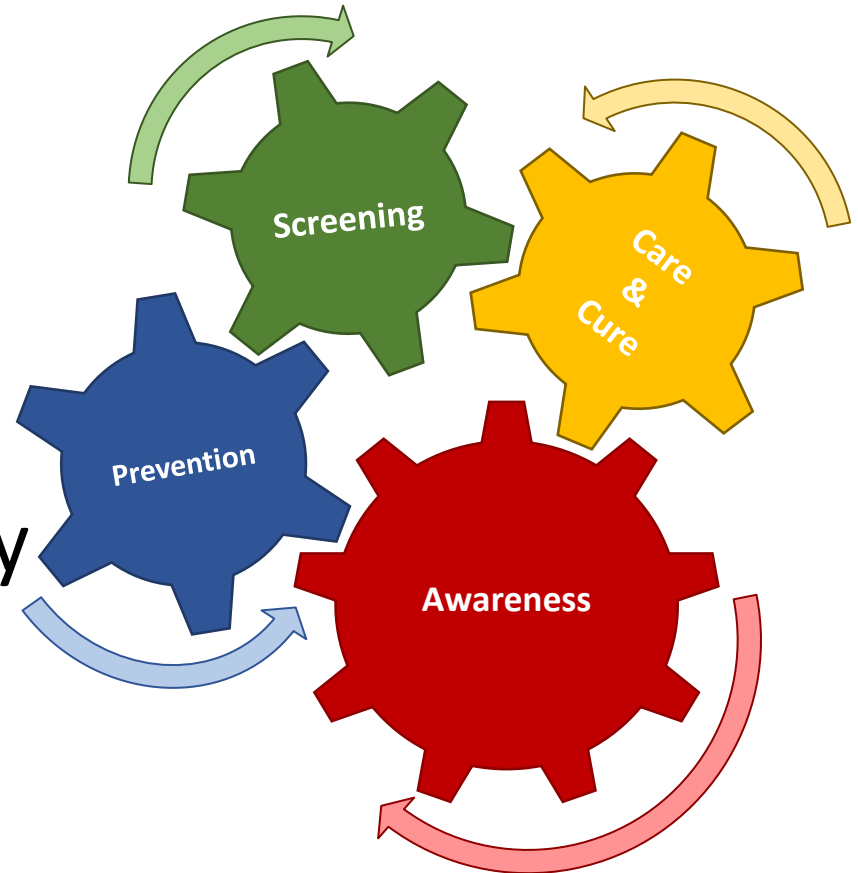


Oregon Viral Hepatitis Action Plan

AIMS...

- ➔ Prevent new infections
- ➔ Improve health outcomes
- ➔ Eliminate community and population disparities
- ➔ Decrease future medical care costs



Our Framework for Action:

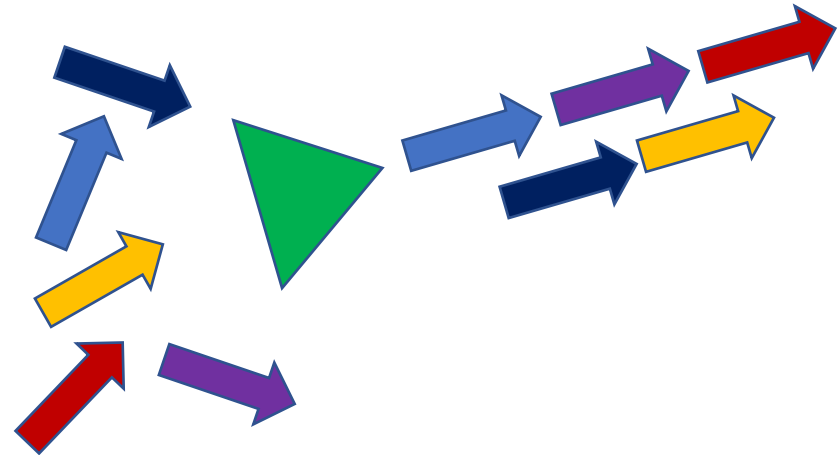
Collective Impact



The Collective Impact process is a cross-sector approach to address a complex problem where participants develop a common agenda, share measures and align efforts.

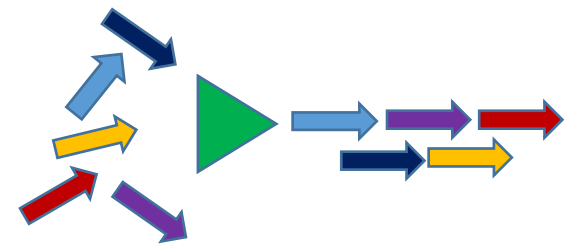
Five Conditions

- Common agenda
- Shared measurements
- Mutually reinforcing activities
- Communication
- Backbone support of collective



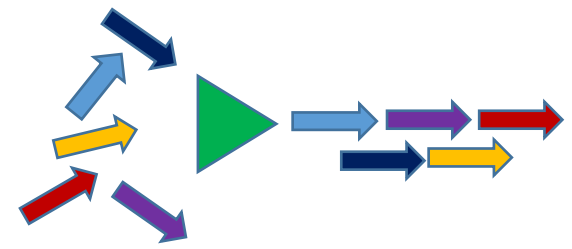
The role of the backbone is to support members to shift from acting alone to acting together.

Collective Impact: *Lessons from the Field*



- 1. Develop the right governance structure for the collective's aims.**
 - Consider carefully structure options
 - Include everyone community members, service providers, government agencies, businesses and philanthropy
- 2. Clearly define 'the community' and understand what is important to them.**
- 3. Co-develop work plans and communicate across committees to align community resources, programs and systems with data metrics**

Collective Impact: *Lessons from the Field*



4. Backbone support:

- ➔ Accountable to stakeholders,
- ➔ Viewed as trustworthy
- ➔ Act based on collective will
- ➔ Work in the best interest of the community

5. Develop, support and sustained core capabilities:

- ➔ Community mobilization
- ➔ Collaboration
- ➔ Design
- ➔ Innovation
- ➔ Measurement and Evaluation
- ➔ Mindset and Culture
- ➔ Resource mobilization
- ➔ Systems Thinking
- ➔ Adaptive leadership

OREGON VIRAL HEPATITIS ACTION PLAN SUMMARY

Broad progress measures

Epi Profile Advisory recommendations identified for cross sector collaborations

GOALS: ➔ Prevent new infections ➔ Improve health outcomes
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GLOBAL MEASURES: ➔ HBV/HCV cases reported ➔ HBV/HCV related liver cancer cases ➔ OHSU HBV/HCV related liver transplants ➔ HBV/ HCV mortality
 ➔ Documentation of HBV/HCV racial, ethnic, and population disparities

COLLECTIVE ACTION : ➔ Common agenda, ➔ Mutually reinforcing Activities, ➔ Shared measures ➔ Communication and ➔ Backbone Support

Common Agenda

Reinforcing Activities

Shared Measures

AREAS

Action Plan Area

Collective Impact Model's five conditions

Broad action identified by workgroup members

Common agenda areas identified by workgroup members

Mutually reinforcing activities identified by workgroup members

Shared measures identified by workgroup members

Key Drivers of Viral Hepatitis



- Stigma directed at persons and populations affected by viral hepatitis
- Decision-makers who are unaware, have not prioritized or do not understand the urgency or need to address viral hepatitis and its related health disparities
- Decision-maker hesitation at the system level to implement evidence-based or promising interventions to address health issues faced by persons who use drugs
- Lack of community-based hepatitis C screening and linkage to care efforts for affected populations
- Insufficient access and reimbursement across ALL settings for viral hepatitis screening, care, treatment and post-cure care
- Insufficient epidemiologic, surveillance and evaluation data to effectively describe, develop and implement focused interventions and monitor outcomes

Oregon Viral Hepatitis Action Plan

Aims*	Primary Drivers	Secondary Drivers & Components
<ul style="list-style-type: none"> ➤ <i>Prevent new infections,</i> ➤ <i>Improve health outcomes,</i> ➤ <i>Decrease community and population health disparities, and</i> ➤ <i>Decrease future medical care costs</i> 	<p>Confront stigma directed at persons and populations affected by viral hepatitis</p>	<p>Implement communication and education campaigns</p> <ul style="list-style-type: none"> ✓ Multiple campaigns, audiences, including communities, providers, decision makers ✓ Develop messages for prevention, vaccination, screening, care, treatment and hepatitis C cure. ✓ Address stigma and its role in creating and reinforcing viral hepatitis health disparities ✓ Educate decision-makers about urgency, benefits, opportunities and policy solutions
<p><i>* The aims originated from the document Viral Hepatitis in Oregon and were developed with input from subject matter experts and community stakeholders as part of the Oregon Viral Hepatitis Action Plan. For more information, contact judith.m.leahy@state.or.us</i></p>	<p>Educate communities and decision-makers about urgency and need to address viral hepatitis prevention, treatment and related health disparities</p>	<p>Initiate cross-sector group to address health equity and health outcomes among persons who use drugs</p> <ul style="list-style-type: none"> ✓ Identify individual, family and community-level protective, risk and resilient factors that affect health outcomes for persons who use drugs ✓ Develop response plan that includes policy gap analyses and proposed evidence based and promising policies and interventions
	<p>Address broader health issues faced by persons who use drugs (to more effectively address viral hepatitis)</p>	<p>Endorse and expand evidence-based and promising interventions for populations with viral hepatitis health disparities, including</p> <ul style="list-style-type: none"> ✓ Sterile injection equipment access and disposal of used equipment ✓ Community access to naloxone ✓ Safer consumption sites ✓ Hepatitis B and C screening in primary care screening according to national guidelines ✓ Urgent care and emergency department hepatitis C screening and linkage to care ✓ Community based hepatitis A/B vaccinations, hepatitis C screening and linkage to care
	<p>Increase community-based hepatitis C screening and linkage efforts in affected populations</p>	<p>Expand coverage and reimbursement of HCV curative treatment across all payers and health systems</p> <ul style="list-style-type: none"> ✓ Increase publicly funded coverage for curative hepatitis C treatment ✓ Require payers to provide coverage that is no more restrictive than publicly funded payers ✓ Broaden reimbursement and coverage criteria to allow hepatitis C treatment in primary care
	<p>Improve access and reimbursement across all settings for screening, care, treatment and cure</p>	<p>Increase stakeholder infrastructures and capacities</p> <ul style="list-style-type: none"> ✓ Increase public health surveillance capacity ✓ Increase public health and primary care workforce capacity to screen and treat ✓ Support and expand community engagement in policy work at local, state and national levels
	<p>Use data to focus prevention and evaluate interventions, and monitor viral hepatitis care continuums</p>	<p>Utilize data and evaluation information to direct and inform actions</p> <ul style="list-style-type: none"> ✓ Monitor morbidity and mortality; identify high risk populations, behavioral/environmental risk and protective factors ✓ Identify policies that affect viral hepatitis prevention, transmission and treatment ✓ Evaluate the impact of publicly funded coverage of curative hepatitis C treatment on rates of hepatitis C treatment, morbidity and mortality

OREGON VIRAL HEPATITIS ACTION PLAN SUMMARY

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Common Agenda

Reinforcing Activities

Shared Measures

AWARENESS

COMMUNICATE

Promote safer injection practices and disposal of used equipment among persons who use drugs

Increase the number of pharmacies that sell non-prescription syringes and the number of safe dispose of used syringes and equipment

Develop cultural competency among healthcare providers particularly to better serve persons who inject drugs

Increase HAV/HBV adult vaccinations in primary care, STI clinics and pharmacy settings

Promote HBV/HCV screening in primary care, STI clinics and non-clinical settings

Address stigma against people with HBV and HCV within families, communities and by healthcare providers

Provide Oregon public health data in brief and easily understandable formats

Share key findings of scientific and evidence based research in brief and easily understandable formats

Coordinated communication campaigns for:

- General public to decrease stigma and promote HCV screening of Baby Boomers and HBV screening and vaccination of at-risk populations
- CBOs working with PWUDs to promote safer injection practices; HBV vaccinations, HCV screening and medical care for prevention and substance use issues
- Health Systems to implement /HAV/HBV vaccinations, HBV and HCV screening protocols for HCPs across system settings
- Health Care Providers: to decrease stigma towards to PWUDs and patients with HCV, increase routine HCV screening of birth cohort and HBV in persons at risk, and increase HAV/HBV vax of at-risk adults
- Pharmacies to increase awareness that it is legal to sell non-prescription syringe and provide safe syringe collection programs
- Large employers to increase awareness, decrease stigma and support access to HAV/HBV vaccination and HBV/HCV screening and treatment

Share Oregon's public health data using data visualization tools and methods

Translate scientific and evidence based research on topics such as viral hepatitis prevention, screening and care interventions into understandable briefs, white papers and fact sheets for multiple audiences, including community, health care providers, health system and public policy decision-makers, elected and appointed officials and the media.

Completed communication plans audiences or settings

- General: Public, Baby Boomers & Community Based Agencies that serve Baby Boomer populations
- Persons who use drugs: PWUDs & Community Based Agencies
- Communities with health disparities: Asian and Pacific Islanders, Black/African Americans & Community Base Agencies who serve these populations
- Health Systems private and public systems such as Medicaid FFS, CCOs, Peace Health, Legacy, Kaiser etc)
- Health Care Providers to address stigma and screening
- Pharmacies to increase non-prescription syringe access through sales
- Company and organization employee wellness plans (e.g. PEBB)

Repeated survey questions to monitor communication campaign implementation such as awareness, one-time HCV testing, screening of pregnant women or attitudes related to HBV/HCV (e.g. BRFS questions)

Materials and data visualization tools developed

Tracking of social media postings, internet views of OHA website, and number of downloads

Summarized survey results about use and utility from persons downloading materials or using tools

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Reinforcing Activities

Shared Measures

PREVENTION

PREVENT INFECTIONS

Equal access to clean and sterile injection equipment, including syringes in every county

Access to harm reduction information, education and injection equipment in every county

Increased availability of Medication Assisted Treatment (MAT)

Preferential access to substance abuse treatment and recovery services, including MAT for people living with chronic HBV and HCV

Prevent viral hepatitis transmission in health care settings

Prevent viral hepatitis transmission in all health care settings

Implementation of best practices in syringe exchange programs across Oregon.

Deliver harm reduction activities , including stigma, abscess prevention and safer injection practices across Oregon.

Encourage pharmacies to provide non-prescription syringe access across Oregon.

Support AMH SA/Recovery Program to expand MAT across Oregon

Policy change to support priority access to AMH SA/Recovery programs, including MAT for people living with chronic HBV or HCV

Provide training in adequate infection control practices in: dialysis settings, long term care, ambulatory care, pain clinics, and surgery centers.

Number, location and practices of syringe exchange programs across Oregon. (survey)

Number, location and practices of pharmacy non-prescription syringe sales across Oregon. (survey)

Number, location, requirements and (if applicable) length of waiting list for MAT programs across Oregon. (survey)

Monitoring outcomes (potentially completed treatment or other measures) in patients with chronic HBV/HCV participating AMH SA/Recovery program (survey)

Number of providers participating in *One and Only Campaign* and number of trainings conducted in OHA's annual Healthcare Acquired Infection (HAI) report

VACCINATION

Vaccinate adults in primary care settings for HAV/HBV according to the USPHTF and ACIP Guidelines

Vaccinate adults for HAV/HBV in non-clinical settings

Vaccinate adults for HAV/HBV in incarcerated settings

Encourage insurance companies and CCOs to cover adult HAV/HBV vaccine at pharmacies

Urge health systems to use clinical decision support tools for HAV/HBV vaccination

Support ODOC to continue to provide HAV/HBV vaccine to incarcerated adults in Oregon

Adult HAV/ HBV vaccinations documented in ALERT with information regarding demographic characteristics and where obtained

Documentation of insurance coverage policies for adult HAV/HBV vaccine by plan (survey)

Aggregate reports from health systems showing proportion of eligible persons vaccinated against HBV

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Reinforcing Activities

Shared Measures

SCREENING & DIAGNOSIS

SCREEN

Screen for HBV and HCV in primary care settings according to the national guidelines (CDC/USPHTF)

Screen PWUD and birth cohort populations who report no prior screening for HCV in emergency and urgent care settings

Screen persons who use drugs for HBV and HCV in non-clinical settings across Oregon

Screen birth-cohort for HCV in non-clinical settings across Oregon

Conduct HCV screening in non-clinical settings, such as syringe exchange, homeless shelters, detox programs, community corrections, SA/Recovery programs, including MAT, senior centers, and faith-based community service programs such as meal programs.

Provide information to health system champions and decision-makers to urge use of clinical decision tools for HCV screening in primary care, emergency department (ED) and urgent care settings.

Conduct an Essence demonstration project to identify EDs with highest burden of patients at risk for HBV and HCV to establish screening sites

Share existing clinical decision tools for HBV and HCV screening with FQHCs and CCOs (e.g. NVHR tools)

Establish HCV birth cohort screening as a public health performance measure that supports the State Health Improvement Plan (SHIP) to decrease HCV mortality.

Collaborate with OHA Transformation Center to encourage CCOs to establish HCV screening as a Performance Improvement Project (PIP)

Develop toolkit to promote evidence-based strategies (e.g. standing orders, clinical decision support tools) to increase screen for HBV/HCV

Encourage use of HCV test types or processes such as core antigen testing or reflex testing to streamline testing process

Number of HCV tests performed and proportion positive in state (will require reporting of all positive and negative HCV tests in Oregon)

Survey of selected primary care providers (e.g. Oregon Primary Care Provider Network members) for use of formal risk assessments that include HCV questions, screening protocols and clinical decision making tools and HCV test types used (survey)

Number of non-clinical sites screening for HCV, screening policies including CLIA waiver (survey)

Non-clinical HCV testing program de-identified data, including demographics, risk and results for CLIA waived tests.

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Common Agenda

Reinforcing Activities

Shared Measures

CARE & CURE

CARE & CURE

- Confirm chronic infection
- Provide care and treatment compliant with accepted treatment guidelines (VA/AASLD/IDSA/WHO)
- Detect liver cancer early
- Eliminate chronic HCV infection in Oregon

Surveillance activities, including electronic lab reporting (ELR) of positive and negative HCV screening tests, provide technical assistance and data analysis support to LHDs and CBO screening activities,

Support funding solutions that would encourage CCOs implementation of HCV treatment protocols compliant with accepted treatment guidelines and protocols (VA, WHO, AASLD/IDSA)

Support medical home model programs to stage, prioritize and refer or treat chronic HCV infection

Develop primary care based HCV treatment network to increase the number of primary care providers available to treat HCV

Implement a medical home model to stage and link persons with chronic HBV or HCV to care and treatment by HCV treating providers or specialists

Monitor medical care compliance with accepted guidelines for Treatment of Chronic HBV and chronic HCV (VA, WHO, AASLD/IDSA)

Provide lifetime liver cancer screening as medically indicated by accepted guidelines (VA, WHO, AASLD/IDSA)

Collection of data measures related to viral hepatitis care cascade

HBV/HCV emergency department, in-patient, hospital discharge and pharmacy (APAC) reports
 Data reported by health systems to Public Health Division [survey]:

- Number of patients who meet screening criteria (birth cohort and risk)
- Number of patients screened
- Number of patients antibody positive (past or present HCV infection)
- Number of patients confirmed
- Number of patients staged
- Number of patients at each stage or score
- Number of patients evaluated for HCV treatment
- Number of patients ineligible or denied tx with reason
- Number of patients starting treatment
- Number of patients completing treatment (reasons for non-completion)
- Number of patients with SVR
- Number of cured patients who developed liver cancer after specified time frames such as 3 years, 5 years or more

Data reported by health systems to Public Health Division [survey]:

- Number of patients who meet screening criteria
- Number of patients screened
- Number of patients with confirmed chronic HBV
- Number of patients referred to specialty care
- Number of patients evaluated for HBV treatment
- Number of patients ineligible or denied tx with reason
- Number of patients on treatment
- Patient treatment status/outcomes

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POLICY

GENERAL POLICY

Build policy capacity of stakeholders to link research, knowledge, experience and evidence together for policy action

Conduct annual policy gap analysis

Bring together stakeholders to learn about policy development processes, past viral hepatitis policy initiatives, potential viral hepatitis policy opportunities and to collectively develop short and long term policy objectives and strategies.

Ensure public health programmatic and surveillance infrastructure is adequate to carry out duties

Number of stakeholder meetings conducted and policy priority list

Policy gap analysis report

Short and long term policy priorities and accompanying strategies and plans

FTE of state and local health departments

Annual summary for stakeholders of policy actions, results and lessons learned across all areas: awareness, prevention, vaccination, screening, care, cure and populations

AWARENESS

Public health data, scientific findings and evidence based interventions are presented in simple, accurate and useful ways to public health and health policy decision-makers

Engage community members and end-users of public health data for policy decisions to determine information needs, and provide content and design feedback on public health data materials

Use data visualization tools to communicate public health data, scientific findings and evidence based interventions

Completed communication plans for policy decision-makers

Developed data visualization tools and materials specific for use with policy decision-makers

Include summary of actions and lessons learned in annual policy summary for stakeholders

PREVENTION & VACCINATION

Decrease HBV and HCV transmission related to injection drug use

Support HBV and HCV screening efforts in primary care

Support adult HAV/HBV vaccination reimbursement in pharmacy settings

Develop short and long term public policy strategies and plans for HBV and HCV prevention.

Obtain funding to support harm reduction and syringe exchange services for every county.

Secure funding to create syringe drop box sites.

Explore policy solutions related to the drug paraphernalia law's syringe exemption but inclusion of other equipment that should not be shared

Explore policy solutions related to HAV/HBV vaccination insurance reimbursement at pharmacies

Policy gap analysis, including short and long term HBV and HCV prevention priorities and strategies

Amount of state, local and other sources of funding support dedicated to harm reduction activities, syringe exchange, and drop boxes in each county (survey)

Status of drug paraphernalia law, including exemption list

Status of insurance plan reimbursement for pharmacy based HAAV/HBV vaccination by plan (survey)

Status of insurance plan screening policies for HBV and HCV (survey)

Include policy actions, results and lessons learned in annual policy summary for stakeholders

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POLICY

SCREENING & DIAGNOSIS

Support HCV screening and diagnosis reimbursement of populations with risk in emergency department and urgent care settings across payers

Ensure implementation of viral hepatitis screening in primary care settings in accordance with national screening guidelines across payers, including payers with restrictive treatment policies

Support implementation of viral hepatitis screening of populations with risk factors in non-clinical settings

Require reporting of all electronic lab reports (positive and negative) for HCV

Develop health policy solutions to support insurance reimbursement for HCV screening in ED and urgent care settings

Propose policy solutions to increase HCV screening of birth cohort in primary care settings across payers

Develop policy solutions to offer rapid HCV, HIV and STI screening as part of jail detainee medical exam.

Determine policy solutions for CLIA waiver to enable community based organizations to support HCV screening activities

Secure state and other funding to support HCV screening of high risk populations in non-clinical settings.

Completed policy gap analysis, including short and long term HBV and HCV screening solutions, priorities and strategies

Status of HCV screening and diagnosis reimbursement coverage by plan (survey)

Electronic Lab Reporting (ELR) of all HCV tests

Include policy actions, results and lessons learned in annual policy summary for stakeholders

CARE & CURE

Uphold patient access to levels of care and treatment compliant with nationally accepted guidelines across payers

Ensure the level of viral hepatitis treatment provided by payers, including CCOs, is *at least equivalent* to Fee For Service Medicaid covered care

Support training of primary care providers to increase the number of providers able to prescribe curative treatment for people with HCV

For patients at risk of liver cancer, support lifetime access to liver cancer screenings

Ensure the Oregon Department of Corrections is able to provide constitutionally required level of care for incarcerated persons with chronic HCV infection

Propose policy solutions to ensure that people living with HCV in Oregon have access to curative treatment delivered in accordance to national guidelines regardless of their insurance payer

Determine policy solutions to increase primary care workforce capacity to treat HCV

Recommend policy solutions to allow primary care providers to be reimbursed by all payers to treat HCV

Develop policy solutions that will support lifetime access to liver cancer screenings for medically indicated persons with past or present HBV/HCV infection

Support Oregon Department of Corrections to provide constitutionally required levels of care for people incarcerated with chronic HCV

Completed policy gap analysis including short and long term care policy solutions, priorities and strategies

HCV treatment inclusion and exclusion criteria and prior authorization requirements by plan (survey)

HCV treatment prior authorization and reimbursement policies for primary care providers by plan (survey)

Oregon Department of Corrections HCV treatment protocol compliant with national guidelines, including the Federal Bureau of Prisons

Liver cancer screening protocols, prior authorization requirements, and co-payments by plan (survey)

Include policy actions, results and lessons learned in annual policy summary for stakeholders