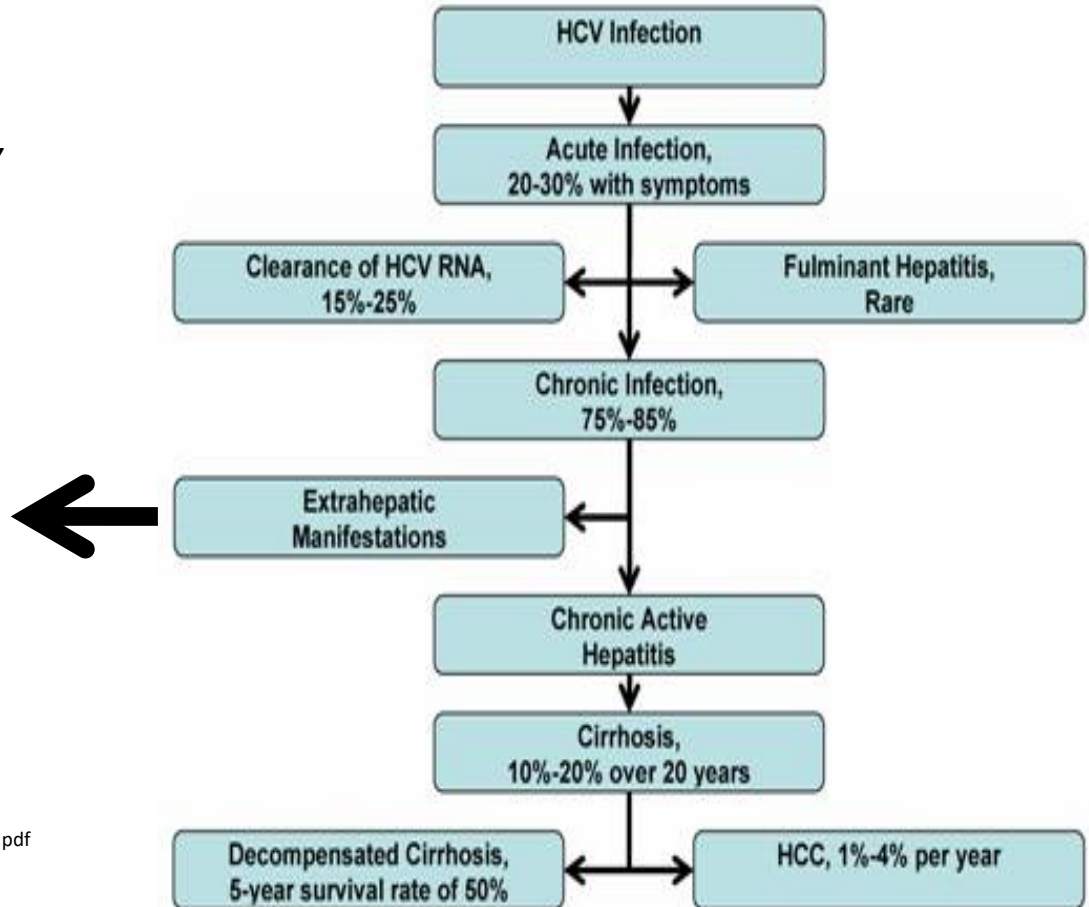
Source: <http://www.bccdc.ca/resource-gallery/Documents/Educational%20Materials/Hepatitis/Hepatitis%20A%20B%20C.pdf>

Natural History of Hepatitis C

Up to 74% of people living with HCV have symptoms outside the liver



<https://nvhr.org/sites/default/files/.users/u34/EHM%20Fact%20Sheet%201%20Final.pdf>



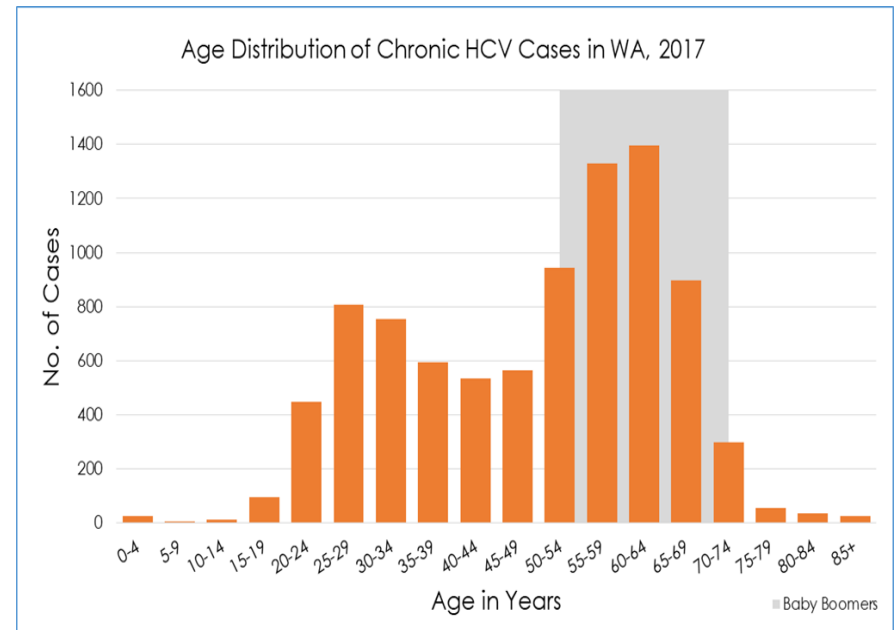
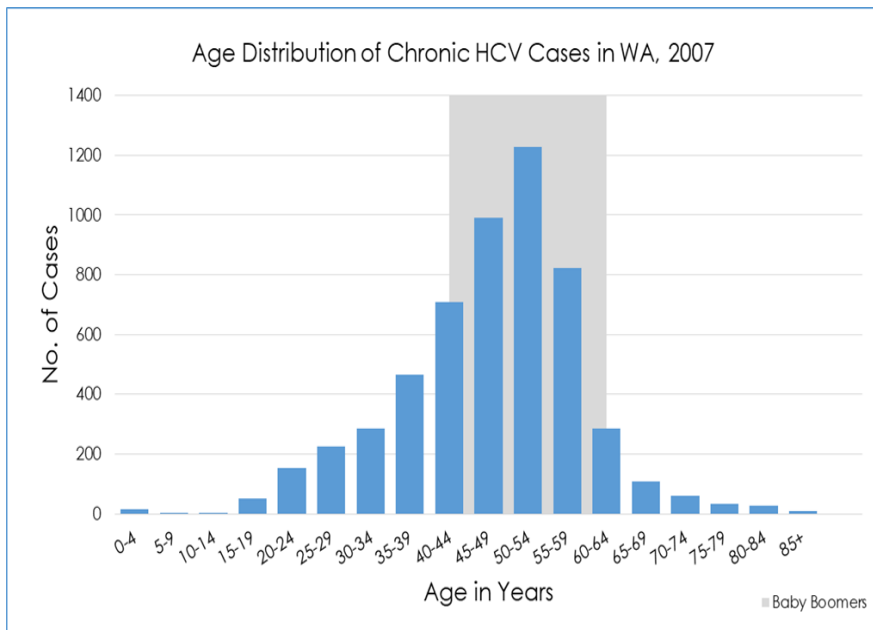
Hepatitis C in Washington State

- At the beginning of 2018, there were an estimated **59,100** (32,500-71,500) people living with HCV in Washington (Source: Center for Disease Analysis Foundation, 2019).
- In 2017:
 - 8,839 new reports of chronic infection
 - 543 deaths attributed to chronic HCV
 - 73 new reports of acute infection
- In 2018:
 - Chronic report data is pending
 - 118 new reports of acute infection, the highest in over twenty years.

Newly Reported HCV cases			
Year	Acute	Chronic	Total
2012	54	4,865	4,919
2013	63	4,438	4,501
2014	83	5,995	6,078
2015	63	7,085	7,148
2016	95	8,118	8,213
2017	73	8,839	8,912

Source: WA DOH Hepatitis Surveillance Records

Age Shift Among Chronic Cases




Source: WA DOH Hepatitis Surveillance Records

Eliminate Hepatitis C in Washington by 2030

Governor Inslee issued Directive on September 28, 2018

JAY INSLEE
Governor



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DIRECTIVE OF THE GOVERNOR
18-13

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 transplants. 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.

Newly acquired HCV-infection reports show a 126% 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 1945 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 2010 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, preventive services, and early detection of HCV to treat and cure existing infections and curb the onward 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



Photos from Seattle Times, September 28, "Inslee: Erase hepatitis C in Washington by 2030"

History: How We Got Here

1998 – Advocates press for a state response to HCV

2003 – Bill passed requiring DOH to develop an HCV strategic plan

2004 – DOH develops first Washington State HCV strategic plan

2006 – Funding for HCV response is included in state budget for the first time

2014 – DOH develops a second Washington State HCV strategic plan

2018 – Internal state cross-agency work group starts discussing elimination in spring, meeting regularly from June through September 2018

- Department of Corrections
- Department of Health
- Department of Labor & Industries
- Department of Social & Health Services
- Health Care Authority
- Office of Financial Management
- Office of the Governor
- Office of the Insurance Commissioner

Main Elements of Governor Inslee's Directive

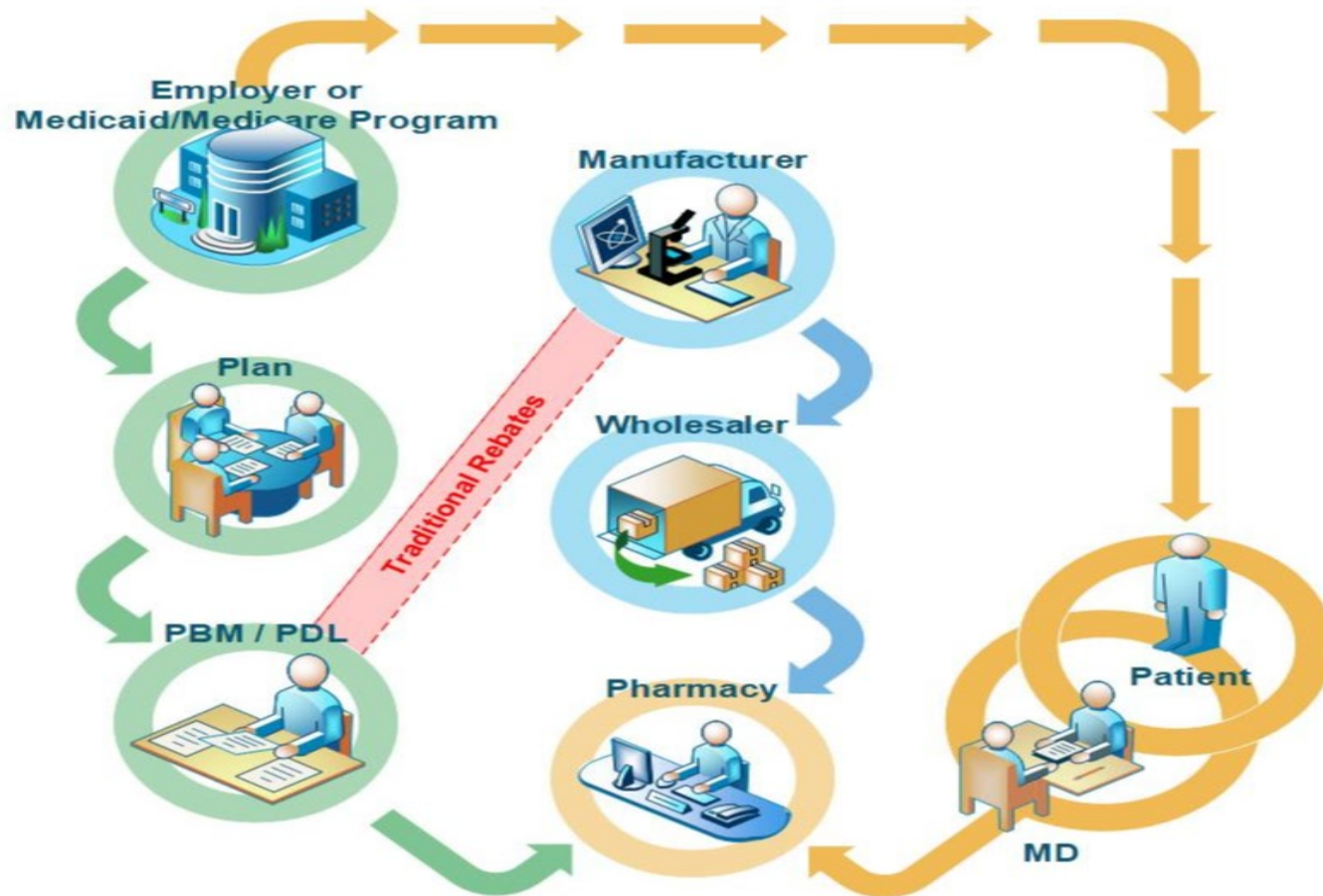
- HCA and DOH to jointly develop strategies to eliminate HCV from Washington State by 2030.
- HCA to develop a procurement strategy for all state covered lives.
- DOH, with multisector stakeholder group, to develop a comprehensive public health outreach strategy.

Innovative Drug Procurement Strategy

- Innovative drug procurement strategy led and coordinated by Health Care Authority.
- First-in-nation comprehensive procurement of HCV medications purchased by state agencies (e.g., Medicaid, state prisons, state hospitals, public employees) to establish a partnership in the elimination effort through price and service collaboration.
- On January 22, 2019, HCA issued a RFP for direct acting antivirals (DAAs) as well as reporting and outreach services with the intent to eliminate HCV without increasing state spend.



Simplified Pharmacy Purchasing Overview



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

Outreach Support

- Supporting people to get screened and connected to treatment as well as while in treatment
 - Note: people who inject drugs who have unique support needs
 - Event scheduling and deploying a Hep C Treatment Awareness Bus
 - Nursing and social work support through MCOs, AbbVie and others
 - Syringe services programs, opioid treatment programs and medication assisted therapy providers
 - Social and mass media efforts
- Data solutions to support the development of care cascades and “hot-spotting”
- Physician education and support
 - Partnering with, educating, supporting prescribers

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.**

Statewide Hepatitis C Elimination Plan



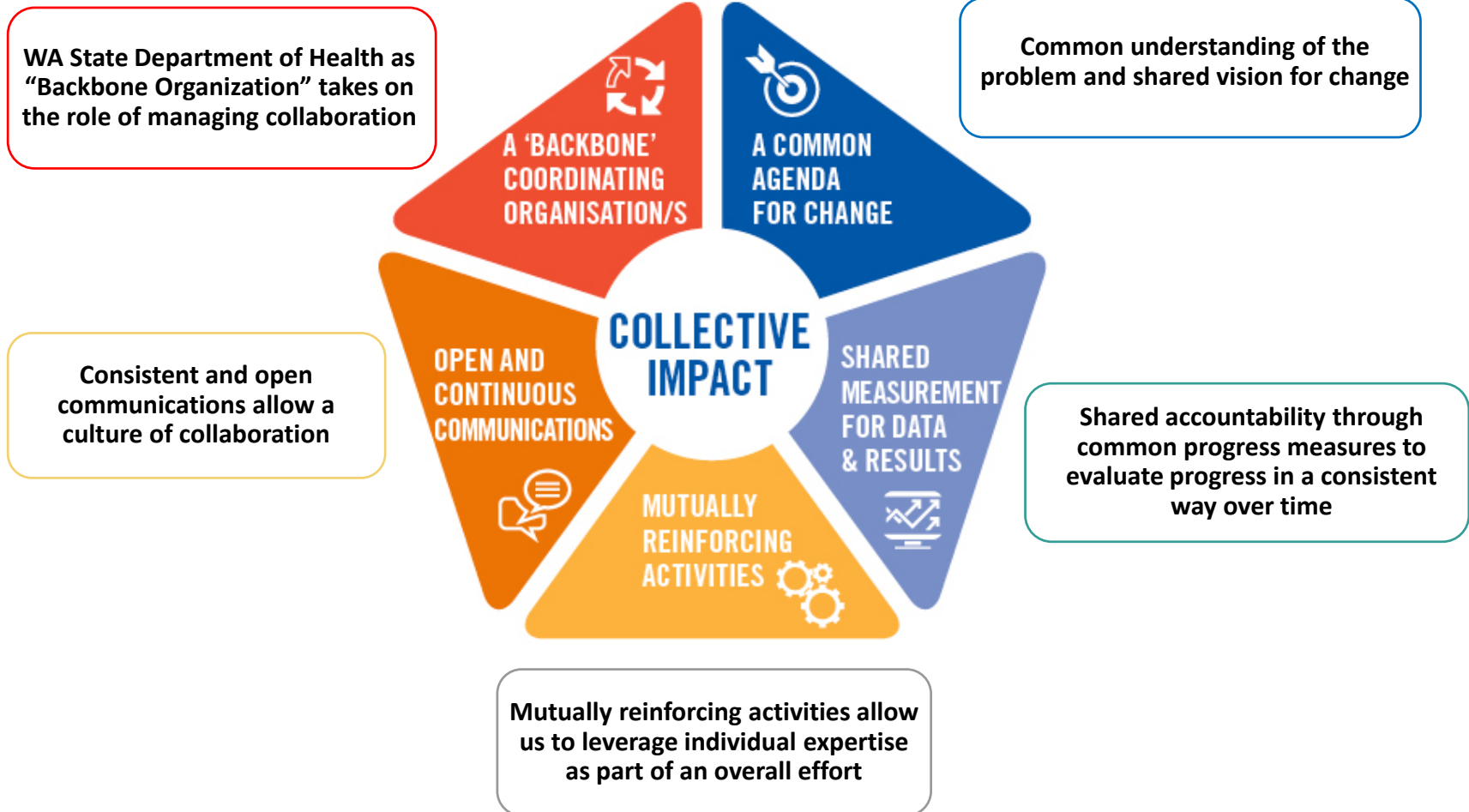
- The strategy will address needed improvements to the public health systems to help ensure that all people living in Washington who have or are at risk for contracting HCV, have access to preventive services, know their status, and connect to care and ultimately the cure.
- The elimination strategy shall include a major public health communications plan financed, to the extent possible, by the funds saved through the purchasing strategy described in the next two slides.

Hep C Free WA Coordinating Committee

DOH brought together representatives from:

- State agencies and offices (DOH, HCA, DOC, OFM, LNI, etc.)
- Tribal health centers
- Local health jurisdictions
- Federally qualified health centers
- Community-based organizations
- Syringe service programs
- Opioid treatment programs
- Veterans Administration
- Academic institutions (UW, WSU)
- Health plans
- Professional organizations

Collective impact involves a group of people getting together to work on a complex issue, under five conditions:



Three Elements for Successful Collective Impact

- Existing public health efforts to prevent and detect hepatitis C.
- Medications that cure hepatitis C in almost everyone affected in as little as 8 weeks.
- Significant morbidity and mortality related to hepatitis C.
- Medications and hospitalizations related to hepatitis C taxing public resources.

Urgency
for change



- Multiple state agencies and public and private partners willing to devote staff time and resources to hepatitis C elimination.
- Seeking financing for this effort through various channels.

Resources



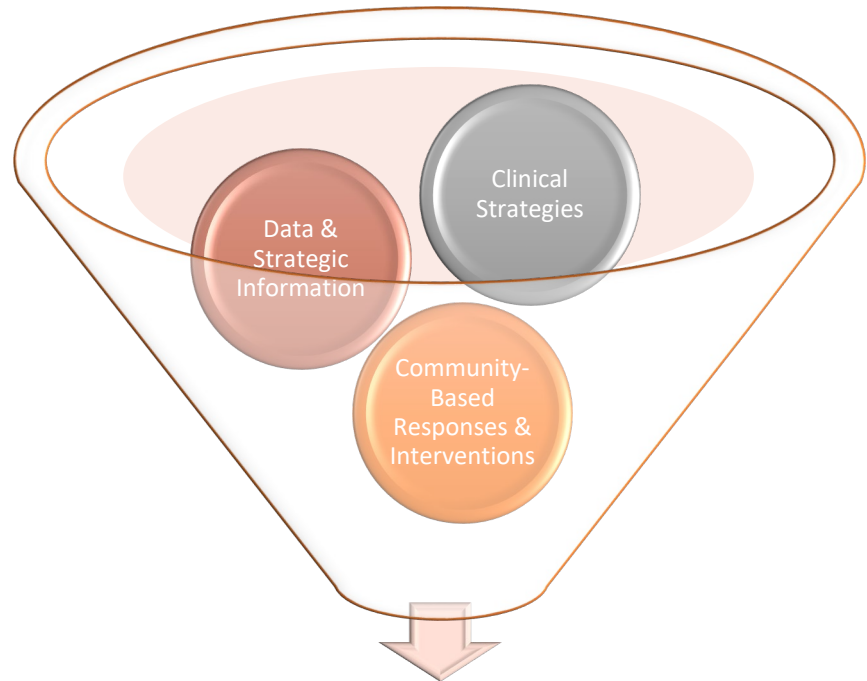
- Governor Inslee!
 - Governor's Health Sub-Cabinet
 - Health & Human Service Agencies' Leadership

Influential
champion



Hep C Free WA

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 WA Coordinating Committee



Who we are:

A collective impact initiative seeking a multisector response to the public health threat of hepatitis C.

Our vision:

A world free from hepatitis C.

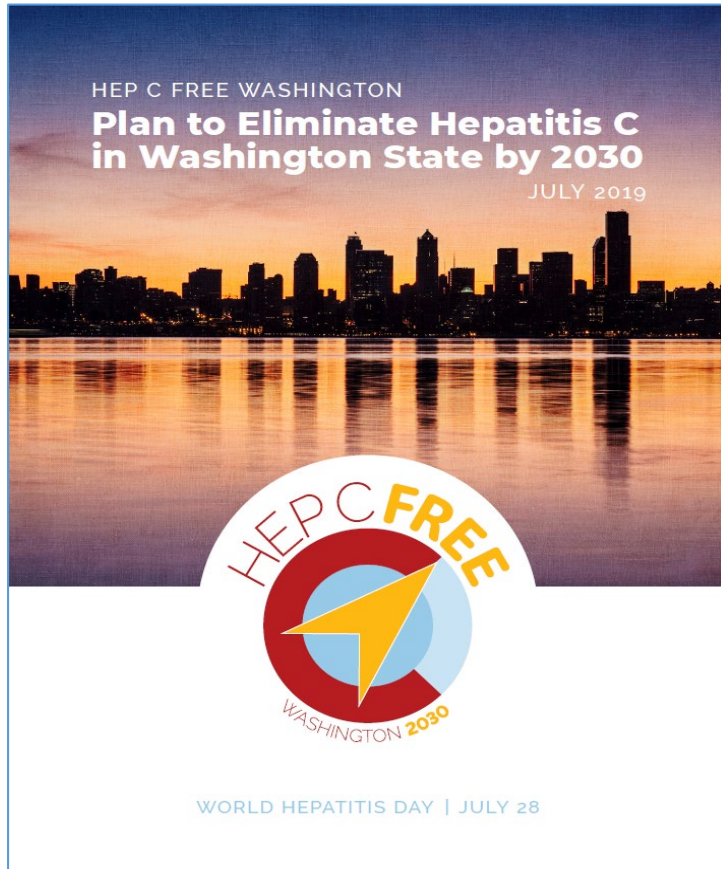
Our mission:

Working together to eliminate hepatitis C in Washington State by the year 2030.

Hep C Free WA Values

- Easy access for all – All people at risk for and living with hepatitis C should have easy access to testing, care, and a cure for hepatitis C.
- Uphold the dignity of each person – Reduce hepatitis C related stigma, recognize the worth of affected communities, and ensure whole-person care to eliminate hepatitis C and promote wellness.
- Clear communication – Strive to educate all Washingtonians about hepatitis C, including how to prevent hepatitis C, where to get tested, and how to get cured.
- Health equity – Work so that all communities impacted by hepatitis C receive what they need, including services that are culturally relevant and in language they understand, to prevent, diagnose, and cure hepatitis C and achieve the highest level of health and wellbeing.
- Innovative solutions – Seek new and creative ideas to address hepatitis C by centering the voices of those disproportionately impacted and pairing community wisdom and strengths with the best available data.

Hep C Free Washington's Plan



- Elimination plan released on July 26, 2019
- Plan comprised of 15 goals and 90 recommendations

Hep C Free WA Goals

Overarching Coordination Goal

1. Ensure implementation of the Hep C Free WA recommendations in order to achieve HCV elimination by 2030.

Data & Strategic Information Goals

2. Identify data sources and strategies to strengthen the characterization of HCV disease burden within Washington State.

2.1 Mandate the reporting of non-positive HCV RNA (viral load) tests to local health jurisdictions, as well as positive ones, to allow tracking of spontaneous HCV clearance and successful HCV curative treatment.

3. Obtain resources and build capacity for continuous data monitoring, evaluation, quality improvement, and reporting.
4. Identify and track data metrics using currently available data.
5. Determine metrics using data not yet available or accessible.

Hep C Free WA Goals *(continued)*

Community-Based Responses & Interventions Recommendations Goals

6. Improve access to and utilization of preventive and health care services in non-clinical settings through expansion and co-location of services.
7. Improve access to and utilization of clinical care and supportive services by sufficiently scaling coverage and widening the scope of community-based navigation and case management programs.
8. Increase HCV awareness, resources, and education, and reduce stigma.

Hep C Free WA Goals *(continued)*

Clinical Strategies Goals

9. Improve access to and utilization of clinical care for marginalized populations at risk for or living with HCV through innovative service delivery models.
10. Build the capacity of the health care workforce to diagnose and treat HCV.
11. Improve diagnosis of HCV in primary care settings.

11.4 Ensure all HCV antibody testing ordered in health care settings includes a reflex to RNA testing to ascertain current versus past infection and any reactive point-of care test includes an immediate blood draw for performing the RNA test.

Hep C Free WA Goals *(continued)*

More Clinical Strategies Goals

12. Improve HCV disease intervention services.

13. Improve access to HCV treatment and comprehensive health care.

13.1 Simplify the HCV direct-acting antiviral prior authorization process in Medicaid (Apple Health)

14. Improve the ability of people taking HCV direct-acting antivirals to complete treatment.

14.1 Modify state pharmacy regulations to allow opioid treatment programs to store and administer HCV medications so that they can provide directly observed therapy (DOT) in conjunction with medications to treat opioid use disorder.

15. Improve follow-up clinical care for individuals who have completed HCV treatment.

What makes HCV elimination possible in Washington State?

- Mature DOH program infrastructure based in HIV work (End AIDS WA)
- Drug user health infrastructure, including access to syringe service programs and medication treatment for opioid use
- 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 Medicaid HCV policy that makes it possible to treat the majority of Medicaid 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

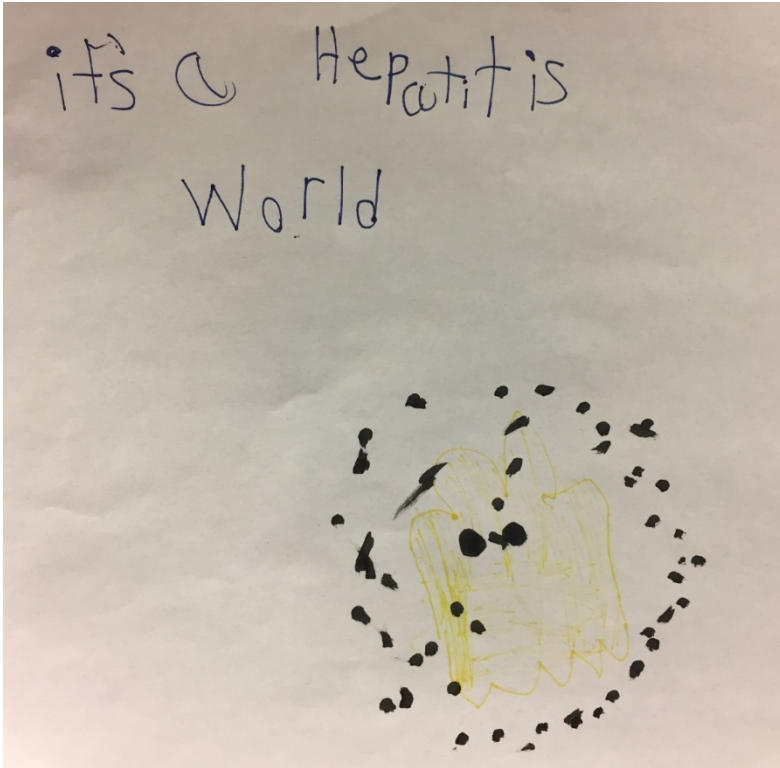
Potential Barriers to HCV Elimination in Washington State

- Increasing homelessness and displacement
- Increasing incidence of HCV among young people who inject drugs
- Racial disparities in HCV 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?



For More Information



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