**Meeting Agenda/Notes**

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| **MEETING TITLE:**MedMorph Project: Hepatitis C Use Workgroup Meeting  | **DATE SCHEDULED:**December 4, 2019 |
| **MEETING PURPOSE:**To help eliminate viral hepatitis in the United States and worldwide | **LOCATION:**Skype  |
| **PROGRAM/AREA:** Hepatitis C Use Case Workgroup | **NOTE TAKER:** Robin Tracy, Tia Taylor |
| **FACILITATOR**: Abigail Viall & Aaron Harris | **ONLINE FACILITATOR:** Tia Taylor |
| **SCHEDULED TIME** | **NEXT MEETING** |
|  | **Start**11:00 AM | **Stop**12:00 PM | **Total Hours**1 hour |  |  | **Date**TBA | **Time**TBA | **Location** TBA |  |

**Meeting Agenda**

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| **Introductions and Opening Remarks** |
| **Hepatitis C in the United States—Use Case Background and Context** |
| **Hepatitis C Use Case—Vision and Goals** |
| **Hepatitis C Use Case—Scope Priorities** |
| **Hepatitis C Reporting Function—Introduction to Framing Details (preview for next call)** |
| **Next Steps** |

**Meeting Summary**

The MedMorph Project: Hepatitis C Use Case Workgroup met on December 4, 2019 for their first meeting. This meeting discussed the CDC’s Division of Viral Hepatitis vision to eliminate viral hepatitis in the United States and worldwide. The goal is to decrease the incidence and prevalence of viral hepatitis to improve health outcomes and reduce viral hepatitis-related health disparities.

Below are additional notes taken during the meeting, slides will be provided for reference as well.

**Key Meeting Notes**

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| **Introductions and Opening Remarks** | * All participants introduced themselves and explained their areas of expertise.
* Participant total: 37
* Introduction of presenters: Abigail Viall and Aaron Harris
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| **Hepatitis C in the United States—Use Case Background and Context** | **CDC’s Division of Viral Hepatitis****Vision:** To eliminate viral hepatitis in the United States and worldwide**Goals:**-Decrease incidence and prevalence of viral hepatitis-Decrease morbidity and mortality from viral hepatitis -Reduce viral hepatitis-related health disparities* Number of acute hepatitis C cases submitted to CDC from 2010–2017 are continuing to rise
* Incident Hepatitis C Cases are increasing in young adults

 -Demographics: Native American and whites have a higher incidence of hepatitis C compared to other demographics**Incidence of acute hepatitis C among persons age 30 years or older*** 75% reported injection drug use
* Higher rates in urban regions due to drugs (opioid epidemic)
* Only half of people living with Hepatitis C are currently aware of the infection
* Awareness of infection is a major concern
* 56% people are aware
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| **Hepatitis C Use Case—Vision and Goals** | **Global Viral Hepatitis Targets Include Incremental Reductions****Goals:**Focus: Eliminate the public health problem of Hepatitis B and C in the United States* Barrier: Inadequate surveillance systems

Focus: Prepare a consensus report that proposes feasible elimination goals to be reached by 2030, and specify a plan of action to achieve the goals* + Identify key interventions, roles of stakeholders, barriers,

 prevention research needs, and technology development needsFindings: Meeting WHO goals is feasible* Requires major investments in availability, accessibility, and delivery of key interventions

HCV Mortality: 2030 targets- 65 % reduction (Baseline: 21, 600 deaths in 2015)HCV Incidence: 2030 targets - 90% reduction (Baseline: 30,340 new cases in 2015)* Projected goal of 80% of people infected by HCV initiating treatment by 2030
* Currently, 30.7% of people infected with HCV initiate treatment

**Hepatitis Use Case Vision*** Improve outcomes at the local, regional, state, and national levels
* Address research questions or better target clinical, population health interventions

 **Primary Goal: Core Elements of Care Cascade*** **HCV testing**
	+ Anti-HCV
	+ HCV RNA
	+ HCV genotype
* **Hepatitis C diagnosis**
* **Treated**
	+ Prescribed direct acting antiviral
* **Cured (SVR)?**
	+ negative HCV RNA > 3 months after completing treatment

**Hepatitis C Use Case: Secondary Goal*** Additional clinical and social data captured/reported (ideal) or accessible through follow-up requests/query
* Behavioral risk factors, Initiation to MAT, Shifts in severity, linkage to/ receipt of recommended preventative

**Leveraging Data to Achieve Elimination Goals*** No single data source is sufficient to capture hepatitis C-related burden and outcomes at national, state, and local levels for all populations of interest
* Hepatitis C rates are much higher in rural areas (KY, TN, VA, WV)
* Current state of hepatitis C diagnosis, linkage to care, and treatment
* 2.4 million living with hepatitis C, 58.7% aware of infection, 21% linked to care, less than 10% are treated.

**Limitations to NHANES AND NNDSS** **NHANES** * + Non-household populations excluded (homeless, incarcerated, etc.)
	+ Survey changes over time
	+ Self-reported variables
	+ Only useful at national level

**NNDSS*** 1. Administratively cumbersome, manual reporting processes **+**
	2. Variable reporting requirements across jurisdictions **=**
	3. Data = incomplete, inconsistent, not timely

**Use of Electronic Health Record Data for Monitoring Progress Toward Hepatitis C Elimination Goals*** **Pros**
	1. -Longitudinal analysis
	2. -Laboratory results to confirm diagnosis
	3. -Treatment information to confirm treatment prescribed
	4. -Data captured as part of general workflow processes
	5. -Emerging standards for representation and exchange
* **Cons**
	1. -Missing/incomplete data
	2. -Data cleaning
	3. -Only captures patients receiving care
	4. -Interoperability across health systems
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| **Hepatitis C Use Case—Scope Priorities** | **What is a reasonable set of use case functions to tackle as part of this project?*** Leverage data
* Exchange information
* Encourage local registries

**What jurisdictional “level(s)” should we pursue for use case function development?*** + Among local stakeholders
	+ Local🡪 state
	+ State🡪 national
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| **Questions/ Additional Workgroup Comments**  | **Questions****Is the identification of patients at risk for Hepatitis C and providing a service for providers at the point of care in scope?**Answer: It is in scope of understanding community outcomes and would be discussed in the next few slides of the presentation. **What components are we seeking to change? What are the impacts of these decisions?**Answer: Infrastructures are not currently operating well, and we would like to build on what is working and try not to disrupt what’s already in place.**Unanswered question in chat:** **Is there funding associated with this effort? What is the timeframe?****How do we determine people at risk? Or people who have been tested?**Answer: Utilize registries, and identify a population, perform screenings and develop clinical programs**Other Comments:*** Use of EHR data to help monitor and care cascade data for hepatitis c patients at the local, state, and national levels
* Exchanging Information is a win/win for improving health outcomes
* Data is the foundation for us to act on
* Future goal: One test, and results to follow
* If treatment of hepatitis c is obtained 99% may be cured
* Digital bridge is the collaborative scoping body
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| **Hepatitis C Reporting Function—Introduction to Framing Details (preview for next call)** | (Presentation did not proceed to this section of the agenda)* Additional information will be provided at the next meeting.
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| **Next Steps** | The next meeting will be in January due to the holidays. * Abigail will follow up with a few participants to refine the scope and gather insight that could be presented to the group in January for future meetings.
* Overall goal is to create a reference architecture to be flexible enough to be useful for multiple health cases. Our plan is to build on what is already working or simply just adjust the scope and vision of this project.
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