Hepatitis-C Treatment and Elimination in Washington State

Moderated by:
Washington State Representative
Cindy Ryu
General Housekeeping Items:

• All participants are muted through the system.

• We will have a Q&A period at the end of the presentation, be sure to use the Chat Box feature in the Zoom Toolbar to ask questions!

• This virtual policy round-table event is being recorded and will be available on the Women In Government website with all other resources.
Moderated by:

Washington State Representative
Cindy Ryu
Vice Chair, WIG Board of Directors
Featured Speakers:
Michael Ninburg and Sue Birch

Executive Director, Hepatitis Education Project

Director, Washington State Health Care Authority
Featured Speaker: Michael Ninburg

Executive Director,
Hepatitis Education Project
WOMEN IN GOVERNMENT: HEPATITIS C ELIMINATION IN WASHINGTON STATE

Michael Ninburg
Executive Director, HEP
October 1, 2020
HEP’S DIRECT SERVICE CLIENT DEMOGRAPHICS

Shift in demographics from 1993-2020

<table>
<thead>
<tr>
<th>Baby Boomers</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Support groups</td>
<td>Education</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Marginalized, Disenfranchised Communities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meeting people where they’re at</td>
</tr>
</tbody>
</table>

Whole-person care for PWUD

- Substance Use
- Mental Health
- Other SDoH
- Physical Health
U.S. Notifiable Infectious Disease Mortality, 2003 - 2013

Figure 1. Annual number of deaths associated with Hepatitis C virus and all other nationally notifiable infectious conditions* listed as multiple causes of death in the United States between 2003 and 2013. *Identified in the absence of Hepatitis C. The list of 60 other nationally notifiable infectious conditions was obtained from the Centers for Disease Control and Prevention Notifiable Diseases Surveillance System.
Rates of Acute HCV by Race/Ethnicity
HCV as Primary Cause of Death by Race/Ethnicity

[Graph showing the rate of HCV-related deaths by race/ethnicity from 2014 to 2018. The graph includes lines for White, Non-Hispanic, Black, Non-Hispanic, Hispanic, Asian/Pacific Islander, Non-Hispanic, and American Indian/Alaskan Native, non-Hispanic.]
HHS.gov - Mapping Hepatitis Elimination in Action
https://www.hhs.gov/hepatitis/get-involved/hepatitis-elimination

Hepatitis Elimination Projects in the United States
Updated March, 2020
Hepatitis Elimination Planning Efforts
Washington

Estimated Number of Individuals Living with Hepatitis C: 54,600¹

<table>
<thead>
<tr>
<th>Grade</th>
<th>Summary</th>
</tr>
</thead>
</table>
| A     | **Liver Damage (Fibrosis) Restrictions**: Fee-For-Service (FFS) and Managed Care Organizations (MCOs) do not have any liver damage restrictions.  
**Sobriety Restrictions**: FFS and MCOs do not have any sobriety restrictions.  
**Prescriber Restrictions**: FFS and MCOs do not impose prescriber restrictions.  
**Recommendations to Improve Patient Access**:  
- Continue to provide access to hepatitis C treatment to all beneficiaries.  
- Maintain coverage parity across the Medicaid program and transparency regarding coverage requirements.  
*Grade Rationale: Washington Medicaid excludes hepatitis C medications from MCO contracts and FFS requirements apply across the Medicaid program. As a result of legal action and patient advocacy, the state has no liver damage or sobriety requirements, and has recently removed prescriber specialty requirements. Due to the prescriber restrictions, a “minus” has been added to the state’s “A” grade.* |

Background

As of May 2019, Washington had 1,711,475 individuals enrolled in Medicaid and Children’s Health Insurance Program.² Washington’s Medicaid program, known as Apple Health, operates a Fee-For-Service (FFS) program and contracts with five Managed Care Organizations (MCOs).³ Most beneficiaries, 92 percent, are enrolled in a MCO plan. 6 percent participate in FFS and 2 percent are in a Primary Care Case Management program.⁴ Apple Health contracts with the following MCOs: Amerigroup, Community Health Plan of Washington, Coordinated Care of Washington, Molina Healthcare of Washington, and UnitedHealthcare Community Plan.⁵ As of January 1, 2015, Washington Medicaid carved out hepatitis C medications from MCO contracts.⁶ FFS coverage requirements apply across the entire program.⁷
SOBRIETY RESTRICTIONS

2014

2020

Alaska
Hawaii
Puerto Rico

No Restrictions
Screening and Counseling
Abstain (1 mo.)
Abstain (3 mos.)
Abstain (6 mos.)
Abstain (12 mos.)
Restrictions Unknown*
PRESCRIBER RESTRICTIONS

2014

Alaska
Hawaii
No Restrictions
By or in Consultation with a Specialist
Specialist Must Prescribe

Puerto Rico

2020

Alaska
Hawaii
No Restrictions
By or in Consultation with a Specialist
Specialist Must Prescribe

Puerto Rico
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 Metabolic Syndrome, 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 2011 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.

Nearly 80% of infections are acquired through a 1.0% increase in Washington between 2015 and 2017 when compared to the prior five years, an increase linked to the opioid crisis. And while the number of HIV infections among women (cases between 1995 and 2003), younger people are also contracting the disease at a younger age, and mortality rates from HCV are declining.

HCV can be cured by a combination of medication and a commitment to treatment. Unfortunately, Washington’s HCV-related hospitalizations costs totaled $346 million between 2010 and 2014.

Governor Inslee’s Call to Action – Sept 2018

Photos from Seattle Times, September 28, “Inslee: Erase Hepatitis C by 2030”
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.
THANK YOU

Michael Ninburg - Executive Director, HEP
mhninburg@hepeducation.org
Featured Speaker: Sue Birch

Director, Washington State Health Care Authority

#ConnectingLegislativeLeaders
Women in Government: Hepatitis C Elimination in Washington State

October 1, 2020

Sue Birch, MBA, BSN, RN
Washington State Efforts

- A bit of background
- Governor Inslee’s Directive
- DOH’s public health strategy: Hep C Free Washington
- HCA’s purchasing strategy
- Winnable battle
- Impact of COVID-19 on elimination efforts
Hepatitis C virus (HCV) is the most common blood borne infection in the United States.

Estimated 59,100 (32,500-71,500) people living with HCV in WA at beginning of 2018 (Source: Center for Disease Analysis Foundation, 2019)

Direct-acting antiviral (DAAs) came to the market with a groundbreaking cost ($84k)

Medications can cure infection in >90% of patients in 8–12 weeks with few side effects
Elimination definition

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

https://www.doh.wa.gov/Portals/1/Documents/Pubs/150nonDOH-HepCFreeWA-PlanJuly2019.pdf
Governor Inslee’s Directive

- HCA and DOH to jointly develop strategies to eliminate HCV from Washington State by 2030

- Health Care Authority
  - Develop innovative procurement strategy to reduce costs of drugs for all state covered lives and finance public health efforts

- Department of Health
  - With multisector stakeholder group, develop comprehensive strategy to eliminate public health threat of HCV in Washington
DOH’s public health strategy

- Hep C Free Washington: Plan to Eliminate HCV developed using the principles of Collective Impact
  - Broad tribal and stakeholder participation
- Work streams:
  - Data and Strategic Information
  - Clinical Strategies
  - Community-Based Responses and Intervention
- Encouraging the public to get screened and helping patients get connected to care
  - Note: people who inject drugs have unique support needs
  - Event scheduling and Elimination Awareness Bus
  - Nursing and social work support through MCOs, AbbVie and others
  - Syringe services programs, opioid treatment programs and medication assisted therapy providers
  - Provider education and support
  - Social and mass media efforts
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 contracts effective 7-1-19
  - Medicaid – lower price and patient outreach services
  - Non-Medicaid – same net costs for all non-Medicaid programs
HCA’s purchasing strategy cont’d

Medicaid represents a modified subscription model:
- Guaranteed net unit price per pill
- 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 injured workers covered by L&I
- Upfront discount and distribution for Dept. of Corrections and State Hospitals
- Option to pursue 340B pricing for Dept. of Corrections
“Hepatitis C is a deadly, common, and often invisible result of America’s opioid crisis. By testing people who inject drugs for hepatitis C infection, treating those who test positive, and preventing new transmissions, we can mitigate some of the effects of the nation’s devastating opioid crisis and save lives.”

--Jonathan Mermin, MD, MPH
Director of CDC’s National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

What makes HCV elimination possible in Washington State?

- Good access to syringe service programs
- Increasing access to medications for opioid use disorder
- Committed medical providers willing to treat & cure HCV
- Academic institutions with clinicians and educators studying HCV interventions and building provider capacity
- Medicaid expansion and new Medicaid policies that make it possible to treat most 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
Medicaid pharmacy policy

- Any licensed prescriber allowed to screen and treat.
- Prior Authorization not required for Mavyret.
- No sobriety requirement.
- Evidence of fibrosis not required.
- Wait time to validate chronic condition not required.
Impact of COVID-19 on elimination efforts

- Prior to pandemic, HCA and AbbVie deployed an HCV elimination awareness bus to areas of Washington State with high-risk HCV population
  - Antibody testing
  - Counseling
  - Linkage to care
- Elimination awareness bus activities were postponed in response to COVID-19
- Efforts by HCA, DOH and local health jurisdictions were directed to COVID-19 response
- Syringe service programs and other community organizations had to temporarily stop providing screening and services
- Dip in utilization of Mavyret beginning in March for several months
Questions?
Let’s be social!
#ConnectingLegislativeLeaders

@WomenInGovernment
@WomenInGovernmentFoundation
@WomenInGovt
Women In Government
Women In Government
The Women In Government team thanks you for participating today!

Lucy Gettman  
Executive Director

Maura LaGue  
Managing Director

Laura Blake  
Development & Outreach Manager

Lindsey Eggware  
Communications Coordinator

Contact WIG for more information:  
Phone: 202-434-4850  
Website: www.womeningovernment.org