Department of Human Services
2009-11 Policy Option Package

Division Name:	Oregon Public Health Division
Program Name:	Acute and Communicable Disease Prevention, HIV/STD/Tb Program, Oregon State Public Health Laboratory
Policy Option Package Initiative:	We promote prevention, protection and public health
Policy Option Package Title:	HCV Screening
Policy Option Package Number:	276
Related Legislation:	None
Summary Statement:	48,000 Oregonians are infected with hepatitis C virus (HCV), the leading cause of liver disease and liver transplants. Many of those infected are unaware that they carry HCV. This policy option package will start a pilot program to offer free HCV testing for individuals with risk factors for the disease. The package will provide counties with staff to develop comprehensive HCV screening programs, including vaccination for hepatitis A and B. The program will be integrated into existing programs offering services to high-risk Oregonians.

1. WHAT WOULD THIS POLICY OPTION PACKAGE (POP) DO AND HOW WOULD IT BE IMPLEMENTED?

We propose to implement a pilot program to offer free HCV testing for individuals with risk factors for HCV that would provide counties with funding for additional staff to develop comprehensive HCV screening programs, including vaccination for hepatitis A and B, that would be integrated into existing programs offering services to high-risk Oregonians.

Based on national prevalence data, it is estimated that 4 million Americans have been exposed to hepatitis C virus (HCV), and 3.2 million are chronically infected. Based on these national estimates, we expect that 48,000 Oregonians carry the virus, which is ten times the number of Oregonians living with HIV/AIDS. Nearly 10,000 Oregonians will develop cirrhosis due to HCV, and 1,000-2,000 will die from HCV. Oregon Health and Sciences University performs liver transplantation on 20-30 individuals with HCV annually.

Chronic HCV became a reportable disease in Oregon in July 2005 and since then over 14,000 cases have been reported. However, the vast majority of these reports represent patients tested by their healthcare provider; there are no state or federal funds to provide free HCV screening at local health departments as there are for other communicable diseases, such as HIV. Since injection drug use is the predominant form of transmission currently in the US, many persons with HCV in Oregon belong to marginalized populations, such as the homeless and mentally ill, who are unable to access health care services.

Few public health jurisdictions in Oregon have the staff resources to screen high-risk persons for HCV, which involves not only the laboratory costs of doing the testing, but funding for personnel to deliver pre- and post-test counseling and referrals to services. We will also provide vaccination against hepatitis A and B, since many individuals at risk for HCV are also at high risk for hepatitis A and B, and persons with HCV-related chronic liver disease are at a higher risk of developing complications from hepatitis A and B than the general population.

2. WHY DOES DHS PROPOSE THIS POP?

Increasing the availability of hepatitis C testing and counseling to persons at high risk for the disease has two potential benefits. One, awareness of risk factors could help individuals change behaviors that place them at risk for acquiring infection, and knowledge of their own disease status could help reduce transmission to others. Secondly, identifying patients with hepatitis C early in the course of their disease and counseling them on ways to prevent further damage to their livers (i.e., receipt of vaccination against other types of hepatitis, reducing alcohol intake) could reduce the number of patients who would later require costly treatment, such as liver transplantation.

In order to develop an HCV screening program in the most effective and cost-efficient manner possible, our goal is to integrate HCV screening into settings where the public health infrastructure is already in place to deliver services to persons at risk for HIV. Through federal funding, local health departments have funding to provide HIV screening, which they conduct in a variety of settings, including designated HIV counseling and testing centers and as part of other health department services such as sexually transmitted disease prevention or family planning. Several place a special emphasis on providing outreach to persons who inject drugs (PWIDs), who are the persons at highest risk of acquiring HCV and those least likely to be able to access testing in mainstream medical settings.

We propose to minimize overhead for program costs by building on these existing testing services in 6-8 counties, which will require additional staffing to provide the necessary pre- and post-test counseling, conduct the testing, provide vaccines against hepatitis A and B, and refer persons testing positive to needed services. The Oregon State Public Health Laboratory (OSPHL) will require funding for reagents and a part-time microbiologist, and we would also propose to hire an additional program analyst in Acute and Communicable Disease Prevention (ACDP). This position will oversee implementation of the program, provide training and technical consultation to local health departments, and design and conduct an evaluation

of the screening program in order to identify best practices. Collaboration with the HIV/STD/TB program will be required to assist in helping integrate this new activity into existing local health department programs.

3. HOW DOES THIS FURTHER THE AGENCY'S MISSION OR GOALS?

This project is aligned with the Department's goal that people are healthy and the Department's mission to assist people to become independent, healthy and safe. In 2003, the state legislature requested DHS to develop a statewide plan to address education, management and prevention of HCV. DHS conducted a year-long planning process which involved over 40 stakeholders and presented the plan to the legislature in January 2005. No state funds have yet been devoted to implementation of the plan.

4. IS THIS POP TIED TO A DHS PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL DHS MEASURE THE SUCCESS OF THIS POP?

There are no DHS performance measures related to HCV, however evaluation of the pilot program is an integral part of this proposal. Outcomes tracked will include number of tests performed and number of positive tests, demographic characteristics and risk factors of both persons tested and persons positive for HCV (in order to insure that only patients at risk are being tested, and to characterize the population of persons testing positive in order to inform further program development), the number of persons receiving vaccination against hepatitis A and B, and the number of persons testing positive who are referred for further care.

5. DOES THIS POP REQUIRE A CHANGE(S) TO AN EXISTING STATUTE OR REQUIRE A NEW STATUTE? IF YES, IDENTIFY THE STATUTE AND THE LEGISLATIVE CONCEPT.

No.

6. WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?

Another approach would be to launch a statewide screening program, at a likely cost of 5 times the cost of the current proposal. However, development of a pilot project in a few counties would allow for better evaluation and then refinement of the program before committing millions of dollars to a statewide program.

7. WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?

Lack of funding for screening would mean delayed diagnosis and treatment for thousands of Oregonians, particularly those from marginalized populations, such as those who inject drugs, the homeless and mentally ill, who have trouble accessing medical services. Primary care providers and gastroenterologists would continue to be faced with patients who are diagnosed late in the course of their illness who require costly care that could have been avoided had they been diagnosed earlier. These patients would likely disproportionately belong to the ranks of Oregonians who are uninsured or underinsured. A survey of Multnomah County residents who were reported to the Multnomah County Health Department (the only Oregon county with a free screening program financed by county funds) with a positive HCV test in 2005-2006 found that 65 percent had an annual income under $15,000, and that 24 percent were uninsured. Over one-third (37 percent) of the HCV patients were on Medicaid and another 8 percent were on Medicare. One-quarter of the patients had been homeless in the previous year, 30% met criteria for a major depressive disorder, 31 percent reported illicit drug use in the previous year, and 27 percent reported current alcohol use.

Although there are no Oregon-specific data available, national studies estimate that the cost of HCV-related care will likely double or triple in the coming decade due to the escalating incidence of cirrhosis and other

complications of liver disease related to HCV. These costs can be mitigated by programs that can: 1) prevent new infections; and 2) reduce complications due to co-infections with hepatitis A and B and limit progression to cirrhosis (through such measures as alcohol cessation) and development of other sequelae of chronic liver disease.

There are currently no federal requirements mandating that states provide HCV screening, and Oregon would be unlikely to lose any federal funding if it did not implement an HCV screening program.

8. WHAT OTHER AGENCIES (STATE, TRIBAL AND/OR LOCAL GOVERNMENT) WOULD BE AFFECTED BY THIS POP? HOW WOULD THEY BE AFFECTED?

At the local level, county health departments would need to work closely with the Acute and Communicable Disease Program to implement the screening program, which would likely require more FTE for the larger counties, depending on their current budget for HIV testing.

9. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?

Implementation Date(s): January 1, 2010

End Date (if applicable): N/A

a. Will there be new responsibilities for DHS? Specify which division(s) and describe their new responsibilities.

- [ ] Administrative Services
- [ ] Children, Adults and Families
- [ ] Division of Medical Assistance Programs
- [ ] Addictions and Mental Health
- [x] Public Health
- [ ] Seniors and People With Disabilities

A full-time program analyst will be hired in the Acute and Communicable Disease Program to oversee program planning, implementation, and evaluation. A part-time microbiologist (30% FTE) will be hired by the Oregon State Public Health Laboratory to conduct the additional HCV tests required by the program.

b. Will there be new administrative impacts sufficient to require additional funding? Specify which office(s) and describe how it will be affected.

- [ ] Human Resources
- [ ] Information Security/Privacy
- [ ] Document Management
- [ ] Audit and Consulting
- [ ] Information Services (computers)
- [ ] Financial Services (accounting)
- [ ] Payment Accuracy and Recovery
- [ ] Investigations and Training
- [ ] Facilities
- [ ] Contracts and Procurement
- [ ] Budget, Planning and Analysis
- [ ] DHS Office of Communications

No.

c. Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.

We anticipate that each county will provide HCV screens to 100-150 individuals each year, which will include pre- and post-test visits for counseling about the disease.

d. **Will it take new staff or will existing positions be modified? For each classification, list the number of positions and the number of months the positions will work in each biennium. Specify if the positions are permanent, limited duration or temporary.**

New Staff:

C0861 – Program Analyst 2 – 1 position – 1.00 FTE
C3780 – Microbiologist 2 – 1 position – 0.30 FTE

e. **What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?**

We do not anticipate significant start-up costs, because the data will be stored in the existing state communicable disease database, and we currently have a program analyst in the Acute and Communicable Disease Program who has already conducted significant outreach to county health departments and developed appropriate training modules for local health department staff.

f. **What are the ongoing costs?**
The ongoing costs for this project will be approximately $640,000 per biennium.

g. **What are the potential savings?**

We do not have good data on the costs of HCV in Oregon. We have been able to estimate that, in 2007, costs of medication alone for Oregon Medicaid fee-for-service patients (which does not include the patients enrolled in Medicaid HMO programs) totaled nearly $400,000. This does not include the costs of office visits, diagnostic tests, or procedures such as biopsies, which most patients are required to undergo prior to starting medication.

In terms of the cost of end-stage liver disease resulting from HCV, OHSU performed an average of 25 liver transplants a year for HCV in 2006-2007; the average cost of care for each transplant patient in the first year following surgery is $300,000, which totals $7.5 million annually. If an early detection and intervention plan could reduce the number of patients requiring transplant by 10%, the state could save $750,000 annually.

h. Based on these answers, is there a fiscal impact?

Yes there is a fiscal impact. Additionally, our limited data on costs of caring for persons with HCV in Oregon (which represent a vast underestimate of the annual costs of providing care in the state) suggest that we could save money by implementing a screening program.

i. What are the sources of funding and the funding split for each one? Include grant names and fund type, such as "Medicaid, General and Federal Funds."

The funding source would be 100% State General Fund.