

Hepatitis Free Northern New England (Hep Free NNE)

Minutes – February 16, 2023

2023 Steering Committee Meeting #3

February 16th Meeting Roles

Bronwyn – facilitator & proj. mgr.

Chloe – monitor chat

Kelly – taskmaster & hands-raised

Minutes recorded by: Bronwyn Barnett

Official start time: 11:01am

Housekeeping

- Reviewed meeting roles plus using chat & hand-raising
- No objections or revisions to the February 16th minutes
- Steering Committee guidelines and charter will be finalized for the next meeting on March 2. Members were asked to give them a final review. Reminder that these are public facing documents and your name will be attached to them.
- Steering member recruitment: please continue sharing what is going on and connecting them to the work! However, the state coordinators will meet to ensure that we're maintaining fidelity to a balanced board – so we may have to shift folks interested in joining to a workgroup or to the broader planning group, which will start meeting in the spring/early summer. Right now we have gaps in representation and need to focus on making sure there is space to include folks who offer the diverse perspectives we are clearly missing.
- Thanked members for completing the post meeting evaluation. We are making adjustments based on the feedback – keep it coming!

Updates

1. **Spring/fall annual + conference circuit planning.** Please add to the spreadsheet of potential conferences/meetings in Sharepoint. **Lead:** Geoff
2. **Logo.** Jonathan shared potential drafts of the logo. Stay posted for a process for voting/submitting feedback.
Lead: Jonathan + JSI team
 1. **Initial feedback:** Who is the audience for the logo? The audience for it is broad and not patient specific. It is public facing and will be included on the plan as well as supporting plan materials and documents so things would need to be spelled out (NNE = Northern New England). “Get Tested, Get Treated, Get Cured” is common language but we would still want to check with New York to make sure it is OK to use it.

Timeline discussion

Jonathan introduced the timeline spreadsheet line-by-line. There was a discussion around how to address **longer term goals** that need to start earlier. *What subset of activities will need to be in place before an elimination plan is complete?*

BUT ALSO,

1. How do we make sure we're not predetermining workgroups, which are the domain of the larger planning group, with the need to start some of these projects early? *How do we honor the larger stakeholder group and their engagement versus the urgent need for action and movement – how do we balance these things?*

2. A lot of work goes into establishing trusting relationships with stakeholders who are coming at these things from different perspectives. *Will we jeopardize the grounding work and create a lot of back work if we don't start with building rapport?*

Possible Long-term Initiatives

Medicaid/Removing Prior Authorization: Barrier to treatment versus checkpoint – dual perspective. Specialty pharmacies as another barrier, esp. with rural access.

3. **Checkpoint perspective:** A list for providers to ensure that they did the things recommended in the guidelines. Maine has hesitation around removing PA for this reason, among others.
 4. **Barrier perspective:** PA makes elimination much more difficult – people get turned down and give up. Anecdotally - NY, OR, and early adopters of removing PA have not seen issues related to people being inappropriately treated (or treating ppl who don't have a viral load). Most states opened up their PA prior or during the pandemic so we don't have good data for a couple years on the impact on elimination. In OR, AS is treating 2x the number of people after removing PA. Allowed OR to treat vulnerable populations, disproportionately affected populations, and populations with less resources who are historically harder to engage. Makes it MUCH easier to treat people who inject drugs bc there are tests that they have to do for PA that follow old guidelines are unnecessary now. Evidence for the improvement of care by removing PAs is abundant. But need to be politically strategic about it.
- **Additional Medicaid Considerations + Context** – Consider expressly stating Medicaid organizations in the situational analysis/stakeholders because they will be the best source of information for their policies and current thoughts around it. HepVu and NVHR also have good data around this.
 - i. No MCOS in Maine – FFS state. NH is primary MCOS. VT? Pharm director would be go-to people. Some states do have a single coverage plan and that is what the MCOS have to implement whereas in some states every MCO has a coverage plan. The Pharmacy Director or other state employees would help us figure out if they would need to have a specific discussion with the MCOS.
 - ii. Engaging Medicaid in the discussion is important for strategizing around prescription models or innovative payment models. It's more than just if pharma is willing to offer that. It is “does the state have the capacity to administer those kinds of plans – staffing etcetera.”
 - iii. *Question to ask: What types of models can state Medicaid programs implement in their own specific state? Include in situational analysis.* Some models would be more difficult to implement. There is a lot that goes into a subscription model that would be hard for some small states to meet markers – but there could be a combined possibility. **Bring Medicaid into problem solving solutions to implement in their state.**
 - iv. *Leveraging the timeline specific to Medicaid*
 1. The situational analysis: Engage Medicaid agencies to list the tools they use to manage the disease state
 2. Steering Committee: Evaluate those tools – then let the SC questions flow from the situational analysis instead of prejudging. Why do you require PA? What changes have you made...etcetera based off of the information gathered in the situational analysis.

Dried Blood Spot Testing (include in screening strategy conversation) – finger prick that can be easily used in outreach settings. Preferred 4:1 among people who inject drugs in some studies. Not FDA approved but covered by VT Medicaid – not sure about ME and NH. Used in many other countries in the world, slow to pick up in the US. OR doing a lot of those tests w/o the fibrosis assessment work and treating ppl in the field – do test, get results back, deliver meds, and double treatment rates in the field and OTPs. Anyone can do it now – but do we want to do a coordinated attempt to help facilitate that process across multiple different health systems and public

health. Do we want to validate it ourselves. No major barriers – it's just getting the word out and facilitating adoption. It is commercially available. Consider lumping it into the screen strategy conversation overall.

Perinatal HCV identification and care coordinator (added post-meeting).

Screening and linkage for "boomer" cohort (added post-meeting).

Additional considerations

- **Can current care pathways for baseline analysis be identified** in each state? Define who is providing care– and what regions have access. Systems of care – is the specialist still driving it, is it primary care? Are there still specialist's restrictions in the states? What is the pathway to get a patient cured? How do people flow through a system and where their barriers and challenges might emerge in that system of care? Where is care happening? Cities versus rural area. We will be engaging the highest volume healthcare delivery systems in each state and as part of that process we might be able to get more information on this issue.
- **Engaging broad stakeholders** – figure out who need to be at the planning table for a broad cross section of folk. Not everyone needs to be at every table.
 - i. **Consider adding a survey to stakeholders** to get feedback on gaps and challenges and willingness to reach the elimination goal – maybe combined with the assessment of health care delivery systems, opening up pieces of the assessment to broader stakeholders around their perceptions of barriers, challenges, etc.
 - ii. **Compare current status with other states** to see the best practices about what should be adopted so we don't make the same mistakes and learn from their experiences.

Wrap up

Reviewed action items

- **All members:** Review the committee charter and meeting guidelines if you have not already done so. These documents will be finalized at our next meeting.
- **All members:** Review Geoff's conference spreadsheet on Sharepoint and update with fall conference information.
- **Jonathan:** Will send out logos for review, along with a mechanism to provide feedback on them.

Assigned roles for the next meeting

- iii. **Timekeeper:** Roxann
- iv. **Taskmaster:** Kelly

Any Other Business (Parking Lot) - NA

Next meeting: March 2, 2023 @ 11am via ZOOM.

Don't like these Ground Rules?!
Suggest revisions in the "Meeting Guidelines"
document!



The Steering Committee Charter and Meeting Guidelines will be finalized for our next meeting – **add your feedback now or forever hold your peace!**

REMEMBER: At minimum, the charter will be a public facing document - with your name attached. [So please make sure you stand by the contents of it.](#) 😊

Hep Free NNE

Steering Committee Meeting #6

February 16, 2023

Start time: 11:01am

Ground Rules

1. Always assume positive intent.
2. Ground yourself in the mission and core values of this committee before every meeting.
3. "Speak up and step back."
4. Close decisions and identify action items.
5. Try to avoid getting stuck in the weeds. Focus on the strategic part of the discussion.
6. Off topic comments will be added to the "Any Other Business" section of the agenda to be addressed at the end of the meeting (*time permitting*), electronically after, or added to a future meeting.
7. Review the agenda and prior meeting minutes, especially if you were absent from a previous meeting.
8. Avoid sharing protected/private health information.
9. Ask to pause the recording or for a closed meeting if you need to discuss sensitive information.

Housekeeping

Instead of introductions this week – please add your name, pronoun, position, and affiliation to the chat.

- Meeting roles
- Any objections or revisions to the [February 2, 2023](#) minutes?
- A note that the Charter and Meeting Guidelines will be finalized for our next meeting. Add your feedback now or forever hold your peace!
- A note about the Steering Committee member recruitment
- Thank you for completing the evaluation of last week's meeting

Updates

- a. **Spring/fall annual + conference circuit planning.**
 - i. **Lead:** Geoff

- b. **Logo.** [WordCloud results](#) and next steps.
 - i. **Lead:** Jonathan + JSI team

Timeline Discussion – *Continued*

Led by Jonathan (JSI, Project Director)



- [Timeline link](#)
- Q&A
- Discussion and identification of potential longer term projects that need to start earlier (before plan completion).

Wrap up

A. Review action items (Taskmaster) 

B. Assign roles for the next meeting

- Timekeeper
- Taskmaster

B. Evaluation Reminder

C. Time Permitting: Any Other Business (Parking Lot)

Next meeting: March 2, 2023

THANK YOU!