

## 2017-19 Biennium Budget Decision Package

**FINAL**

**Agency:** 303 Department of Health

**Decision Package Code/Title:** C2 Coordinate Hepatitis C Response

**Budget Period:** 2017-19

**Budget Level:** PL-Performance Level

**Agency Recommendation Summary Text:**

Hepatitis C is an infectious condition that is killing more than 600 people a year and hospitalizing around 550 per year. The Department of Health (DOH) requests funding to launch a coordinated public health response to identify Hepatitis C infections, conduct disease investigations and partner services, and ensure that those with infection are linked to life-saving treatment.

**Fiscal Summary:** Decision package total dollar and FTE cost/savings by year, by fund, for 4 years. Additional fiscal details are required below.

Operating Expenditures	FY 2018	FY 2019	FY 2020	FY 2021
Fund 001-1	573,000	562,000	562,000	562,000
<b>Total Cost</b>	<b>573,000</b>	<b>562,000</b>	<b>562,000</b>	<b>562,000</b>
Staffing	<b>FY 2018</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>
FTEs	1.3	1.3	1.3	1.3
Object of Expenditure	FY 2018	FY 2019	FY 2020	FY 2021
A - Salaries and Wages	83,000	82,000	82,000	82,000
B - Employee Benefits	30,000	29,000	29,000	29,000
C - Personal Service Contracts	200,000	200,000	200,000	200,000
E - Goods and Services	13,000	12,000	12,000	12,000
J - Capital Outlays	9,000	-	-	-
N - Grants, Benefits & Client Svc	236,000	237,000	237,000	237,000
T - Intra-Agency Reimb	2,000	2,000	2,000	2,000

**Package Description**

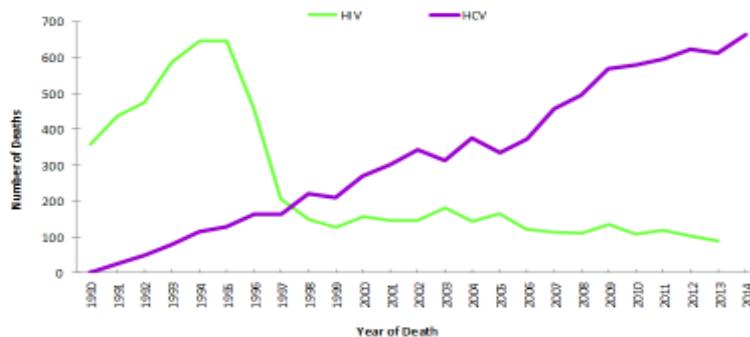
**Note:** Some components of this decision package include Foundational Public Health Services. The FPHS services are specifically identified in the assumptions, calculations and detail section.

Hepatitis C (Hep C) is a serious, infectious condition that is killing more than 600 people a year and causing around 550 hospitalizations, with charges totaling \$22 million. Chronic infection with Hep C can result in cirrhosis, liver cancer, disability, reduced quality of life, and premature death. The

condition that is killing more people annually in Washington State than HIV did at the peak of the HIV epidemic.

A total of 83,912 chronic Hep C cases have been diagnosed and reported to DOH through 2014 with an average of 5,115 cases per year diagnosed between 2010 and 2014. In 2014, there were 645 deaths attributed to Hep C, and the rate of death from 2010 through 2014 was 7.2 deaths per 100,000 people.

## Deaths Related to HIV and Hepatitis C Washington 1990-2014



**\*Note:** HIV/AIDS related death: limited to death for person living with HIV where death certificate indicates HIV or AIDS was a contributing factor; 2013 death data for HIV are still preliminary.  
HCV related death: hepatitis C virus infection has been listed as the principle underlying or a contributing cause of death on a death certificate



Highly effective treatment is now available with a cure rate of 90-100%. The Department of Health (DOH) needs resources to launch a coordinated public health response to identify Hep C infections, conduct disease investigations and partner services, and ensure that those with infection are linked to life-saving treatment.

This public health response is similar to other diseases of public health significance like sexually transmitted infections (STIs), tuberculosis and HIV. Public health must ensure that:

- People with Hepatitis C are notified of their disease
- Exposed partners are notified and screened
- Those with infection have access to treatment

As more Washingtonians are made aware of their status and treatment resources become more readily available, the need for Hep C disease investigation and control continues to rise. Identifying Hep C infections, linking those with infections to a provider for treatment, and ensuring complete case report data are important public health roles that will result in improving public health and reducing the negative health impacts of Hep C.

There are currently insufficient resources to conduct this crucial public health work. A cost-effective way to address these needs is for DOH to provide regional support and disease control services across the state in collaboration with local health jurisdictions (LHJs) and the Hepatitis Education Project (HEP), the one statewide hepatitis treatment navigation service organization.

Staffing resources are needed to provide statewide and regional disease case surveillance, disease investigation and contact notification. A shared services approach will be pursued to provide regional support across the state. These staff will also provide referral to the HEP Project's treatment linkage and navigation services for infected patients and their infected partners. The coordinated response and collaboration between DOH, LHJs, and HEP would create a statewide system for addressing Hep C and would significantly impact Hep C in Washington State.

**Contact Information:**

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**Base Budget: If the proposal is an expansion or alteration of a current program or service, provide information on the resources now devoted to the program or service.** Please include annual expenditures and FTEs by fund and activity (or provide working models or backup materials containing this information).

Base budget funding includes \$400,000 General Fund-State, \$150,000 General Fund-Federal and 3.4 FTE per year. This work is tied to Activity A016 – Prevent and Respond to the Transmission of Communicable and Infections disease.

**Decision Package expenditure, FTE and revenue assumptions, calculations and details:** Agencies must clearly articulate the workload or policy assumptions used in calculating expenditure and revenue changes proposed.

Starting in Fiscal Year (FY) 2018 and ongoing, DOH will require 1.0 FTE Health Services Consultant (HSC) 3 for statewide coordination. Disease investigations will be provided locally using a shared services approach, where possible. Based on an average of 5,115 chronic Hep C cases reported a year, the workload for each of the staff will be around 1,800 cases. Work will include interviewing cases, addressing health and disease transmission questions, eliciting exposed partners, linking to treatment, notifying, screening, and education partners. These would be significantly challenging caseloads.

**Note:** Interviewing cases and addressing health and disease transmission questions are considered Foundational Public Health Service (FPHS).

There will also be a \$200,000 contract with Hepatitis Education Project (HEP) Service for linkage to care and treatment navigation. Of the reported cases, a significant proportion will need linkage to care and treatment navigation services from HEP. The partnership with the HEP Project would be critical to effectively serve clients and ensure linkage to treatment for those who need it.

In addition, estimated expenditures will include 0.3 FTE to assist with increased division and agency workload.

FY 2018 – 1.3 FTE, \$573,000, and FY 2019 and ongoing 1.3 FTE, 562,000

**Decision Package Justification and Impacts****What specific performance outcomes does the agency expect?**

Describe and quantify the specific performance outcomes the agency expects as a result of this funding change. ([results washington link](#))

- Hepatitis C is not a part of Results Washington.
- Performance Outcome Expectations: increase linkage to treatment for people with Hep C, curing them of their infection, and significantly decreasing the death rate from Hep C.

**Performance Measure detail:**

- Percent of those with identified Hep C infection who are linked to care and cured of Hep C.
- Reduction in death from Hep C.

**How does the package relate to the agency’s strategic plan?**

- The activities that the staff will perform align with Goal 1, Objective 1 of the agency’s strategic plan:
  - a. Goal 1: Protect everyone in Washington from communicable diseases and other health threats
  - b. Obj. 1: Improve statewide disease prevention, surveillance and response systems.

**Fully describe and quantify expected impacts on state residents and specific populations served:**

With over 100,000 people infected with Hep C in Washington State, the health impacts of Hep C affect a diverse and large group of individuals. The two populations most impacted by Hep C are “Baby Boomers” those who are aged 45-65, and injection drug users. Baby boomer and injection drug users live across the state, they come from all walks of life, socio-economic levels, racial and ethnic groups. Expected impacts for these populations are increased quality of life and reduced negative health impacts of Hep C, including premature death.

In addition, Hep C is a costly disease. In the five-year period of 2010-2014, hospitalization charges with Hep C as the primary diagnosis totaled \$114 million. Curing Hep C is significantly less expensive than managing many of the negative health impacts of chronic Hep C infection.

Expected Impacts:

- Increased individual and population health.
- Reduced cost by curing Hep C and therefore, eliminating the costly adverse health impacts.

**What are other important connections or impacts related to this proposal?** Please complete the following table and provide detailed explanations or information below:

Impact(s) To:		Identify / Explanation
Regional/County impacts?	No	Identify:
Other local gov’t impacts?	No	Identify:
Tribal gov’t impacts?	No	Identify:
Other state agency impacts?	No	Identify:
Responds to specific task force, report, mandate or exec order?	Yes	Identify: Hepatitis C Strategic Plan, August 2014
Does request contain a compensation change?	No	Identify:
Does request require a change to a collective bargaining agreement?	No	Identify:

<b>Facility/workplace needs or impacts?</b>	<b>No</b>	<b>Identify:</b>
<b>Capital Budget Impacts?</b>	<b>No</b>	<b>Identify:</b>
<b>Is change required to existing statutes, rules or contracts?</b>	<b>No</b>	<b>Identify:</b>
<b>Is the request related to or a result of litigation?</b>	<b>No</b>	<b>Identify lawsuit (please consult with Attorney General's Office):</b>
<b>Is the request related to Puget Sound recovery?</b>	<b>No</b>	<b>If yes, see budget instructions Section 14.4 for additional instructions</b>
<b>Identify other important connections</b>		

**Please provide a detailed discussion of connections/impacts identified above.**

In response to a legislative mandate in 2003, DOH developed a statewide Hepatitis C Strategic Plan and delivered it to the legislature in 2004. Ten years later, the legislature directed the agency to update the plan to reflect current conditions.

This Decision Package reflects one of the action steps recommended in the plan: Strengthen data systems and increase data use. The strategic plan calls on DOH to increase data collection and dissemination, as well as to use data in new ways, such as creating a care continuum for Hep C that describes how many people are infected, reported, in care and cured.

**What alternatives were explored by the agency and why was this option chosen?**

Without additional funding for staff resources to conduct this work, the only option is to continue to do nothing. The alternative to do nothing was explored but not selected due to the need to address the Hep C epidemic

**What are the consequences of not funding this request?**

Continued increase of transmission, continued adverse health impacts, and continued high level of deaths from a curable disease.

**How has or can the agency address the issue or need in its current appropriation level?**


The agency has not had resources or capacity to address this issue.

The agency has 1.0 FTE Hep C Surveillance Coordinator funded through a CDC grant to coordinate Hep C planning, screening, and partnership activities. However, this grant will expire (and not be renewed) October 2016.

Now that effective treatment is an option, there is a need for an appropriate public health response requiring disease investigation, partner services, and treatment navigation to cure Hep C.

**Other supporting materials:** Please attach or reference any other supporting materials or information that will help analysts and policymakers understand and prioritize your request.

**Information technology:** Does this Decision Package include funding for any IT-related costs, including hardware, software, services (including cloud-based services), contracts or IT staff?

**No** 

Yes Continue to IT Addendum below and follow the directions on the bottom of the addendum to meet requirements for OCIO review.)