

# Tackling Hepatitis C in Wisconsin: State Strategies Case Study

## Introduction

Wisconsin has participated in the Hepatitis C Medicaid Affinity Group (Affinity Group, described on page 4) since 2018. During the course of its Affinity Group project, Wisconsin established strong collaboration between its public health, Medicaid, and corrections agencies. The state has also built upon its numerous strengths related to combating hepatitis C virus (HCV), including robust data infrastructure and strong institutional support.

Wisconsin Medicaid removed sobriety restrictions for direct-acting antiviral (DAA) medication in 2019 and remains optimistic about future progress on HCV policy. However, the state struggles with the lack of HCV funding and low levels of provider and patient awareness about screening and treatment guidelines. Wisconsin is working to strengthen linkages to care and outreach to certain populations, especially those in correctional systems, pregnant women, and people who inject drugs (PWID).

This case study is based on interviews conducted in 2019 with staff members from the Wisconsin Department of Health Services, including the Division of Public Health (DPH) and the Division of Medicaid. This case study also incorporates findings from presentations by Wisconsin Affinity Group participants.

## State Data Snapshot

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<b>Statewide</b>	
Reported cases of acute HCV (2016) <sup>1</sup>	142
HCV RNA+ individuals <sup>2</sup>	996
Deaths from opioid overdoses (2018) <sup>3</sup>	839
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<b>Medicaid</b>	
Size of Medicaid Population <sup>4</sup>	960,645
Medicaid Expansion State	No
Number of Medicaid enrollees with opioid addiction (2013) <sup>5</sup>	12,200
DAA Access <sup>6</sup>	
Fibrosis Restrictions	Removed in 2017
Prescriber Restrictions	Removed in 2017
Sobriety Restrictions	Removed in 2019
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<b>Corrections</b>	
Size of correctional population (2017) <sup>7</sup>	23,519
Reported number of inmates with HCV (2015) <sup>8</sup>	3,600
Percentage of inmates with HCV receiving treatment (2015) <sup>8</sup>	0.5%

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## Key State Initiatives

Many of Wisconsin's HCV initiatives focus on expanding access to testing and treatment for HCV for selected populations. These projects are described below.

***New screening approaches for pregnant women.*** Through the linkage of Medicaid claims, surveillance, and vital records data, Wisconsin found that pregnant women and babies born to mothers with HCV have low HCV screening rates.

Wisconsin plans to pursue universal testing for pregnant women to address the rising rates of HCV, particularly in areas with the greatest disease burden. The state will also continue its efforts to identify and track pregnant women and infants with HCV and to implement a new perinatal HCV case definition.

***Provider mapping.*** Wisconsin leveraged data visualization to learn more about Medicaid prescriber patterns and identify underserved areas of the state. By analyzing these data sets, Wisconsin identified the location of DAA-prescribing physicians in relation to high-prevalence areas before and after the state lifted certain Medicaid DAA restrictions in 2017. These mapping projects will support future efforts to offer targeted education to increase provider coverage across the state.

***Collaboration with DOC.*** DPH works collaboratively with Wisconsin's Department of Corrections (DOC) to increase HCV testing and treatment for correctional populations. DOC screens inmates with risk factors for HCV upon entry and has committed to treating inmates who test positive for HCV, although budget constraints and understaffing remain constant challenges.

Medicaid and DOC have discussed the possibility of obtaining a grant to fund better information technology infrastructure to facilitate data sharing. They are working together to identify strategies to link individuals, particularly those with opioid use disorder, to regular care.

***Screening and Treating People Who Inject Drugs (PWID).*** DPH works with syringe services programs (SSPs) to expand testing and treatment options for people with HCV. DPH has collaborated with university researchers on a study that aims to understand the intersection of HIV, HCV, and other comorbidities related to the opioid epidemic in rural areas.<sup>9</sup> This study links patient data from SSPs in rural northern regions of Wisconsin to HCV surveillance data and helps facilitate increased testing and treatment for PWID, particularly for those who do not have other access to HCV care. Wisconsin also hopes to find ways to screen PWID and to offer hepatitis A and hepatitis B vaccination in the jail system. However, stigma associated with injection drug use remains a persistent barrier to care for this population.

Other priority populations in Wisconsin include high-prevalence groups, such as American Indians and Baby Boomers, who could benefit from targeted education and outreach campaigns. In the future, Wisconsin plans to expand existing collaborations and partnerships with local public health departments and community groups to increase access to testing, train providers in rapid testing protocols, expand treatment coverage, and support increased access to SSPs.

### What Works?

- Removing DAA restrictions to expand access to care
- Pursuing new screening initiatives despite lag in national guidelines
- Identifying high-need areas

## HCV Policy Facilitators

Many of Wisconsin's strengths stem from strong institutional commitment to address HCV and effective collaborative relationships between public health, Medicaid, and other entities.

**Collaborative working environment and relationships.** DPH and the Division of Medicaid are both part of the Department of Health Services, which has enabled a strong partnership and data-sharing activities. In addition, the HCV program is housed within the HIV program in DPH, which has fostered integration and collaboration on joint initiatives. In addition, Wisconsin considers its ability to provide university researchers and other partners with data and expertise to be a particular asset in its collaborative approach to HCV.

**Commitment to treating HCV in PWID and corrections.** DPH and DOC share a strong commitment to treating incarcerated individuals with HCV. DOC already tests most individuals with specific risk factors for HCV upon entry and works with Medicaid to establish linkages to care for eligible adults. Although Wisconsin did not expand Medicaid under the Affordable Care Act, the state's Medicaid program offers coverage to single adults who meet the state's income eligibility guidelines. This opens up opportunities for linkage to care post-incarceration. Wisconsin also has a longstanding (25 years), community-driven, statewide network of SSPs and a firm commitment to addressing HCV (as well as HIV) in PWID.

**Strong data infrastructure across state agencies.** Wisconsin has strong data infrastructure, including access to surveillance, Medicaid, hospitalization, and vital records data. DPH's data use agreement (DUA) for its HIV program also purposely covers sharing HCV program data, which allowed Wisconsin to quickly obtain HCV-related Medicaid data after joining the Affinity Group. DPH also benefits from a dedicated data analyst who works regularly with Medicaid claims data and who developed technical processes for linking Medicaid and surveillance data. These analyses include the identification of patient treatment history and development of cascades of care for women of childbearing age and infants born to women with a history of HCV diagnosis. Wisconsin is a leader in data analysis among Affinity Group member states and has presented these strategies to the Affinity Group on multiple occasions.

### What Works?

Regular meetings between different agencies, strong networks with SSPs, community organizations, and researchers, and effective data infrastructure all help contribute to effective HCV policymaking.

## HCV Policy Barriers

Wisconsin highlighted the lack of funding for HCV initiatives and persistently high DAA prices as the most significant barriers to progress. Other barriers to improving treatment rates include:

- **Barriers to prescribing DAAs.** While Wisconsin recently succeeded in removing sobriety restrictions on DAAs in Medicaid, low provider knowledge about DAA restriction guidelines and stigma, especially related to PWID, continue to pose barriers to improving treatment rates. Some in Wisconsin believe that increased demand from patients will drive higher prescription rates, but others point to low levels of public education and knowledge about HCV as barriers to DAA uptake. There is no clear protocol in place for notifying providers in plain language about changes to Medicaid DAA eligibility criteria. Wisconsin plans to pursue telemedicine models, including Project ECHO, outreach campaigns, and other initiatives, to boost provider and patient knowledge about HCV.

- **A lack of access to more varied and comprehensive HCV data.** While Wisconsin has strong data infrastructure at state agencies, DPH would benefit from direct access to medical provider electronic health records data that could be used to conduct innovative analysis activities. Greater data access would help mitigate the challenges of trying to complete comprehensive analytic activities with limited Medicaid and state surveillance data sources.
- **Challenges with treating HCV in jails.** Jails in Wisconsin manage their healthcare systems individually and frequently contract care to national jail health companies. There is no predefined mechanism to offer screenings in jails unless the jail agrees to allow public health officials to come in for special screening initiatives in individually negotiated contracts. A mandate for jails to work with state public health programs would bolster efforts to vaccinate, screen, and treat this population.
- **Limited resources, competing priorities, and time constraints.** These challenges include maintaining permanent collaborations and momentum on joint initiatives for opioid and HCV programs, keeping Medicaid staff focused on HCV when Medicaid has many competing priorities, and garnering consistent support from legislators and political leaders. HIV tends to get much more attention and high-level policy support, even though both issues are related and HCV can be cured.

Overall, most respondents in Wisconsin expressed optimism about progress to date and future prospects related to HCV policy. Wisconsin would benefit from ongoing commitment and engagement from multiple divisions and departments as well as policy efforts to lower DAA prices and increased flexible funding for activities with a particular focus on elimination, Project ECHO, SSPs, and jail health.

## ABOUT THE HEPATITIS C MEDICAID AFFINITY GROUP

The Affinity Group is convened by the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Health through its Office of Infectious Disease and HIV/AIDS Policy. The Affinity Group was created to increase the number and percentage of individuals diagnosed with HCV infection who are successfully treated and cured. Participation in the Affinity Group was open to all states and state participation is voluntary.

Mission Analytics Group, Inc. and Positive Outcomes, Inc. (formerly George Washington University) were contracted by OIDD to facilitate the Affinity Group and prepare this case study.

## References

1. Wisconsin Hepatitis C Virus Surveillance Annual Review, 2018: Trends, Newly Reported Cases, Prevalence, and Care Cascades. Wisconsin Department of Health Services, Division of Public Health. Accessed August 22, 2019. <https://www.dhs.wisconsin.gov/publications/p00440-2018.pdf>
2. AbbVie, Inc. MappingHepC. <https://mappinghepc.com/>
3. Wisconsin Department of Health Services, Opioids in Wisconsin. Updated August 14, 2019. <https://www.dhs.wisconsin.gov/opioids/dashboards.htm>
4. April 2019 Medicaid & CHIP Enrollment Data Highlights. <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html>
5. Young, K and Zur, J. Medicaid and the Opioid Epidemic: Enrollment, Spending, and the Implications of Proposed Policy Changes. Henry J. Kaiser Family Foundation. July 14, 2017. <https://www.kff.org/medicaid/issue-brief/medicaid-and-the-opioid-epidemic-enrollment-spending-and-the-implications-of-proposed-policy-changes/>
6. Hepatitis C: State of Medicaid Access Report Card. [https://stateofhepc.org/wp-content/themes/infinite-child/reports/HCV\\_Report\\_Wisconsin.pdf](https://stateofhepc.org/wp-content/themes/infinite-child/reports/HCV_Report_Wisconsin.pdf)
7. Profile of Inmates in Prison on December 31, 2017. State of Wisconsin Department of Corrections. May 2018. <https://doc.wi.gov/DataResearch/DataAndReports/InmateProfile.pdf>
8. Beckman, A et al. New Hepatitis C Drugs Are Very Costly and Unavailable to Many State Prisoners. Health Affairs, vol. 35, no. 10. October 2016. <https://www.healthaffairs.org/doi/10.1377/hlthaff.2016.0296>
9. Hochstatter, Karli. "Addressing Hepatitis C Infection Among People Who Inject Drugs in Harm Reduction Settings." University of Wisconsin, Madison. Presentation to the Medicaid Hepatitis C Affinity Group. June 10, 2019.