ENDING THE HEPATITIS EPIDEMICS: STRENGTHENING HEALTH DEPARTMENT INFRASTRUCTURE TO MAKE ELIMINATION A REALITY

NASTAD Annual Meeting
May 21, 2019
Objectives

To provide:

1. A description of the Governor’s Directive related to HCV elimination and the work to develop a plan to eliminate the public health threat of HCV by 2030.
Hepatitis C Virus (HCV)

- HCV is the most common bloodborne infection in the United States.
- In the US, it kills more people every year than all other 59 reportable infectious diseases combined.
- Rising death and morbidity in the aging Baby Boomer cohort (born 1945 through 1965).
- Leading cause of liver cancer and leading indication for liver transplant in the US.
- Hospitalization costs related to HCV in WA were $114 million from 2010 through 2014.
- While there is no vaccine to prevent HCV, new medications can successfully cure the infection in >90% of patients in 8-12 weeks with few side effects.
Hepatitis C Surveillance in Washington State

• In 2017:
  • 8,839 new reports of chronic infection
  • 543 deaths attributed to chronic HCV
  • 73 new reports of acute infection

• There are an estimated 65,000 Washingtonians currently living with chronic HCV.

<table>
<thead>
<tr>
<th>Year</th>
<th>Acute</th>
<th>Chronic</th>
<th>Total</th>
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<tbody>
<tr>
<td>2012</td>
<td>54</td>
<td>4,865</td>
<td>4,919</td>
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<tr>
<td>2013</td>
<td>63</td>
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<td>2014</td>
<td>83</td>
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<td>7,085</td>
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<td>2016</td>
<td>95</td>
<td>8,118</td>
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<tr>
<td>2017</td>
<td>73</td>
<td>8,839</td>
<td>8,912</td>
</tr>
</tbody>
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Source: WA DOH Hepatitis Surveillance Records
What makes HCV elimination possible in Washington State?

- HIV program infrastructure (End AIDS WA)
- Drug user health infrastructure, including access to syringe service programs and medication assisted treatment for opioid use
- Small but mighty group of 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
History of 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
Governor Inslee Issued Directive on September 28, 2018 to Eliminate Hepatitis C in Washington by 2030
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.

- 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.
Defining HCV elimination*

A state where HCV is no longer a public health threat and where those few who become infected with HCV learn their status quickly and access curative treatment without delay, preventing the forward spread of the virus.

*Elimination is distinct from eradication. Eradication is reduction of the worldwide incidence of a disease to zero as a result of deliberate efforts, obviating the necessity for further control measures. True eradication usually entails eliminating the microorganism itself or removing it completely from nature.
How to reach HCV elimination

The World Health Organization has set goal of HCV elimination by 2030:

- Increase syringe supply coverage from 20 sets per year per PWID at baseline (2015) to 300 sets per year per person who injects drugs
- 90% of those with HCV diagnosed
- 80% of those eligible treated for HCV by 2030
- 90% reduction in HCV incidence
- 65% reduction in HCV mortality

As the Hep C Free WA develops the state elimination plan, we will need to define process and outcome objectives for reaching HCV elimination.
Innovative Drug Procurement Strategy

- Innovative drug procurement strategy being 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 get the best prices possible from manufacturers.

- HCA issued a RFP to hepatitis C drug manufacturers. The hope is to expand patient access while containing drug costs.
Health Care Authority’s approach

• For Medicaid, Washington seeks a modified subscription model to get a lower guaranteed net unit price to be paid up to the annual maximum for all HCV treatment; then $0.01 per unit thereafter

• For Non-Medicaid programs, Washington challenged manufacturers to submit their lowest price.

• In addition to the pricing approach, HCA asked bidders to describe *bona fide* services they would provide to help the state achieve elimination (e.g., in-kind services to support HCV testing, linkage to care, provider education, public education, and health information exchange)

• AbbVie has been announced as the apparently successful bidder and HCA will be entering into contract negotiations to enter a four-year contract starting in July.
WA DOH Hepatitis C Strategic Plan, 2014

Three primary areas around which recommended actions are grouped:

1. **Identify people with HCV, link them to care, and get them to a cure.**
   - Build a health care workforce prepared to diagnose, care for, treat and cure persons with HCV.
   - Educate communities about risk factors for HCV, how to reduce risk, and availability of prevention, testing, and treatment services.
   - Improve testing, care, and treatment and raise the bars along the care continuum.

2. **Prevent new infections.**
   - Ensure persons who inject drugs have access to screening, prevention, care, and treatment services.
   - Mobilize a coordinated response to drug user health.
   - Expand access to and delivery of hepatitis education and prevention services in correctional settings and beyond.

3. **Strengthen data systems and increase data use.**
   - Monitor HCV-associated transmission, disease, mortality, and health disparities.
   - Monitor provision and impact of HCV prevention, treatment and care, highlighting population-specific differences in access to services.
   - Develop and implement new regulations, technologies and lab procedures to improve surveillance.
Some recommended actions are achievable with existing resources in the public health system; some may be achieved by leveraging resources and technology in other systems, primarily the health care delivery system; and some recommended actions will require additional investments, primarily in the area of scaling-up promising practices.

The sooner we act:
• The more people with long-standing infection we will save from life-threatening disease and death;
• The sooner we see returns on our investments in public health;
• The more new infections we will avert so another generation is not impacted by disease; and
• The sooner we can eliminate hepatitis C in Washington.
Early adopters of rapid hepatitis C antibody screening technology

- 2012, direct funding using General Fund State monies
- Development of WA State Hepatitis C Rapid Screening Program
- Community based organizations, local governmental health, and health care participants

Current Funding:
1. Rapid screening tests,
2. Health education,
3. UW Project ECHO,
4. Local county jail projects, and
5. CHC / FQHC screening interventions
WASHINGTON STATE SYRINGE SERVICE PROGRAMS
HCV Screening Sites

Sites currently providing HCV rapid screening
Sites that are building capacity

DOH Contracted SSP
SSP supported in-kind
Tribal SSP
Collective impact involves a group of people getting together to work on a complex issue, under five conditions:

- **Common understanding of the problem and shared vision for change**
- **A common agenda for change**
- **Mutually reinforcing activities**
- **Open and continuous communications**
- **Consistent and open communications allow a culture of collaboration**

DOH as Backbone Organization takes on the role of managing collaboration

Common Progress Measures to evaluate progress in a consistent way over time and shared accountability

Mutually Reinforcing Activities allow us to leverage individual expertise as part overall effort
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 Coordinating Committee

Includes 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
Three topic-specific work groups will make recommendations to the Coordinating Committee for what should be included in the plan to eliminate HCV by 2030.
Goal to deliver the plan to eliminate HCV in WA by 2030 to the Governor by
Appreciation

Hep C Free WA Coordinating Committee and Work Group members

Staff in the WA DOH Office of Infectious Disease, particularly:

• Assessment Unit staff, especially Tom Jaenicke, Jen Lam
• Hepatitis C & Drug User Health team, Jon Stockton, Willie Rhodes, Shana Paulsen, Sarah Deutsch
For more information

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Hep C Free WA webpage:
https://www.doh.wa.gov/YouandYourFamily/IlnessandDisease/Hepatitis/HepatitisC/EliminatingHepatitisC