MARIN HEPATITIS C COALITION (MHCC)
Quarterly Meeting Notes

January 11, 2023
10:00-11:00 a.m.

Participants: Deborah Gallagher - HIV Surveillance Coordinator/Epidemiologist, Linda Dobra - Sr. RN, Cicily Emerson - Division Director, Nga Le - Sr. Program Coordinator, Lisa Dickey – PH Unit Supervisor, Jasmine Soriano – Epidemiologist, LeeAnn Prebil – Epidemiology Director, Matt Willis – Public Health Officer (HHS); Chris Brown - Harm Reduction Manager, Andy Fyne – Harm Reduction Director (The Spahr Center); Bill Remak - Chair (California Hepatitis C Taskforce); Andrew Desruisseau – Infectious Disease Doctor (Marin Health); Sehrish Khan – Director of Clinical Compliance, Rachelle Valenzuela – Clinic & Street Medicine Manager (Ritter); Melanie Thompson – Chief Medical Office, Isai De La O – Director of Nursing (Marin Community Clinics); Jennifer Lai – PharmD (Kaiser)

Link to meeting recording, Passcode: vLL?b54X

Discussion	Action?
I. Introductions: Name, agency/affiliation, role.	
II. Presentation: Dr. Matt Willis, HCV Elimination Goals • Our goal is to modernize our strategies and take advantage of current resources so that everyone who should get screened and treated can access both. We will discuss how to expand the efforts beyond this group and form subgroups to work on tasks to enhance the impact of the group. Collective impact is needed to make a difference. • Our first goal is to prevent infections, and then to prevent the poorest outcomes, while recognizing the accelerants such as alcohol, chronic HBV, HIV – and intervene at each of these steps. • The challenge with HCV is the data systems and not knowing the prevalence of HCV in Marin. Assuming our numbers are similar to national numbers, it is 209 people in Marin that should be treated annually. • Question: is it possible that we are undertreating? Only 1/3 people who should be getting HCV treatment are receiving it in Marin? There are 20% who resolve the illness on their own and a percentage that may be getting their care in another county, not in Marin. • Question: do we know enough to assume we need to significantly expand HCV screening and treatment? We have the capacity to treat that amount in Marin. Do we know why people are not getting treated?	

• Death data doesn't include San Quentin but the hospitalization data could include San Quentin. We can see how San Quentin wants to participate in the coalition. • Coalition treatment goals for discussion: Increase HCV treatment starts by 25% in 2023 *or* at least 100 or 150 Marin residents will be started on HCV treatment in 2023. • Ritter Center works with people who are homeless, so it is a challenge to keep them in treatment and increase treatment numbers. Many patients start with treatment and then fall out. • Spahr is not seeing a 7% testing positivity rate even though they are testing MSM and IDU populations. • AB789 was passed and signed by the governor. Is the law penetrating at all? MCC follows the USPTF guidelines and whenever it is updated and covered by insurance, it is part of primary care regardless of laws. MCC will consider making it a standing order. • Dr. Andy Desruisseau participated in the SF Ending HCV Task Force. The group struggled with data on prevalence and agreed that the data is highly imperfect, and they need to do the best that they can. They had subgroups and had data from Kaiser, SF general, and the Public Health system clinics. They provided the clinics with the number of HCV positives and conducted academic detailing - brief presentations on need for linkage and treatment. Pharma had data on where the prescriptions were written. Every month they had the prescriptions for each provider and data on known positives. They worked with the testing and linkage group to improve testing and brought this into the emergency rooms. System based screenings was helpful to pick up a large portion of people who needed to be screened. • Data for action – practical data for organizing performance. Number of people screened, number of positives, and number started on treatment. The biggest impetus to get doctors prescribing is to get the number of people who are positive and haven't been treated. Everyone should be treating; some primary doctors might not be comfortable providing the treatment. We need to generate a huge movement for all doctors to treat. Patients don't need to see an ID doctor to get the HCV treatment. • Academic detailing: historically, pharma comes to discuss why we should prescribe their drug. Using that model, we go into provider offices, and we don't care which HCV treatment they use, just discuss how easy it is to treat as a provider and the huge public health impact. We go through cases and be available for e-consultations. Dr. Desruisseau is willing to play that role for Marin. • A number of years ago, Kaiser instituted a region wide (NCal) baby boomer screening as a prompt on our EMR. This yielded high rates of	HHS to contact San Quentin and gauge their interest in participating in the coalition.

screening in this targeted population. Kaiser will switch to a different 'trigger' mechanism w/in our EMR to screening – but this has not yet been implemented. • Partnership used to have a requirement (or maybe still in place) a need to fill out an application to do HCV treatment – will check with partnership. MCC providers order the screening, but some are uncomfortable and don't know what to do. Hard to refer out for ID, working with telemedicine company because there are only two providers who do HCV treatment. Dr. Desruisseau would be open to coming on site to MCC or be a referral option. • We can consider providing academic detailing to One Medical, Carbon Health, Sutter, and all of the FQHCs. Dr. Desruisseau can provide training and guidance. • Need to include in the cascade the barriers preventing people from completing their treatment once they start. • The group agreed that we can convene more frequently for now. Consider creating subgroups and correspond via email. We will consolidate action steps and send out the strategies and see who wants to join which subgroup.	Bill Remak will check with Partnership if the application requirement is still in place, and if so, conduct advocacy to remove barriers. HHS will email the coalition with action steps and options to join a subgroup.
Next Steps • Next meeting is Wednesday, March 15, 9:30-11am via zoom.	