Hepatitis C Elimination in Washington State by 2030: Road Map for 2023-2024

Table of Contents

Pub No 150-195

Who We Are

Hep C Free Washington (WA) is a collective impact initiative seeking a multisector response to the public health threat of the hepatitis C virus (HCV). Our vision is a world free from HCV. Our mission is to work together to eliminate HCV in Washington state by the year 2030. Our values include:

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

Background and Purpose of this Document

On September 28, 2018, Governor Jay Inslee unveiled a first-in-nation approach to eliminate HCV in Washington state by 2030. The Governor's Directive 18-13 focuses on elimination through combined public health efforts and a new medication purchasing approach. In response to the directive, the Washington State Department of Health (DOH) convened a broad range of partners to develop the Hep C Free WA initiative. The partners developed a set of 15 recommended goals and 90 recommended actions to achieve the mission.

Given the interruptions caused by the COVID-19 pandemic, the Hep C Free WA Coordinating Committee did not meet for over a year and a half. When the committee did come back together, several discussions centered on refocusing our efforts and developing specific priorities based on the original set of recommended goals and actions. This document, highlighting specific recommendations and action steps prioritized by the Hep C Free WA Coordinating Committee, is a result of those conversations.

Hep C Free WA will be using these prioritized recommendations as a road map to guide our efforts and focus our collective energy during 2023 and 2024. The recommendations in this document are not intended as a comprehensive accounting of all possible efforts that could be taken toward HCV elimination in Washington. Partners are engaged in many efforts which may not be reflected in this document and additional work may emerge over the next two years.

Alignment with the Viral Hepatitis National Strategic Plan

The recommendations outlined in this document align with the goals and objectives in the United States Department of Health & Human Services' Viral Hepatitis National Strategic Plan. The Plan goals are:

1. Prevent New Viral Hepatitis Infections
2. Improve Viral Hepatitis-Related Health Outcomes of People with Viral Hepatitis
3. Reduce Viral Hepatitis-Related Disparities and Health Inequities
4. Improve Viral Hepatitis Surveillance and Data Usage

5. Achieve Integrated, Coordinated Efforts That Address the Viral Hepatitis Epidemics among All Partners and Stakeholders

For each Hep C Free WA recommendation outlined below, corresponding objectives from the National Strategic Plan are provided to highlight areas of alignment with national efforts.

Summary of Priority Recommendations for 2023-2024

1. Provide funding to hire case managers and community peer navigators for placement in high-impact, low-barrier settings[1] to link people diagnosed with HCV to treatment and other services.
2. Support strategies for opioid treatment programs to receive reimbursement from Medicaid and other health coverage programs for HCV health education, testing, linkage to care, and treatment services.
3. Improve access to sterile syringes and other harm reduction supplies for individuals living in rural and remote parts of the state and regions with limited access to syringe service programs (SSPs), including a mail-order service.
4. Expand the provision of clinical services, including HCV and other infectious disease screening and diagnostic testing, linkage to care services, HCV treatment, vaccination, wound care, overdose education and naloxone distribution in high-impact settings.
5. Ensure hepatitis A virus (HAV) and hepatitis B virus (HBV) vaccine and vaccination capacity are available in high-impact settings.
6. Develop strategies that focus on re-entry community navigators to assist people through the transition between correctional care to community care for HCV and substance use disorder treatment.
7. Employ a multiagency approach to monitoring progress, and resource DOH to employ staff to analyze all state data and develop an annual HCV data report.

Quarterly, DOH will work with the Hep C Free WA Coordinating Committee and the Washington State Health Care Authority (HCA) to share updates on progress related to the priority recommendations. If you have questions about this report, contact HepCFreeWA@doh.wa.gov.

[1] High-impact, low-barrier settings are settings that serve a high proportion of clientele who inject drugs (e.g., such as syringe service programs, substance use disorder treatment facilities, opioid treatment programs, organizations serving people experiencing homelessness, and prisons and jails) and provide services in a way that is simple to access (e.g., drop-in services, non-traditional service hours, outreach-based services, services offered without requirements for abstinence from drugs).

Hep C Free WA Progress Report (*As of December 31, 2022)*

1. Provide funding to hire case managers and community peer navigators (people with experience living with HCV and being cured, and people with experience using drugs) for placement in high-impact, low-barrier settings to link people diagnosed with HCV to treatment and other services.

Aligns with the following objectives from the National Strategic Plan:

- 1.4 Increase viral hepatitis prevention and treatment services for people who use drugs.
- 1.5 Increase the capacity of public health, health care systems, and the health workforce to prevent and manage viral hepatitis.
- 2.2 Improve the quality of care and increase the number of people with viral hepatitis who receive and continue (hepatitis B) or complete (hepatitis C) treatment, including people who use drugs and people in correctional settings.
- 3.1 Reduce stigma and discrimination faced by people with and at risk for viral hepatitis.
- 3.3 Expand culturally competent and linguistically appropriate viral hepatitis prevention, care, and treatment services.
- 3.4 Address social determinants of health and co-occurring conditions.
- 5.1 Integrate programs to address the syndemic of viral hepatitis, HIV [human immunodeficiency virus], STIs [sexually transmitted infections], and substance use disorders.

Action steps:	Status:	Notes:
Develop recommendations through the Bree Collaborative Hepatitis C Work Group to address care coordination, navigation, and case management services; including the possibility of using a Medicaid Title IX waiver for care coordination.	Complete	The Bree Collaborative recommendations were completed at the end of 2022. For more information, visit here.
Develop plans to implement the Bree Collaborative recommendations.	Not begun	Implementation discussions will begin in early 2023.
Create a toolkit for HCV medical case management and identify other guidance for community navigation and care coordination.	Complete	Hepatitis C Medical Case Management Toolkit, Hepatitis Education Project; and Hepatitis C Community Navigation Model and Toolkit, NASTAD.
Identify funding opportunities to support case management and peer navigation activities.	Ongoing	DOH Office of Infectious Disease (OID) uses braided funding (e.g., federal HIV prevention funds) to support limited case management

		activities and seeks other opportunities to do this. Hep C Free WA partners may also seek private funding opportunities via charitable foundations.
Create protocols, policies, and procedures for HCV peer navigation.	Not begun	The Oregon PRIME+ Program may have examples to draw from.

2. Support strategies for opioid treatment programs (OTPs) to receive reimbursement from Medicaid and other health coverage programs for HCV health education, testing, linkage to care, and treatment services.

Aligns with the following objectives from the National Strategic Plan:

- 1.4 Increase viral hepatitis prevention and treatment services for people who use drugs.
- 2.2 Improve the quality of care and increase the number of people with viral hepatitis who receive and continue (hepatitis B) or complete (hepatitis C) treatment, including people who use drugs and people in correctional settings.
- 5.1 Integrate programs to address the syndemic of viral hepatitis, HIV, STIs, and substance use disorders.

Action steps:	Status:	Notes:
Work with HCA to make reimbursement procedures clearer for OTPs and others. HCA and DOH to develop a presentation for OTP settings for infectious disease screening.	Complete	HCA presented HCV billing webinar to OTPs and OTP medical directors on 9/29/2022.
Work with HCA to increase reimbursement for HCV counseling, testing, and linkage to care. HCA developed and submitted a decision package to increase the payment rate of OTP to match those of Medicare rates and to match Medicare payment methodology.	Complete	Decision package submitted by HCA to increase OTP reimbursement rates unsuccessfully adopted by the legislature in 2020.
Develop recommendations through the Bree Collaborative Hepatitis C Work Group to address HCV services in OTPs.	Complete	The Bree Collaborative recommendations were completed at the end of 2022. For more information, visit here.
Work between HCA and Medicaid Managed Care Organizations (MCOs) to identify what services they are including in OTP bundled payments.	In process	Clarifying services covered through the bundles and what the Medicaid MCOs are to pay for outside of the bundle including testing

		or referral for appropriate screening.
DOH and HCA to develop a survey or environmental scan of OTPs to assess current infectious disease services and assess the capacity to deliver clinical services within OTP settings.	Complete	A survey was developed in collaboration with the University of Washington for OTP clinical managers and site administrators to assess current practices and capacity to deliver infectious disease clinical services.

3. Improve access to sterile syringes and other harm reduction supplies for individuals living in rural and remote parts of the state and regions with limited access to syringe service programs (SSPs), including a mail-order service.

Aligns with the following objectives from the National Strategic Plan:

- 1.4 Increase viral hepatitis prevention and treatment services for people who use drugs.
- 3.2 Reduce disparities in new viral hepatitis infections, knowledge of status, and along the cascade/continuum of care.

Action steps:	Status:	Notes:
Identify funding opportunities to support SSPs and mail-order supply access.	Ongoing	DOH OID uses braided funding (e.g., federal HIV prevention funds) to support SSPs where possible (e.g., using Centers for Disease Control and Prevention (CDC) COVID disparities funding to promote vaccination and care coordination at SSPs) and seeks other opportunities to do this. The Opioid Settlements Funds may offer a funding opportunity for SSPs. Funding permitted, DOH OID will consider resourcing a mail-order program to complement

		the existing naloxone mail-order program.

4. Expand the provision of clinical services, including HCV and other infectious disease screening and diagnostic testing (e.g., HIV testing, HBV testing, STI testing), linkage to care services, HCV treatment, vaccination (e.g., against HAV and HBV), wound care, overdose education and naloxone distribution in high-impact settings.

Aligns with the following objectives from the National Strategic Plan:

- 1.2 Increase viral hepatitis vaccination uptake and vaccine development.
- 1.4 Increase viral hepatitis prevention and treatment services for people who use drugs.
- 1.5 Increase the capacity of public health, health care systems, and the health workforce to prevent and manage viral hepatitis.
- 2.1 Increase the proportion of people who are tested and aware of their viral hepatitis status.
- 2.2 Improve the quality of care and increase the number of people with viral hepatitis who receive and continue (hepatitis B) or complete (hepatitis C) treatment, including people who use drugs and people in correctional settings.
- 3.2 Reduce disparities in new viral hepatitis infections, knowledge of status, and along the cascade/continuum of care.
- 3.3 Expand culturally competent and linguistically appropriate viral hepatitis prevention, care, and treatment services.
- 3.4 Address social determinants of health and co-occurring conditions.
- 5.1 Integrate programs to address the syndemic of viral hepatitis, HIV, STIs, and substance use disorders.

Action steps:	Status:	Notes:
Create a work plan for the hiring of nurse practitioners that individual organizations can use if they find a funding source.	Complete	DOH has a work plan developed for this.
Share the DOH OID's Drug User Health Engagement Hub concept paper for possible inclusion in the Substance Use Recovery Services Advisory Committee's (SURSAC) recommendations to the Legislature.	Complete	Drug User Health Engagement Hubs are low-barrier health engagement "one stop shops" to provide health care and social services for people who use drugs. These individuals are not well served by the current health care system and experience significant health disparities. The SURSAC included a recommendation to the legislature related to funding these hubs in its

		final report (to be published in January 2023). The Opioid Settlements Funds may support some of these hubs.
Assess county jails to determine what infectious disease, including HCV, services are provided.	Not begun	DOH to request environmental scan of county jails from OID Capacity Building program.
Identify funding opportunities to nurse practitioners/physician assistants to provide clinical services in high-impact settings.	Ongoing	The Opioid Settlements Funds may offer a funding opportunity to support some of these services.
Include infectious disease recommendations in legislative/governor's report "Complex Treatment Needs of Individuals with OTP" for standardizing services in OTP settings.	Complete	Report completed and submitted to the legislature in 2021.
Enhance care coordination and outreach efforts.	In process	Track Medicaid MCOs' performance-related care coordination, partnership, and outreach efforts. Four dedicated DOH Disease Intervention Specialists provide outreach and connection to care in targeted areas and will begin reaching those Medicaid members not enrolled in a Medicaid MCO.
Engage and educate providers.	Ongoing	DOH, with HCA, is meeting with providers and local health jurisdictions (LHJ) to discuss community-based elimination challenges and strategies, which started with Mason County in November 2022. HCA, with DOH, conducted three educational webinars, refreshed websites with provider support, and distributed bimonthly provider messaging.

		HCA, with DOH, is planning a half-day provider education webinar or other provider education opportunity (e.g., series of shorter webinars). Ongoing monthly meetings between HCA, DOH, and local providers occur to discuss strategies to scale up screening and treatment in health systems.
Support Medical Assistant – Phlebotomy (MA-P) training for partners delivering HCV services in high-impact community settings	Ongoing	DOH continues to support sending staff from LHJs, SSPs, and community-based organizations with phlebotomy training, in partnership with University of Washington's Prevention Training Center.

5. Ensure HAV and HBV vaccine and vaccination capacity are available in high-impact settings.

Aligns with the following objectives from the National Strategic Plan:

- 1.2 Increase viral hepatitis vaccination uptake and vaccine development.
- 1.5 Increase the capacity of public health, health care systems, and the health workforce to prevent and manage viral hepatitis.
- 3.3 Expand culturally competent and linguistically appropriate viral hepatitis prevention, care, and treatment services.

Action steps:	Status:	Notes:
Understand barriers for SSPs to offer HAV and HBV vaccines or partner with vaccine providers.	Complete	CDC completed a survey of SSPs on this topic and published a peer-reviewed article outlining the findings. Numerous Washington-based SSPs responded to the survey.
Identify funding and other means to address SSPs' barriers to providing vaccination services for their participants.	Not begun	The Drug User Health Engagement Hub concept, previously mentioned under recommendation 4, may provide an

		opportunity to offer vaccination services.

6. Develop strategies that focus on re-entry community navigators to assist people through the transition between correctional care to community care for HCV and substance use disorder treatment (e.g., the navigator could meet with a person a few weeks prior to re-entry to provide connection back into community and to stay connected as they navigate to care services).

Aligns with the following objectives from the National Strategic Plan:

- 1.5 Increase the capacity of public health, health care systems, and the health workforce to prevent and manage viral hepatitis.
- 2.2 Improve the quality of care and increase the number of people with viral hepatitis who receive and continue (hepatitis B) or complete (hepatitis C) treatment, including people who use drugs and people in correctional settings.
- 3.2 Reduce disparities in new viral hepatitis infections, knowledge of status, and along the cascade/continuum of care.

Action steps:	Status:	Notes:
Identify funding opportunities to support peer re-entry navigators for people exiting prison incarceration.	Ongoing	DOH OID will consider if there are opportunities to use braided funding (e.g., federal HIV funds) to support HCV re-entry navigators, similar to existing HIV re-entry navigators. The Opioid Settlements Funds may offer additional local and state funding opportunities for supporting people with re-entry services.
Work with HCA's Re-Entry Advisory Workgroup to examine opportunities for providing HCV case management to people exiting incarceration through resources provided by Medicaid MCOs.	In process	For more information on the Re-Entry Advisory Workgroup, visit this link. In fall 2022, representatives from HCA and DOH presented the HCV elimination efforts to the Re-Entry Advisory Workgroup.

7. Employ a multiagency approach to monitoring progress, and resource DOH to employ staff to analyze all state data and develop an annual HCV data report.

Aligns with the following objectives from the National Strategic Plan:

- 4.1 Improve public health surveillance through data collection, case reporting, and investigation at the national, state, tribal, local, and territorial health department levels.
- 4.3 Conduct routine analysis of viral hepatitis data and disseminate findings to inform public health action and the public.

Action steps:	Status:	Notes:
Hire additional HCV epidemiologists at DOH to improve HCV surveillance data quality and analysis.	In process	Nearly complete. The Assessment Unit now has an HCV surveillance coordinator, 3 HCV epidemiologists, 3 HCV health services consultants, and a Drug User Health epidemiologist. The team will be hiring one additional Drug User Health epidemiologist.
Create HCV disease intervention specialist quality assurance reports to share with LHJs.	In process	DOH HCV surveillance and prevention teams will work together to develop these reports utilizing data in the state's surveillance system, Washington Disease Reporting System.
DOH get access to and incorporate additional data into statewide surveillance system to increase completeness of reported case information and identify additional areas for follow-up. Data sources include HIV surveillance, WA death, WA birth, STI surveillance, and HIV Ryan White data.	In process	Data share agreement to get access to death and birth data is complete. Matching between HCV registry and all data sources and import processes needs to be implemented.
DOH support work with HCA to match data from the surveillance registry and Medicaid claims data to augment data being sent to the Medicaid MCOs.	In process	DOH is currently working on providing HCA with results following a match conducted in 2019/2020 and matching new data since then. A routine match cadence will be

		established once the backlog is complete.
DOH support HCA to develop a care cascade using claims data in the Medicaid Claims Database.	In process	DOH provided a link to CDC methodology. HCA has nearly completed this work.
DOH support HCA to develop a care cascade using claims data in the All-Payer Claims Database (APCD).	Not begun	DOH provided a link to CDC methodology. HCA will evaluate the CDC methodology requirements with the available APCD data, and with DOH will determine the efficacy of moving forward.
DOH create a surveillance lab-based, statewide care cascade.	Not begun	Leverage CDC methodology. Note that there will be limitations as this care cascade is developed until labs begin to consistently report non-positive RNA results. The 2023 notifiable conditions rule update mandates non-positive HCV NAT reporting.
DOH and HCA to develop a comprehensive care cascade.	Not begun	Triangulate the three care cascades to create a comprehensive care cascade.
DOH create and maintain an HCV fact sheet summarizing statewide surveillance data and data limitations.	In process	Fact sheets will be available to share with various partners and will be posted on DOH's public-facing website. Plan is to use this as a foundation for a more extensive report.
DOH complete an HCV surveillance report that can be updated annually.	Planned	The work on the shorter fact sheets will be the starting point for this work.