

HHS Office of Infectious Disease and HIV/AIDS Policy (OIDP)

Partner Group Meeting *HAV and HBV Financing Models*

September 14, 2023



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for Health

Welcome

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Agenda

- Welcome & Introductions
- Meeting objectives
- Review of current research findings
- Group Discussion – Identifying research gaps & sharing promising models

Initiative Overview

- Specific areas of focus: hepatitis C (FY2022), hepatitis A and B (FY2023)
- Identify and address payment and reimbursement barriers to integrated viral hepatitis prevention and care services
 - Includes clinical and non-clinical settings (e.g., syringe service programs, substance use treatment facilities, mental health facilities, correctional settings, HIV clinics, STI clinics)
- Overall goal:
 - Identify promising payment models supporting integrated viral hepatitis service delivery
 - Disseminate reports/findings to support implementation

Meeting Objectives

- Present current research findings on hepatitis A and B financing models
- Identify any critical research gaps
- Discuss promising practices and recommendations

Review of Current Research Findings

Jhilya Mayas, PhD
The MayaTech Corporation



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Project Activities

Environmental scan to identify barriers to reimbursement and identify successful payment models

- Search of peer-reviewed and grey literature (i.e., PubMed, Google Scholar, federal and state government websites, organization/association websites, conference proceedings)
- Interviews with hepatitis B stakeholders

Barriers to HAV and HBV Payment & Reimbursement

- Lower Medicaid payments for HBV vaccines compared with other adult vaccinations
- Selective coverage of hepatitis services by private insurers
- High tiering HBV medications resulting in high cost-sharing for patients
- Lack of Medicaid Part B reimbursement options for pharmacies
- Low reimbursement rates preclude vaccine access and storage by vaccine providers
- Patient access to HBV vaccines and screening are hampered by stigma, discrimination, and distrust of medical institutions
- Pharmacist scope of practice laws vary by state and may not include hepatitis screening services

Barriers to Integrated HBV Prevention & Care Services

- Fragmented service delivery serves as a major barrier for receiving HBV services.
 - Patients struggle with multiple touchpoints, disparate, and uncoordinated health care and public health systems
 - Patients are more likely to access HBV vaccines and screening if these services are integrated into other service delivery opportunities (e.g., outpatient endoscopies and PrEP)
- A lack of linkage to care following screening—whether screening is done at community events or within provider settings—is a barrier to treatment for HBV.
 - More effort is needed to link HBV-infected individuals to needed care.
 - A potential integrated plan would be to streamline the treatment strategies for HBV, package the treatment guidelines, or have other collaborative models provide support and training for this treatment model on the street.

Select Hepatitis B Financing Models

- California Medi-Cal
 - California's Medi-Cal is very generous with HBV testing, and there are limited issues with reimbursement.
 - A place of service code for street medicine has successfully been achieved through Medi-Cal. The Medi-Cal Department of Health Care Services released an all-plan letter recommending to the managed care plans that they should contract with street medicine programs, which often address viral hepatitis.
 - California expanded Medicaid coverage for populations entering and leaving incarceration.
- Financing and delivery models that have worked well for the Vaccines for Children (VFC) program can be applied to adult HAV and HBV vaccines. For example, California's Vaccines for Adults (VFA) program offers the 2-dose Heplisav.
- The VFC model – which is for individuals who are uninsured or on Medicaid – could also be used to secure HBV anti-viral medications at much lower prices.
- Hep B United Philadelphia is a successful model in which community groups have partnered with organizations to provide free testing to specific communities.
- Support from cancer-focused funders (e.g., preventcancer.org) can supplement resources afforded by hepatitis-focused grants and programs.

Group Discussion

Facilitated by **Amy Killelea, JD**
The MayaTech Corporation



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Group Discussion – Identifying Research Gaps & Sharing Promising Models – Question 1

Are there any major barriers to payment & reimbursement that have not been mentioned?

Group Discussion – Identifying Research Gaps & Sharing Promising Models – Question 2

How are organizations overcoming financing-related barriers in order to provide hepatitis B services?

Group Discussion – Identifying Research Gaps & Sharing Promising Models – Question 3

What existing financing approaches effectively address funding an interdisciplinary team, including non-clinical providers and care coordination services?

Group Discussion – Identifying Research Gaps & Sharing Promising Models – Question 4

What are examples of successful approaches to financing hepatitis B services in:

- ✓ State/local health departments
- ✓ FQHCs
- ✓ Harm reduction sites
- ✓ Corrections
- ✓ Other settings

Group Discussion – Identifying Research Gaps & Sharing Promising Models – Question 5

Do any existing financing models effectively address implementing value-based models that incentivize patient outcomes?

Group Discussion – Identifying Research Gaps & Sharing Promising Models – Question 6

How are organizations overcoming financing-related barriers in order to provide hepatitis B services?

Group Discussion – Identifying Research Gaps & Sharing Promising Models – Question 7

How will payment and reimbursement approaches need to change to address the recent hepatitis B screening recommendations?

Thank You

For questions, recommendations, or to submit resources,
please contact us at OIDPvh@mayatech.com



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