Agenda

1) Introductions and announcements  (1:30-1:40)

2) Approval of minutes from 10/26 meeting  (1:40-1:45)

3) Administrative questions, feedback to date, and discussion  (1:45-2:15)

4) Finalizing work groups – structure, topics/objectives, composition, and timeline for developing recommendations  (2:15-2:50)

5) Coordinating Committee Meetings in December & January  (2:50-2:55)

6) Closure  (2:55-3:00)
Intros & Announcements

Introductions in this order:
1. Last names starting with letters A-D
2. Last names starting with letters E-K
3. Last names starting with letters L-Q
4. Last names starting with letters R-Z

Tell us your **name** and **affiliation** and if you have any relevant **announcements**.
Approval of minutes from 10/26 meeting

• Any corrections to the minutes?

• Is there a motion to approve the minutes?

• Is there a second?

• Any discussion on the motion?

• Any objection to approving the minutes?
Administrative Questions
What’s in a name?

- What should we call this initiative?
  - Defeat Hep C WA
  - Eliminate Hepatitis C WA
  - End Hep C Washington
  - Hep C Free WA
  - Other ideas?
    - Will send out a poll for voting. Once name chosen we can work on logo options.

- How should we define our vision?
  - (Desired End-State) A one-sentence statement describing the clear and inspirational long-term desired change resulting from our work.

- How should we define our mission?
  - A one-sentence statement describing the reason this initiative exists (what you do + who/what you do this for).
    - Clear: Simple language. 8-10th grade reading level
    - Concise: No fluff. Aim for 5-14 words (20 max.)
Who is missing from the Coordinating Committee?

Suggestions to date:
• Somali Health Board
• Vietnamese Health Board
• Washington State Medical Association
• Washington Academy of Family Physicians
• Area Health Education Center (Western WA and Eastern WA each have one)
Engagement & Commitment

• How do we meaningfully engage people most affected by hepatitis C to ensure the plan is informed by their wisdom? Suggestion received:
  • Regional meetings and inviting communities that are heavily affected. All of the stakeholders in the area could advertise and encourage attendance. It would also encourage collaboration between regional stakeholders.

• Who could benefit our planning effort, but may need to contribute in a different way? (e.g., medical associations, national organizations, particular communities). Suggestions received:
  • National Viral Hepatitis Roundtable
  • Project ECHO at other sites besides UW

• This is a multisector collaborative effort. How do we ensure commitment from various actors? Suggestion received:
  • I think having a public face to what we are doing/who the stakeholders are can encourage people to follow through on their commitments.
Facilitation and Agenda Development

• How should agendas be developed? Suggestion received:
  • There should be a master agenda when recommendations from work groups are due, etc. to keep us on track. Then the individual work groups should develop their agendas within the master agenda.

• Who would you like to facilitate meetings? Responses received:
  • WA DOH, Emalie

• What should be the organizational structure of this committee?
Communications

• How would you like to receive communications (e.g., modality, frequency)? Response received:
  • Email – and as frequently as needed. Let’s get to work!

• How do you envision external communications about this planning process? (note websites from Department of Health and Health Care Authority – what else is needed?) Response received:
  • Press releases from the Governor’s office that would be sent to all affected departments (e.g., DOH, HCA). Representatives from affected departments could then comment on them specifically. These communications could be pushed out on social media to reach more people.
Proposed Coordinating Committee schedule for discussion

Meet monthly. Comprised of people who have expertise around HCV and share the vision of HCV elimination.

- October 26 (met for 4 hours in person w/ Go To Meeting option)
- November 26 (1.5 hour Go To Meeting)
- December 17 (1.5-2 hour meeting, Go To Meeting only)
- January 24 (meet in person for 2-4 hours w/ Go To Meeting option)
- February TBD (1.5-2 hour meeting, Go To Meeting only)
- March TBD (1.5-2 hour meeting, Go To Meeting only)
- April TBD (1.5-2 hour meeting, Go To Meeting only)
- May TBD (meet in person for 2-4 hours w/ Go To Meeting option)
- June TBD (1.5-2 hour meeting, Go To Meeting only)
- July TBD (launch of Elimination Plan event in person)
- August TBD (1.5-2 hour meeting, Go To Meeting only) to discuss next steps and role of group in the implementation phase
Finalizing work groups
Suggested structure for discussion

- Three Work Groups (each meet monthly from November-May for 1.5 hours by Go To Meeting) to be comprised of individuals from Coordinating Committee (CC) and other interested individuals.

- Suggestion that each work group have a chair or co-chairs to facilitate group and develop work group agendas.
Work Group #1

Research, Surveillance & Assessment Work Group

(Suggestion to call this “Research & Strategic Information Work Group”)

• To be comprised of individuals from Coordinating Committee and other interested researchers, epidemiologists, and others with expertise in data analysis to help characterize the HCV epidemic in Washington, including relevant health disparities, and to advise on ways to measure the progress we make toward eliminating HCV in Washington.

• Suggestions that this work group:
  • Provide statewide data on number of patients screened/treated/cured and on progress toward achieving our state goals.
  • Identify gaps in care and suggest potential solutions.
Work Group #2

Clinical Services & Treatment Access Work Group

• To be comprised of individuals from Coordinating Committee and other interested health systems administrators, clinicians, pharmacists, and other direct-service staff to develop recommendations related to HCV-related clinical services and treatment access improvements in both the private and public sectors.

• Suggestions that this work group:
  • Develop recommendations related to HCV-related clinical services and treatment access improvements in both the private and public sectors.
  • Propose innovative treatment delivery mechanisms for patients who may have challenges accessing treatment (e.g., patients in substance use treatment facilities, shelters, single-room occupancy hotels, patients in geographically remote parts of the state, and socially or economically marginalized patients).
Work Group #3

Prevention & Education Work Group
(Suggestion to call this “Prevention, Screening (Testing), and Linkage to Care Work Group”)

- To be comprised of individuals from Coordinating Committee and other interested individuals who work in community-based prevention, education, and non-clinical testing programs. This group addresses the issues of prevention of HCV transmission, as well as how to identify and support marginalized communities that are most vulnerable to HCV, yet among the least likely to be connected to services.

Suggestions that this work group focus on:
- Prevention of HCV transmission (syringe access and/or opiate replacement therapy).
- Screening (testing) all Baby Boomers and persons with risk factors.
- Linkage to care for persons who screen reactive, especially for marginalized persons with little access to health care.
Additional work group suggestions

• Add a work group called “Community-Based Testing and Linkage to Care Work Group” (split this out of work group #3)

• Add a work group called “Public Awareness and Communications Work Group” to organize events, fundraisers, campaigns, and to continue to inform the public about HCV and the campaign and its goals.
Additional suggestion for garnering input

Community Advisory Events (at least two between November-June):

- Events co-hosted by WA DOH with Tribes and/or local health jurisdictions and/or community-based organizations to engage community members who may not have the capacity to participate in a formal committee or work group. The focus will be discussions about HCV and to hear from communities about what they want and need to improve HCV education, prevention, testing, linkage to care, and treatment in their communities.
Upcoming Meetings

• **December 17th** from 1:00pm-2:30pm
  • *via Go To Meeting*

• **January 24th** from 9:00am-12:00pm
  • *in-person w/ Go To Meeting option*
  • *Where should we meet?*
Next Steps & Closure

• Should have received calendar invites for the December and January meetings. Agendas will be forthcoming.

• Look out for Doodle polls soon to schedule upcoming work group meetings and February and March Coordinating Committee meetings.

• Look out for poll to vote on a name.

• Questions? Comments?
  • Emalie.Huriaux@doh.wa.gov or Jon.Stockton@doh.wa.gov