Hepatitis Free Northern New England (HFNNE)

Steering Committee Meeting

MINUTES: March 21, 2024

Attendees: Alex Potter, Bronwyn Barnett, Carolina Rojas-Becerra, Cheryle Pacapelli, David de Gijsel, Emma Geurts, Helen Price-Wharff, Jay Gupta, Jonathan Stewart, Katie Roberts, Kelly Bachiochi, Kristen Chopas, Lauren Ferridge, Liana Perez, Laurie Williams, Mike Selick, and Roxann Stubbs.

Facilitator/notetaker: Bronwyn Barnett

	NOTES	ACTION
MEETING OPENED: 11:01 a.m.		
HOUSEKEEPING	**Reminded members that the next Planning Group meeting is April 11, 10am – 12pm**. Please attend – your expertise is needed! *The focus of Planning Group meeting #3 is to start developing the objectives for the remaining two pillars.* ○ **Equity & Autonomy.** All people have access to the resources they need to build resilience and determine their own viral hepatitis care. ○ **Attainability & Sustainability**. Policies and programs are informed by comprehensive data systems and sustained by a well-resourced public health infrastructure. **Micro-elimination update:** Reported that a small subgroup of the Steering Committee met twice about micro-elimination. Additional discussions are on-hold until we are further into developing specific activities for each goal so that the activities voiced from the broader PG membership can help inform the direction of a prospective regional micro-elimination project. **HepFreeNNE.org: Reported that the HFNNE website is live!** Walked through the site pages and noted that this will be the homebase for both the Planning Group and the Steering Committee. Agendas & Minutes will be stored on their respective pages.	Ensure that the Planning Group meetings are in your calendar.
SECOND PLANNING GROUP MEETING: REVIEWED KEY TAKEAWAYS	**Reported that there was overall positive feedback on meeting structure** • Improved opinion on using Miro • Liked interactive nature of the breakout rooms • 100% rated the meeting good or very good **Will adjust the next PG meeting to include more** time on level-setting as it relates to the meaning of each pillar and incorporate into facilitation prompts and scripts. The next meeting on April 11 will include a new format with two breakout rooms, one session. Discussed providing as many modalities as possible for people to get involved – polls, chat.	No action items
DISCUSSED WELCOMING SPACES + CAPACITY TO CARE PILLARS	**Discussed the Welcoming Spaces and Capacity to Care pillars –** focused on reflecting on the draft set of objectives and refining them. ○ Discussed recommended changes for Welcoming Spaces: ▪ #1: focus on the integration into routine care, and less on education and awareness ▪ #2: change *infection* to *reinfection*	JSI and Leadership Team will integrate the recommended changes into the two pillars. David is presenting

	○ Discussed the recommended changes for Capacity to Care: ▪ #3: get rid of can (any care provider *can* do this) ▪ Add #6: Improve and enhance access through broader reimbursement **Discussed reimbursement, which had previously been added to the parking lot.** General discussion notes: ○ Based on the health insurance carrier, some HCV treatment can only go through specialty pharmacies. It's a complex web. between payor, PBM, pharmacy and difficult to navigate. David mentioned that in both NH and VT, he has had not issues getting medication for HCV treatment. There are differences between the three states in this area of insurance/pharmacy protocol. ○ Focus on ensuring patients can get treatment/meds while providers are being compensated for their time. Ensure the are incentivized to treat. ○ Testing and referring out is not a successful strategy - better to test and treat immediately. ○ Building programs around SUD without negotiating billing codes can make it difficult to treat for those. Labs are ordered, but few people actually get them done. ○ Focus on not putting SSPs under the umbrella of reimbursable services in order for them to remain as they are, as far as functionality is concerned. ○ Reach out to Anne-Marie Toderico and Courtney Pladsen for the Medicaid perspective on reimbursement. **David is presenting about Hep Free NNE at the annual meeting of the Northern New England Society of Addiction Medicine.** He is open to gathering input from attendees (mostly physicians) on barriers they experience to integrating hepatitis care into their work. Email David if you have any specific questions you would like to ask or ideas you have about what you'd want to present to a group of SUD providers. -	at ASAM and will send an email requesting specific questions SC members would like him to ask or ideas members have about what they'd want presented.
FUTURE MEETINGS	**Next Planning Group Meeting:** April 11, 2024, 10am – 12pm **Next Steering Committee Meeting:** April 18, 2024, 11am – 12pm	
MEETING ADJOURNED: 12:00 p.m.		

HFNNE Steering Committee Meeting
March 21, 2024

Official start time: 11:01

I. **Housekeeping** (~9 minutes)

The next Planning Group meeting is April 11, 10am – 12pm. Please attend – your expertise is needed! *The focus of Planning Group meeting #3 is to start developing the objectives for the remaining two pillars.*

- **Equity & Autonomy.** All people have access to the resources they need to build resilience and determine their own viral hepatitis care.
- **Attainability & Sustainability**. Policies and programs are informed by comprehensive data systems and sustained by a well-resourced public health infrastructure.

II. **Micro-Elimination**

III. **HepFreeNNE.org - we're live!!**

IV. **Key Takeaways from the Second Planning Group Meeting** (~5 minutes)

V. **Refine & Reflect** (~35 minutes)
- **Discuss Welcoming Spaces + Capacity to Care Objectives**

VI. **Wrap up** (~10 minutes)
- Questions?
- Next steps/Review action items
- Evaluation reminder
- Any Other Business (Parking Lot)

Next Planning Group meeting: April 11, 2024 @ 11am via ZOOM
Next Steering Committee meeting: April 18, 2024 @ 11am via ZOOM

Next Planning Group Meeting: 3 of 7

We're making progress!

The next Planning Group meeting is April 11, 10am – 12pm. Please attend – your expertise is needed! The focus of Planning Group meeting #3 is to start developing the objectives for the remaining two pillars.

Planning Group Highlights

December 2023
DEVELOP OBJECTIVES
Trusted Partners

January 2024

February 2024
DEVELOP OBJECTIVES
Welcome Services + Spaces
& Capacity to Care

March 2024

April 2024
DEVELOP OBJECTIVES
Equity & Sustainability

May 2024
FINAL OBJECTIVES APPROVED

June 2024
DEVELOP ACTIVITIES
Trusted Partners
& Welcoming Services + Spaces

July 2024

August 2024
DEVELOP ACTIVITIES
Capacity to Care
& Equity

September 2024

REFINE & SYNTHESIZE
Leadership Team +
Steering Committee

October 2024
DEVELOP ACTIVITIES
Sustainability

November 2024
PRIORITIZE
Activities ranking
& prioritization exercise

December 2024
FINAL PLAN APPROVED

January 2025
PLAN LAUNCH!!

Pillars & Goal Statements

TRUSTED PARTNERS

GOAL Harm reduction services have the capacity to support viral hepatitis elimination efforts and strategies are informed by the leadership of people who use drugs.

WELCOMING SERVICES & SPACES

GOAL Stigma is not a barrier to testing, treatment, or care.

CAPACITY TO CARE

GOAL Cross-cultural and well-trained care teams and payors are connected and have the capacity to service all people engaged with the cascade of care.

EQUITY & AUTONOMY

GOAL All people have access to the resources they need to build resilience and determine their own viral hepatitis care.

ATTAINABILITY & SUSTAINABILITY

GOAL Policies and programs are informed by comprehensive data systems and sustained by a well-resourced public health infrastructure.

Micro-elimination

Micro-elimination: A small subgroup of the Steering Committee met twice about micro-elimination. Additional discussions are on-hold until we are further into developing specific activities for each goal so that the activities voiced from the broader PG membership can help inform the direction of a prospective regional micro-elimination project. In the meantime, Alex will develop a “best practices” micro-elimination guidance document.

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Key Takeaways: Feb. Planning Group Meeting

- **Overall positive feedback on meeting structure**
  - Improved opinion on using Miro
  - Liked interactive nature of the breakout rooms
  - 100% rated the meeting good or very good
- **Room to Grow**
  - Focus more time on level-setting as it relates to the meaning of each pillar
    - Incorporate into facilitation prompts and scripts
- **Discussion**
  - What else can we do to make sure Planning Group meetings are a good use of everyone's time?

"The brainstorming process can feel tedious, but I think we all learn from each other by going through this in our small groups."

Refine & Reflect: Discuss Welcoming Spaces + Capacity to Care Objectives

What requires clarification?

What might be missing?

Welcoming Services and Spaces *(draft objectives)*

Goal: Stigma is not a barrier to testing, treatment, or care

1) **Reduce stigma associated with viral hepatitis by normalizing hepatitis education and awareness conversations and encouraging hepatitis B and C testing as part of routine primary care.**
    1) Make opt-out testing the norm in primary care settings.
2) **Increase patient and healthcare worker education and awareness of the high cure rates and low infection rates among people who use drugs.**
    1) Implement healthcare worker-focused education to unlearn biases around people who use drugs (PWUD) and apply person-first language.
    2) Acknowledge substance use disorder (SUD) as a medical diagnosis.
    3) Eliminate the practice of denying services on the basis of sobriety as a prerequisite to treatment.
3) **Increase utilization of peer support workers, health advocates and community healthcare workers (CHWs) to make judgement-free connections and build productive caregiving relationships between communities and healthcare settings.**
4) **Increase the application of trauma-informed care principles through healthcare worker training and education and through re-design of testing and treatment practices and programs.**
    1) Introduce alternative screening options, such as dried blood spot (DBS) testing.
    2) Support providers in adopting non-triggering language in healthcare settings.
    3) Develop a network of health care facilities known to offer welcoming, compassionate and non-stigmatizing care

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Capacity to Care (*draft* objectives)

Goal: Cross-cultural and well-trained care teams and payors are connected and have the capacity to service all people engaged within the cascade of care.

1) **Prioritize recruitment and retention of a viral hepatitis care workforce whose identities and experiences reflect those of the communities they are serving.**
2) **Expand access to technical training opportunities for clinical and non-clinical staff in order to increase the range of settings in which culturally-appropriate viral hepatitis services are provided.**
3) **Improve treatment outcomes by facilitating seamless care transitions between different healthcare worker systems and reducing missed opportunities for prevention, testing, treatment, and follow-up.**
    1) Implement reflex testing as standard protocol.
    2) Expand upon the number and type of healthcare workers that can provide treatment to patients.
    3) Increase referrals and follow-up with patients after a positive RNA test.
4) **Support and sustain care teams to include roles that are not traditionally involved in the healthcare system such as those who work with at-risk populations, peer navigators, and other community-based organization staff.**
5) **Increase the number of healthcare workers and facilities implementing telehealth for viral hepatitis education, evaluation, consultation, and treatment with a particular emphasis on serving rural populations and people who do not typically engage in traditional healthcare settings.**

Wrap up

- Questions
- Next steps/action items
- Evaluation reminder
- Any Other Business (Parking Lot)

Next Planning Group meeting

April 11, 2024 @ 11am via ZOOM

Next Steering Committee meeting

April 18, 2024 @ 11am via ZOOM

12:00

Looking Ahead in 2024

Steering Committee Meetings

- Refine Welcoming Spaces and Capacity to Care Objectives (March 21)
- Refine Equity & Attainability Objectives (Apr 18)
- Decide Content for final plan (May 16)
- Refine Trusted Partners & Welcoming Spaces Activities (Jun 20)
- Develop Rollout Activities and Materials Plan (July 25)
- Refine Prioritization and Ranking Approach (Aug 22)
- Refine Capacity to Care and Equity Activities (Sept 19)
- Refine Sustainability Activities (Oct 24)
- Develop Launch Plan Strategies (Nov 21)

Planning Group Meetings

- Develop Objectives for Equity & Sustainability (Apr 11th)
- Create Activities for Trusted Partners & Welcoming Services & Spaces (June 6th)
- Create Activities for Capacity to Care and Equity (Aug 8)
- Create Activities for Sustainability (Oct 10)
- Final Meeting (Dec 10)

THANK YOU!

12:00