



Eliminating Hepatitis C

House Health Care & Wellness
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About the Hepatitis C Virus (HCV)

- More than 65,000 Washingtonians now live with HCV
- Washington has experienced steady increases in reported HCV cases in recent years, with nearly 40,000 cases from 2012 through 2017.
- In addition to the human cost of HCV, HCV-related hospitalization charges totaled an estimated \$114 million in Washington between 2010 and 2014.

HEPATITIS C
A SILENT EPIDEMIC

The hepatitis C virus is a leading cause of **liver disease**, **liver cancer**, and **liver transplants**, placing a huge burden on patients, their families, caregivers, and the healthcare system.

The **Growing Problem** of Hepatitis C in the U.S.

- >150% increase** in new cases in recent years
- 3.5 MILLION** people are living with hepatitis C
- 59 years** is the average age people are dying

More persons die from hepatitis C than all of the 60 other reported infectious disease combined. According to available data, at least 20,000 deaths occur each year - which is believed to be an underestimate of the actual number.

Hepatitis C Virus is Very Infectious

- Hepatitis C virus spreads when blood from an infected person enters the body of someone who is not infected.
- Hepatitis C is **10 times more infectious** than HIV.

Testing is Key

- At least 50% of persons living with hepatitis C do not know they are infected.
- A **blood test** is the only way to know if a person has been infected.

Testing for the hepatitis C virus is recommended for certain individuals, including those who:

- Were born from 1945 - 1965.
- Have ever **injected drugs**, even if just once.
- Are **children born to hepatitis C infected mothers**.
- Are **infected with HIV**.

Testing, Care, and Treatment Saves Lives

- There is **no vaccine** for the hepatitis C virus.
- Lifesaving care can prevent** serious complications from the hepatitis C virus.
- 320,000 deaths can be prevented** by testing and referring infected persons to care and treatment.
- New treatments can cure hepatitis C** and are cost effective.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

For more information about hepatitis C
Please visit: <http://www.cdc.gov/hepatitis/>

CS280526-A

Gov. Inslee's Plan to Eliminate HCV in Washington

Two-step approach to eliminating HCV:

1. Connect more people to care and the cure.

- Many living with HCV don't know they have it.
- This public health effort will be led by the Washington State Department of Health.
- Dr. Lindquist will discuss this next.

2. Use our state purchasing power to increase access to the cure.

- Washington State Health Care Authority will issue a request for proposals by January 2019 for joint purchasing of HCV medications from one or more drug manufacturers to cut costs and boost access.
- In the future, this purchasing strategy could be extended to include other major health care purchasers in Washington and possibly in other states.
- Dr. Zerzan and Dr. Sullivan will discuss.

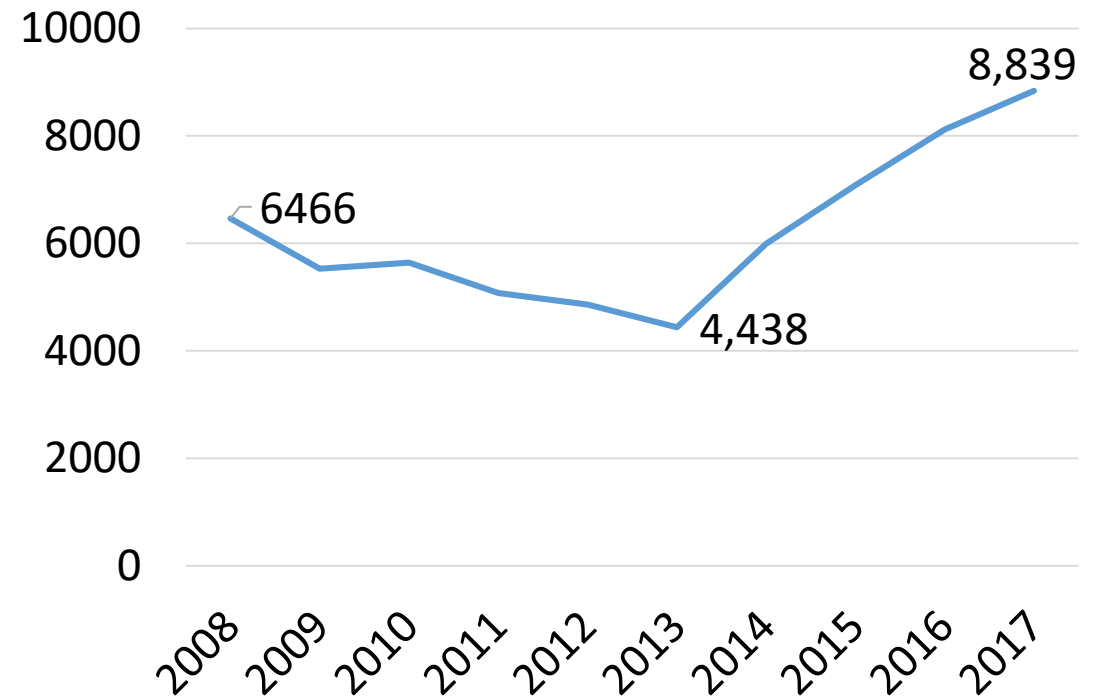
Washington will become the first state in the nation to combat HCV through a two-pronged approach: increase screening and treatment, and make drugs that cure HCV more affordable and accessible.

Dr. Scott Lindquist
Department of Health

Hepatitis C

- Hepatitis C 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.
- Hospitalization costs related to hepatitis C in Washington were \$114 million from 2010 through 2014.

Chronic HCV cases in Washington State,
by year of report (2008 – 2017)



Hepatitis C Surveillance in Washington State

- Hepatitis labs and cases reportable to each of the 35 local health jurisdictions (LHJs) in WA
 - Hepatitis C reporting became mandated in Dec 2000
- Labs and healthcare providers required to report positive test results for HCV (antibody/RNA)
 - Negatives are not currently mandated
 - Majority of reports come from labs; provider reporting rare
- WA DOH operates the state's electronic lab reporting system, so state hepatitis staff have access to ELR data (but not hard copy lab reports)
 - Approximately 10,000 electronic laboratory reports (ELR) each month
 - ELRs account for 30-40% of total lab volume

Limitations of Hepatitis C Surveillance in Washington State

- General lack of resources at both the state and local level
 - Most LHJ staff work on all communicable diseases; dedicated hepatitis staff at just 3 largest LHJs
- Unable to accurately track patients in the registry who have:
 - Moved out of state
 - Died
 - Cleared their infections
 - Been cured
- Other limitations include:
 - ~75% of risk (and race/ethnicity) data among known chronic cases are missing
 - Diagnoses missed due to asymptomatic nature of disease
 - Some Baby Boomers not being appropriately screened
 - Limited in ability to conduct partner/contact investigations

Hepatitis C Surveillance in Washington State

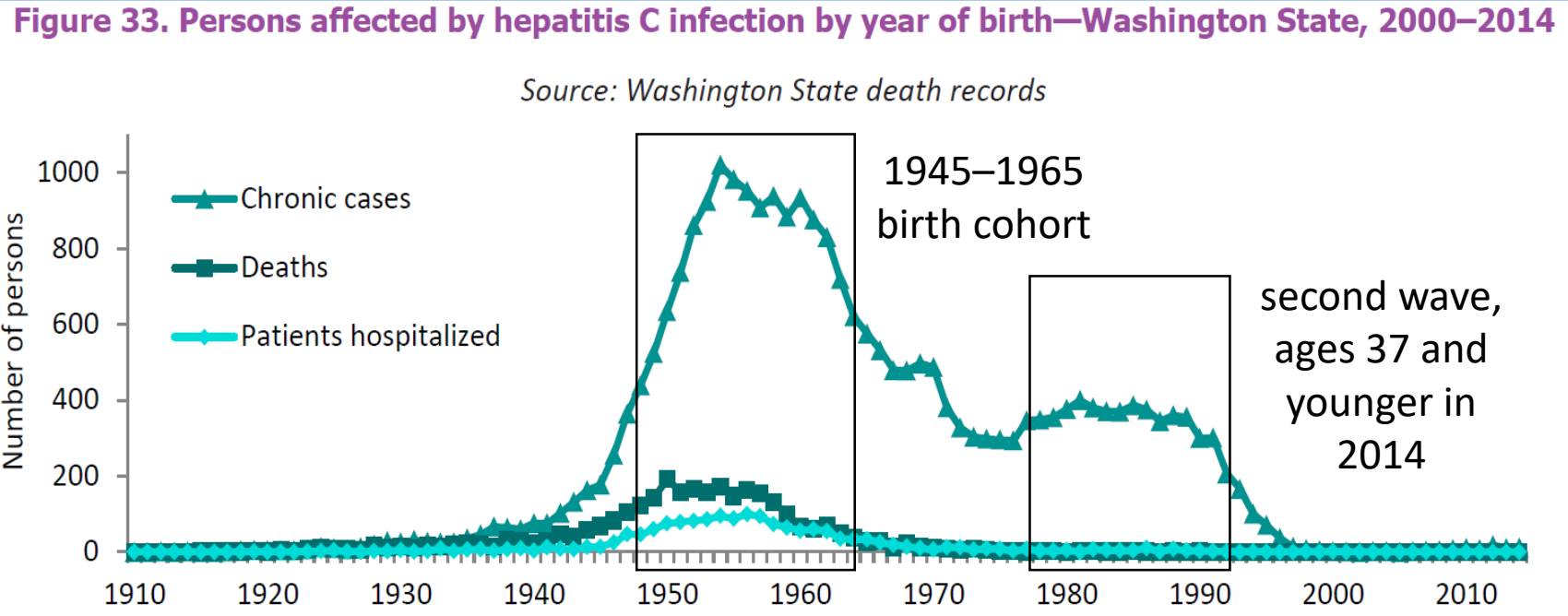
- In 2017:
 - 8,839 new reports of chronic infection
 - 543 deaths attributed to chronic HCV
 - 73 new reports of acute infection
- There are an estimated 65,000 who are currently living with chronic HCV

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

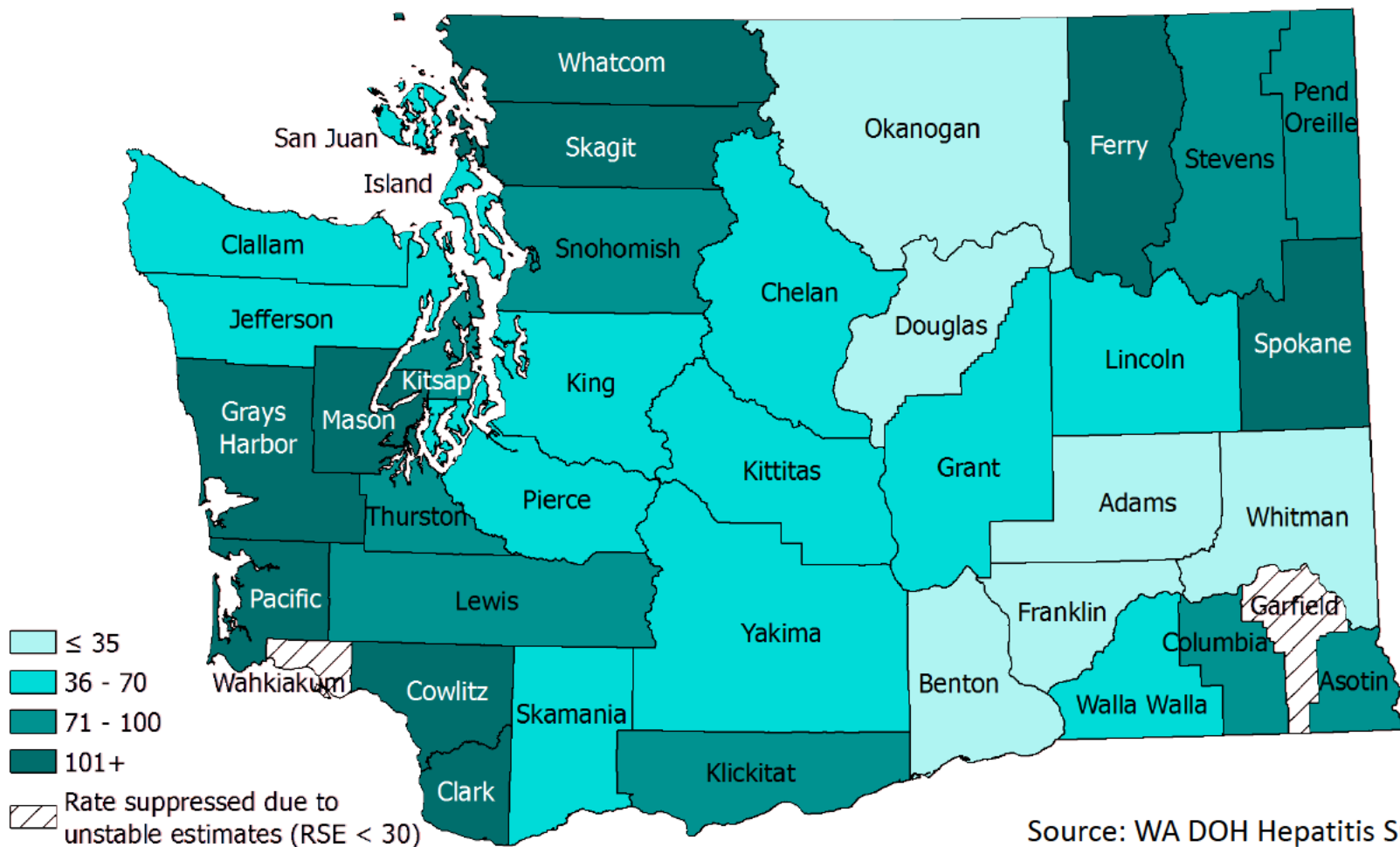
Source: WA DOH Hepatitis Surveillance Records

HCV by Year of Birth

The Tale of 2 Epidemics



Five-year rate of chronic hepatitis C infections per 100,000 persons among non-incarcerated residents—Washington State, 2010-2014



Source: WA DOH Hepatitis Surveillance Records

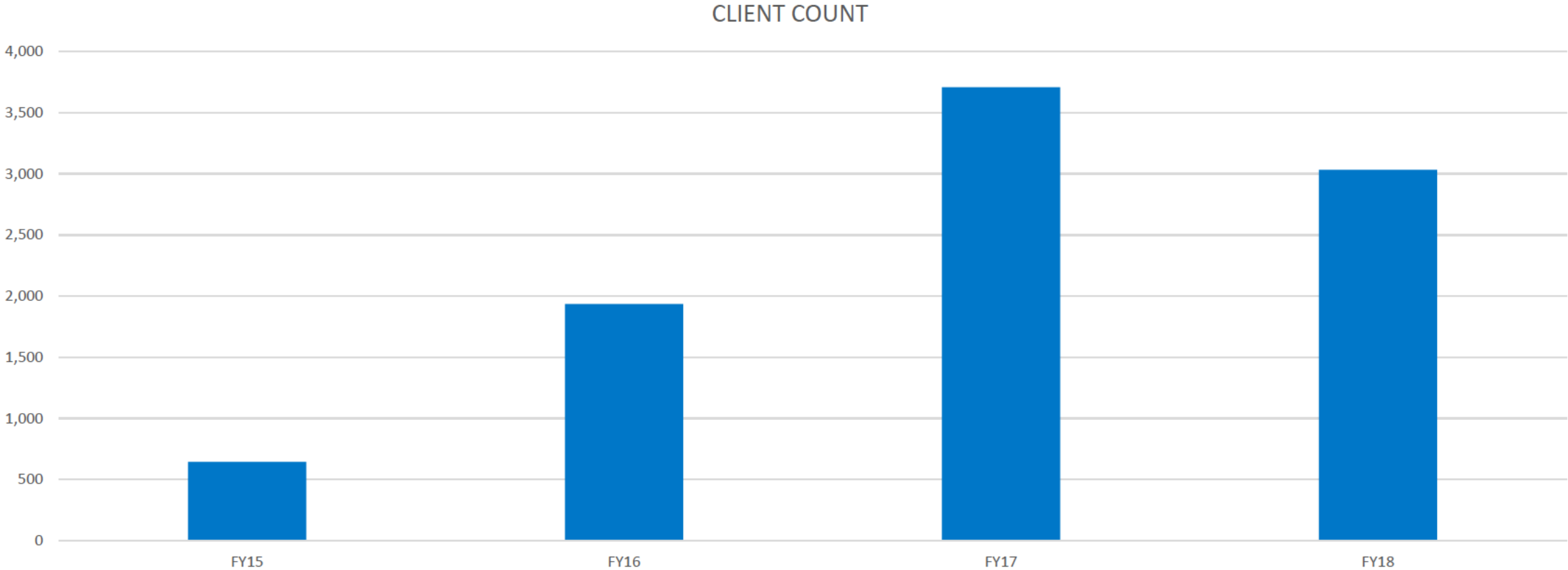
Judy Zerzan and Donna Sullivan
Health Care Authority



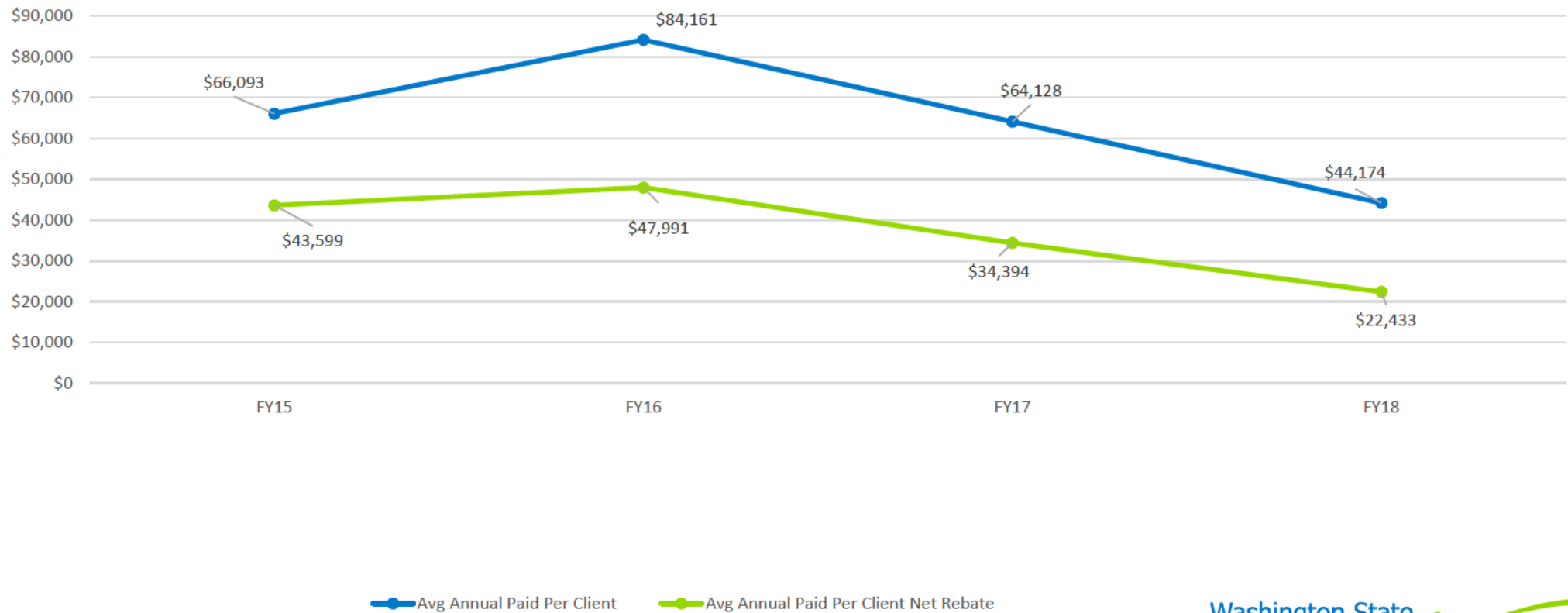
Prevalence of Hepatitis C in Washington

- ▶ Prevalence of chronic hepatitis C infection in Washington State
 - ▶ Approximately 65,000 cases statewide
 - ▶ Estimated 2,200 new cases in 2015
- ▶ Estimated infected populations covered through state purchasing
 - ▶ Approximately 25,000
 - ▶ Prisons = approximately 1,900 inmates
 - ▶ Medicaid = approximately 19,000 Medicaid enrollees
 - ▶ PEBB = 2,800 members
 - ▶ LNI and DSHS = approximately 100 persons

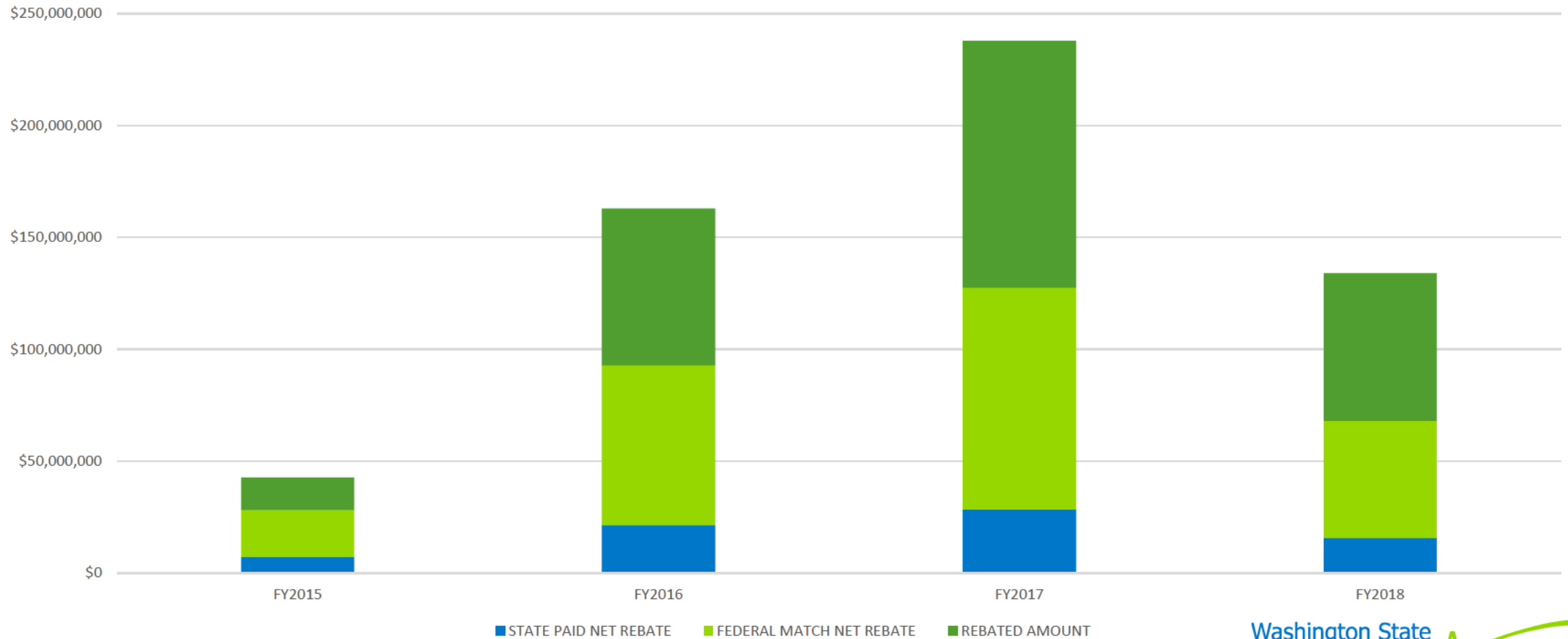
Medicaid Annual Count of HCV Treated Clients



Medicaid Average Annual Paid Per HCV Treated Client



Medicaid Annual HCV Drug Expenditure





Our Goal

The state of Washington wishes to develop and implement a hepatitis C elimination plan focusing on public health outreach and purchasing

Among those covered by state-purchased health insurance, there are an estimated 25,000 residents infected by Hepatitis C

The state seeks to significantly reduce this infected population over four years and eliminate much of the burden of hepatitis C from its covered population



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.

▶ WHO 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 PWID
- ▶ 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

Eliminating Hepatitis C Requires

Comprehensive public-health strategy

- A multi-year public health approach to identify people with hepatitis C through outreach, screening, and linkage to care
- A focus on stopping the spread of hepatitis C infection through programs like syringe service centers

Innovative drug procurement strategy

- Leverage market competition and issue an RFP for drugs and bona fides across multiple state purchasers by January 2019
- Consider opportunities to expand purchasing with commercial payers and other states

Governor's Directive – Request for Proposals

In response to the Governor's directive, in early January 2019 HCA will issue a request for proposals for an alternative payment model that:

- ▶ Focuses on a subscription model—with winner take all result
- ▶ Includes bona fides to support the public health outreach strategy
- ▶ Focuses initially on state purchased health care programs (DOC, DSHS, HCA, LNI)
- ▶ Gives successful bidder 1st right of refusal for expansion to private purchasers and other states

State Partners



*State Medicaid Alternative
Reimbursement and Purchasing Test
for High-cost Drugs (SMART-D)*



Questions?

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