

Hepatitis C Medicaid Affinity Group: Evaluation Summary 2018-2019

Introduction

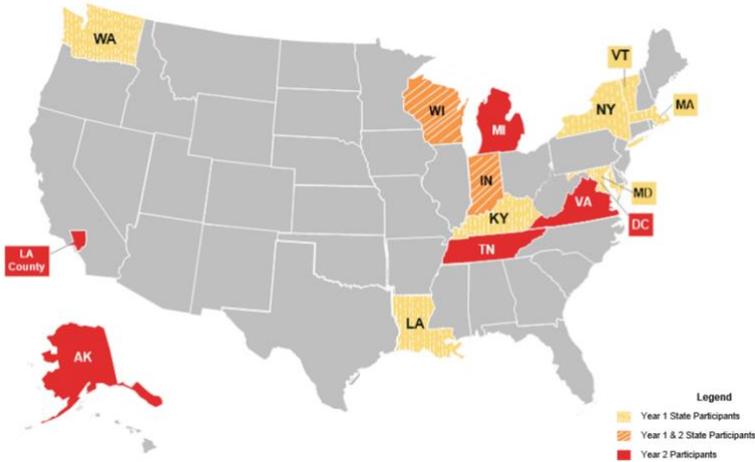
Nearly 2.4 million people in the United States are living with hepatitis C virus (HCV); the number of new cases continues to grow primarily as a result of the opioid epidemic.¹ Medicaid, one of the largest insurers of individuals with HCV, can play a crucial role in tackling the HCV epidemic. However, efforts to expand HCV screening and treatment for Medicaid beneficiaries often rely on successful collaboration between multiple state agencies.

The Hepatitis C Medicaid Affinity Group (Affinity Group) fosters collaboration within and across states to increase the number and percentage of Medicaid beneficiaries diagnosed with and successfully treated for HCV. Nine states participated in the Affinity Group during its first year (Year 1) and eight states participated in its second year (Year 2) with representation from state Medicaid programs, public health agencies, and corrections agencies (Year 2 only). The Affinity Group was launched in December 2017 by the U.S. Department of Health and Human Services (HHS), Office of the Assistant Secretary for Health (OASH) through its Office of Infectious Disease and HIV/AIDS Policy (OIDP). All states were invited to participate.

HHS Partners - Hepatitis C Affinity Group

- Office of the Assistant Secretary for Health (OASH)/Office of Infectious Disease and HIV/AIDS Policy (OIDP)
- Centers Medicare and Medicaid Services (CMS)
- Centers for Disease Control and Prevention (CDC)
- Health Resources and Services Administration (HRSA)
- Substance Abuse and Mental Health Services Administration (SAMHSA)

Affinity Group State Participants



¹ U.S. Department of Health and Human Services. Hepatitis C Basic Information. <https://www.hhs.gov/hepatitis/learn-about-viral-hepatitis/hepatitis-c-basics/index.html>

At the beginning of each year, state participants identified strategies to tackle HCV based on their state's unique needs and operational contexts. Most commonly, the states planned to calculate care cascades and conduct other data analyses to identify screening and treatment patterns and to develop targeted approaches to improve access to treatment. Several states aimed to enhance HCV screenings for at-risk populations and to connect them with care. Other states sought to improve treatment access by lifting restrictions on direct-acting antivirals (DAAs) and training providers on HCV treatment. During Year 2, which had an optional corrections focus, most states pursued corrections-specific strategies to improve payment, treatment, and linkage to care models for incarcerated populations. In both years, all of the states developed Action Plans with concrete activities and timelines to achieve the goals over the year-long participation timeline.

Affinity Group activities to support Action Plan implementation included:

- Annual in-person convenings with presentations from states and subject matter experts;
- Monthly webinars on topics related to HCV screening and treatment;
- Development of a Resource Catalog and HHS website with HCV-related resources;
- Technical assistance from federal partners; and
- Reporting of standardized HCV-related outcomes measures using Medicaid claims data.

Information in this Evaluation Summary is based on state monitoring activities and evaluation surveys conducted at the in-person convening, after each webinar, and at the end of each year.

State Progress on Meeting Goals: Facilitators and Challenges

During Year 1, the states that made the most progress under the group had specific goals, clearly identified steps toward action, and already had foundations for implementation at the onset of the group, such as pre-existing data use agreements (DUAs). While several Year 2 states that made the most progress shared these strengths, others benefited from flexible approaches and evolving strategies that could best meet their changing HCV priorities. Several states benefited from heightened state-level attention to HCV and the prioritization of HCV-related initiatives by top leadership within Medicaid programs and public health agencies. States also benefited from effective collaborative strategies within and across state agencies, such as group participation in monthly calls and standing meetings to discuss progress and next steps.

Successful State Strategies - Examples

- **Louisiana** lifted treatment restrictions, leveraged existing resources through the regional AIDS Education & Training Center (AETC) to make trainings available to providers, and designed a DAA modified subscription payment model.
- **Wisconsin** constructed HCV care cascades for women of childbearing age and infants born to women living with HCV and conducted a geographic analysis of DAA prescribers.
- **Indiana** implemented an ECHO program to prepare more providers to prescribe DAA treatment and connected HCV screening with substance use disorder (SUD) services in the state.

Other states struggled to implement their Action Plan strategies due to competing state priorities, challenges in executing DUAs, and staff turnover. While some states managed to shift strategies and accomplish new goals, others found ambitious, wide-ranging plans less realistic during the year-long timeframe.

State Engagement and Satisfaction with the Affinity Group

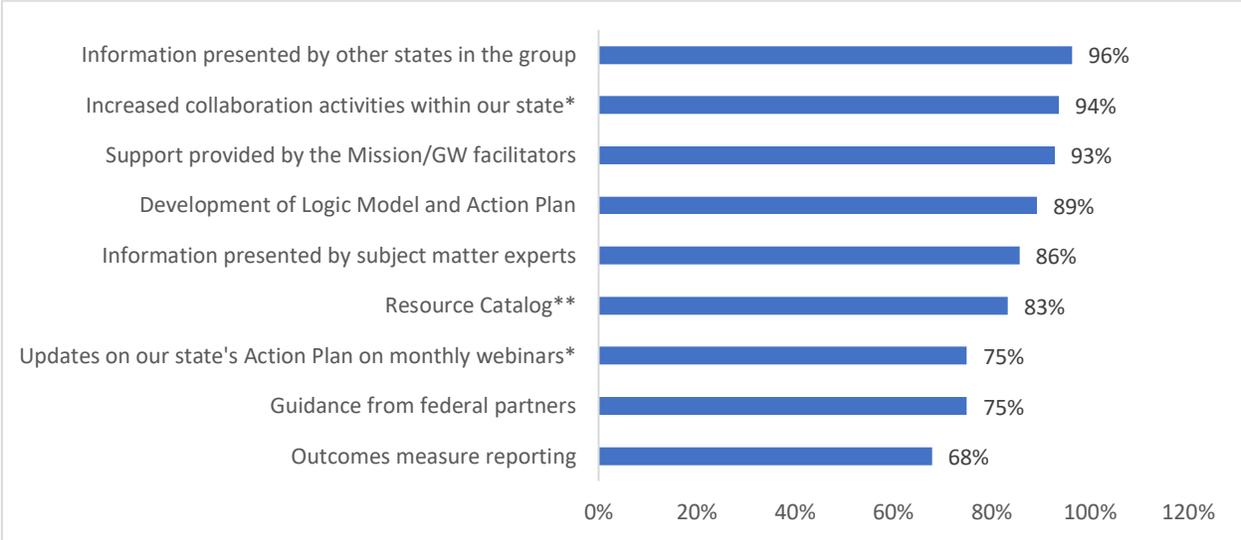
Most of the individuals who completed the final evaluation surveys, which were conducted at the end of Year 1 and the end of Year 2, indicated that the group helped them advance their activities and improve coordination among state agencies (e.g., Medicaid, public health, and/or corrections). Most respondents reported that developing the Action Plan was valuable because it enabled them to concretize their state-specific activities and track progress.

States also indicated that they benefited from the information provided by other state participants and subject matter experts. Most state respondents indicated that the in-person convening and monthly webinar presentations were clear and comprehensive. However, in both years, fewer respondents reported that they would use the information from each session in planning their own activities; this is likely because some of the diverse topics were less relevant to specific staff roles. Additionally, while state attendance and satisfaction for the webinars were high, state engagement in the form of questions and ad hoc comments was somewhat low.

Sample Topics: Webinar and In-Person Convening Presentations

- Provider education and stigma
- DAA medications: prior authorization, payment models, and changes due to lifting restrictions
- Identifying people who inject drugs (PWID) in Medicaid claims data
- HCV elimination plans

Percent Agreeing that Affinity Group Component is “Valuable” or “Very Valuable” (Years 1 and 2)



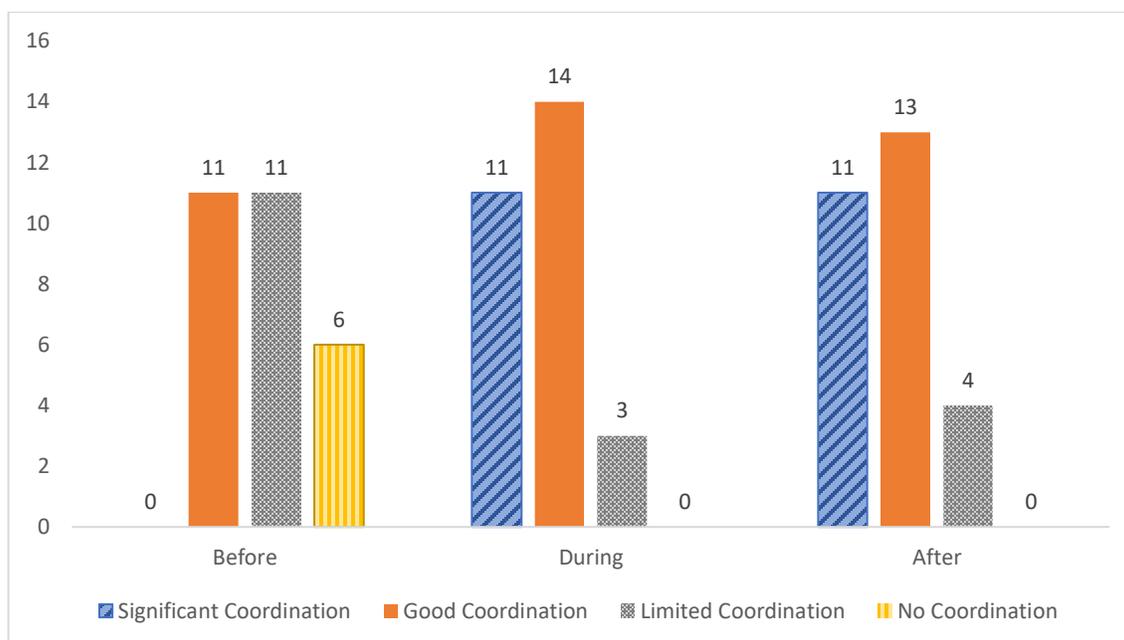
* Year 2 question only (n=16)

** Year 1 question only (n=12)

Collaboration

One of the major goals of the Affinity Group was to improve coordination among state Medicaid, public health, and corrections agencies (Year 2 only). Across both years, respondents reported that they achieved significant coordination among state agencies because of their participation and that they expected this to continue in the future.

Level of Coordination Among State Partners (Years 1 and 2)



In Year 1, "state partners" included Medicaid and public health. In Year 2, it also included corrections agencies.

Calculations of HCV Measures with Medicaid Claims Data

Most states had positive perceptions of reporting specific measures because the metrics helped them produce improved estimates and better understand the impact of the HCV epidemic in their state. The iterative metric-development process that the Affinity Group adopted during Year 1 incorporated state feedback and helped establish final metrics.

The screening and treatment rates reported by states were generally low among both Year 1 and Year 2 states, indicating a need to increase their screening and treatment efforts for HCV. However, states demonstrated progress and interest in improvement during the course of the Affinity Group, especially related to treatment rates. During Year 1, one state had a large increase in screening, and another doubled its treatment rate between the first and second reporting periods of the Affinity Group. During Year 2, one state used its persistently low treatment rates to highlight the importance of new provider training initiatives.

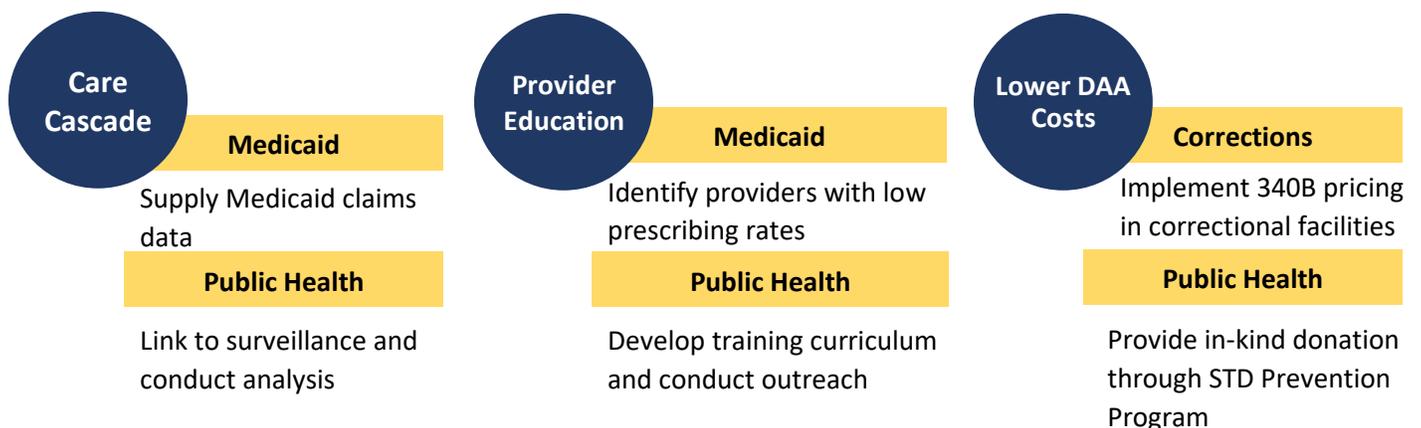
Lessons Learned

Based on the experience of the Hepatitis C Medicaid Affinity Group's first and second years, states and federal partners may consider the following for continued successful implementation:

Considerations for States

- Identify strategies that can be implemented during the year-long effort. States should generally try to identify and focus on realistic goals that can be accomplished within a year from the onset of the group. That said, some Year 2 states had success with more flexible approaches that responded to changing policy needs and environments.
- Identify strategies that have clear roles and responsibilities for participating state agencies and departments to improve collaboration.
- Establish regular opportunities for collaboration among state agencies.
- Leverage the Affinity Group to support leadership buy-in, e.g., by communicating the impact of HCV, highlighting the value of participation in the group, and describing resources needed to implement HCV- related activities.

Collaborative Strategies for Affinity Group Implementation and Agency Roles - Examples



Considerations for Future Affinity Groups

- States may benefit from additional support for staff to coordinate and advance action items.
- There are trade-offs between broad Affinity Groups versus those with a narrow focus. Some states may have been less engaged with the Affinity Group because not all topics were relevant to their strategies. Selecting more specific topics might generate more collaboration. However, fewer states may participate if the scope of the project is more limited.
- States indicated that they may benefit from a small stipend for staff to coordinate efforts and move action items forward.

Mission Analytics Group, Inc. and Positive Outcomes, Inc. (formerly George Washington University) were contracted by ODP to facilitate and evaluate the Affinity Group.