Welcome to Part 5





Glad you could join us today, friends

- Please use the chat box to introduce yourselves and to ask your questions
- This webinar is being recorded, will be distributed at a later time
- Everyone's mics will be placed on mute for optimal audio

• Your questions guide	
<u>our TA so please ask</u>	
<u>here or email them</u>	
to us	
hepatitis@nastad.org	

Special thank you to Alex, Boatemaa, Edwin, Emily, Jasmine & Tim



340B and Health Equity for Viral Hepatitis Programs

Hepatitis TA Center (HepTAC)

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TODAY'S AGENDA

- 340B drug pricing program review
- Health equity concepts
- Viral hepatitis disparities
- 340B as a health equity tool
- 340B equity action steps
- Future 340B technical assistance



340B BASICS REVIEW POP QUIZ

- How can you determine if a grant is authorized by Section 318 and gives 340B STD designation eligibility?
- 2. How many 340B registration periods are there every year?
- 3. Health departments are in charge and liable for all 340B STD covered entities in their jurisdiction.
- 4. What is <u>not</u> a 340B compliance consideration?



340B REVIEW

- Part 1: 340B Basics for Viral Hepatitis Programs available <u>here</u>
- Part 2: 340B Roles and Registration available <u>here</u>
- Part 3: 340B Contract Pharmacies and Medication Management <u>here</u>
- Part 4: 340B Implementation Among Viral Hepatitis Programs <u>here</u>
- Summary:
 - 340B is a federal program administered by HRSA Office of Pharmacy Affairs (OPA) and authorized by the Public Health Service Act
 - STD Clinics (Section 318 grantees)
 - Viral Hepatitis, HIV Prevention, and STD programs all fall under Section 318
 - Covered entities must have a *financial relationship* with a qualifying section 318 program that is eligible for 340B and must receive either *direct financial support* or receive *in-kind contributions* supported by the qualifying section 318 funding
 - 3-part patient definition must be met

HEALTH EQUITY

• Isabel's health equity overview/summary



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VIRAL HEPATITIS HEALTH DISPARITIES

- Viral hepatitis disproportionately affects Communities of Color
 - Liver disease and cirrhosis remain the 9th leading cause of death in the U.S
 - Highest mortality rate from liver diseases occurs among Indigenous communities
 - Black/African Americans have a disproportionate HCV burden and are twice as likely to be infected with HCV when compared to the general US population
 - Black/African Americans have the highest rate of HBV infection but the lowest HBV vaccination rates
 - Black/African Americans living with HCV are less likely to receive treatment than their white counterparts

(CDC 2018 Viral Hepatitis Surveillance Report, CDC Health, Health United States, 2019)



VIRAL HEPATITIS HEALTH DISPARITIES

- Viral hepatitis infection is high among individuals experiencing incarceration
 - Viral hepatitis prevalence in correctional facilities ranges from 13% to 47%
 - The Bureau of Justice Statistics reports that 35% of state prisoners are white, 38% are Black, and 21% are Hispanic
 - Black/African Americans are incarcerated in state prisons at a rate that is 5.1 times higher than whites

• <u>Disastrous Toll of Criminalizing Drug Use</u>

• Every 25 seconds in the U.S., someone is arrested for possessing drugs



(CDC MMWR Transmission of Hepatitis B in Correctional Facilities, The Sentencing Project, Human Rights Watch)

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340B AS A HEALTH EQUITY TOOL

- The 340B Drug Pricing Program can play a crucial role in reducing health disparities and addressing health equity
- Institutional Racism
 - Education
 - Banking
 - Housing
 - Criminal Justice
 - Public Health
- Opportunity for self reflection



340B HOSPITALS PURSUING HEALTH EQUITY

- 340B Health
- Highlights nine 340B hospitals and health systems
- Common elements:
 - Institutional work
 - Data collection and performance measurement
 - Social determinants of health
- Ideas and inspiration



340B Hospitals in Pursuit of Health Equity BEST PRACTICES FROM THE FIELD

340B hospitals are on the front lines of building a more equitable health care system. They serve populations that are more diverse and provide the safety net for people living with low incomes. The 340B program savings ensure access to care in underserved areas and support many safety-net programs.

February 2021



Atrium Health, Charlotte Brigham and Women's Hospital, Boston Rush University System for Health, Chicago Henry Ford Health System, Detroit St. Louis Children's Hospital, St. Louis Sutter Health Systems, Sacramento Trinity Health, Michigan Umass Memorial Health Care, Worcester Virginia Mason Memorial, Washington



WHAT YOU CAN DO





WHAT YOU CAN DO

- Disparity awareness data and disparity identification
- Center Communities of Color
- Health equity strategic plans and health equity awareness initiatives
- Increase outreach efforts and health communications



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WHAT YOU CAN DO

- Remove discrimination in viral hepatitis screening
- Remove discrimination in viral hepatitis treatment practices
- Include social determinants of health into viral hepatitis programming

Recommendation for When and in Whom to Initiate Treatment	
RECOMMENDED	RATING
Treatment is recommended for all patients with acute or chronic HCV infection, except those with a short life expectancy that cannot be remediated by HCV therapy, liver transplantation, or another directed therapy. Patients with a short life expectancy owing to liver disease should be managed in consultation with an expert.	I, A

(HCV Guidance: Recommendations for Testing, Managing, and Treating Hepatitis C, AASLD, IDSA, Addressing Viral Hepatitis in People with Substance User Disorders, SAMHSA)

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NASTAD HEALTH EQUITY INITIATIVES





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- Substance Abuse and Mental Health Services Administration, Addressing Viral Hepatitis in People with Substance User Disorders, 2011. <u>https://store.samhsa.gov/sites/default/files/d7/priv/sma11-4656.pdf</u>
- The Sentencing Project, The Color of Justice: Racial and Ethnic Disparity in State Prisons, 2016. <u>https://www.sentencingproject.org/publications/color-of-justice-racial-and-ethnic-disparity-in-state-prisons/</u>

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RESOURCES

- <u>340B Hospitals in Pursuit of Health Equity</u>
- The Color of Justice: Racial and Ethnic Disparity in State Prisons
- Human Rights Watch, Every 25 Seconds
- HRSA 340B Drug Pricing Program
- Apexus: 340B Prime Vendor Program
- <u>340B FAQs</u>

SUMMARY

- The 340B Drug Pricing Program should be used to pursue health equity
- Viral hepatitis programs and section 318 administrators are uniquely positioned to support and encourage health equity activities among covered entities
- Critically and strategically think of uses for 340B savings/revenue and always keep the social determinants of health in mind
- When you know better, you do better

ONWARDS

How do you plan to utilize the knowledge you've gained throughout our viral hepatitis 340B webinar series?





SOMEONE WHO USES DRUGS

QUESTIONS AND DISCUSSION

Email Viral Hepatitis 340B TA Requests to <u>hepatitis@nastad.org</u>

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