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For Immediate Release

***New England Journal of Medicine* Publishes New Mexico Case Study on Medicaid Treatment Coverage Improvements for Chronic Hepatitis C Virus**

Landmark New Mexico Study was a Collaborative Effort Between the Human Services Department, the University of New Mexico, and Medicaid Managed Care Organizations

Santa Fe, N.M. – The *New England Journal of Medicine (NEJM Catalyst)* has published a case study, “[A Collaborative Model to Expand Medicaid Treatment Coverage for Chronic Hepatitis C Virus](#),” that resulted in expanded treatment for New Mexico’s most vulnerable patients.

The study focused on the challenge to find affordable treatment plans for the high prevalence of Hepatitis C Virus (HCV) among the Medicaid Expansion population. It was a collaborative effort between the Human Services Department, the University of New Mexico Department of Internal Medicine, Project ECHO®, and the Medicaid Managed Care Organizations, who all played a critical role.

The *NEJM Catalyst* article describes the New Mexico study that expanded the treatment benefit over a 2-year period, from individuals with advanced fibrosis to all individuals with chronic HCV infection, with a resultant eightfold increase in members treated annually.

“This exciting project provides a roadmap for other states to collaborate with managed care companies, Project ECHO®, providers, advocates and others interested in the treatment of Hepatitis C to improve affordable access to treatment,” said Secretary David R. Scrase, M.D. “The eightfold increase in the number of patients treated is the result of strong collaboration and cooperation among all these parties. Based on the progress that has already been achieved, we believe this new approach to the early and effective treatment of hepatitis C will save thousands of New Mexico lives in the coming years.”

“This collaborative effort between the different stakeholders has been a gamechanger,” said Sanjeev Arora, M.D. “It dramatically improves access for patients to receive curative treatment for this life-threatening disease.”

Key Takeaways

1. Strong leadership and vision from Medicaid program leaders is an essential element to bring about rapid change in hepatitis C virus (HCV) treatment coverage.
2. Broad and meaningful collaboration is needed. Key stakeholders include the Medicaid program, managed care organization contractors, HCV advocacy groups, and medical providers.
3. Resources or models that improve access to best practices for rural and underserved populations — such as Project ECHO® (Extension for Community Healthcare Outcomes) — can support rapid expansion in treatment coverage.
4. Explicit, evidence-based treatment guidelines must be developed and followed.
5. Realignment of financial incentives for managed care organization contractors to promote treatment is necessary.

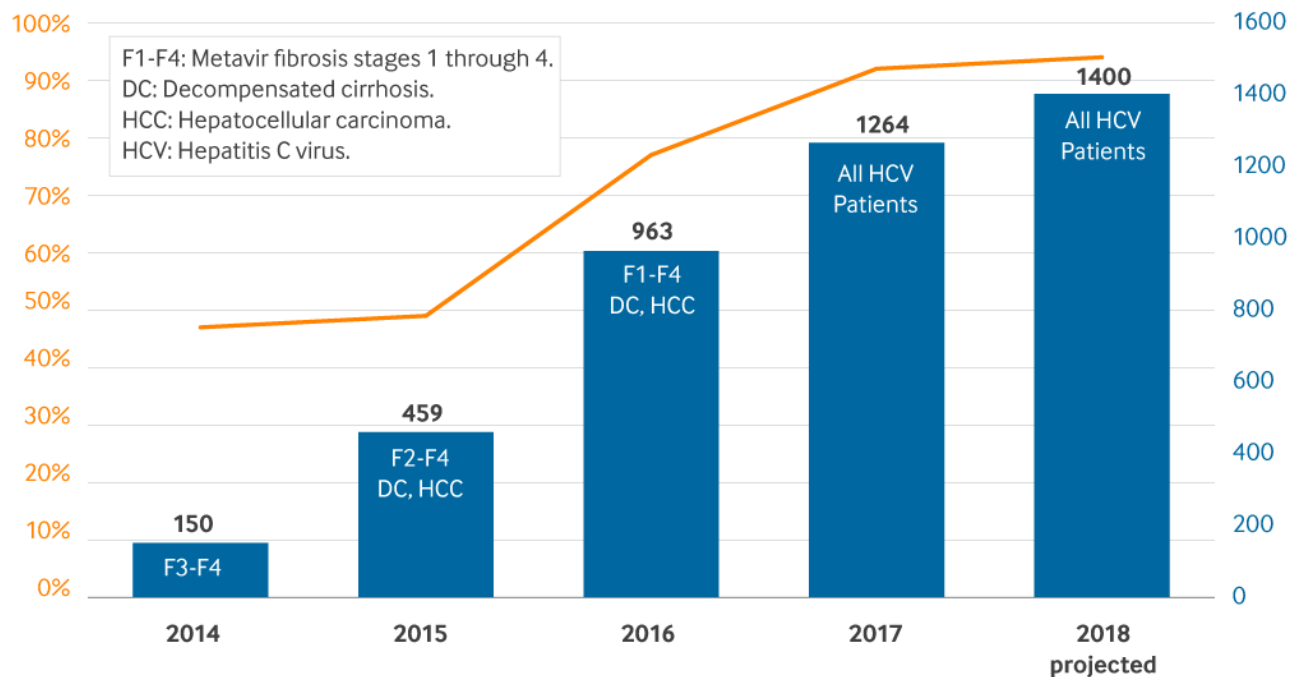
All seven of the New Mexico physicians who were among the co-authors of the study emphasize that since Baby Boomers represent the largest group in the U.S. with undiagnosed Hepatitis C infection, everyone born between the years of 1945 and 1965 should have a one-time test for Hepatitis C to ensure that they are not infected.

The authors of the study emphasized that the returns in treating as many patients with chronic HCV pays enormous and more immediate dividends in the lives of these patients, who do not go on to develop cirrhosis, liver failure, and hepatocellular carcinoma, or in whom the cure of HCV represents a transformative life change that promotes other health-seeking behaviors.

“These benefits accrue due to the foresight and commitment of leaders who are willing to make these investments because they are simply the right thing to do for the people we are privileged to serve,” said Secretary Scrase.

Treatment Authorization Increases and Rapid Boost in Members Treated

The number of New Mexico Medicaid members treated and percent approval of authorizations by the end of each year for 2014 through 2017, with projected performance for 2018. Data are from New Mexico Medicaid.



Source: The Authors, New Mexico Medicaid
NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society

The study is authored by HSD Secretary David R. Scrase, MD, MHSA, Karla Thornton, MD, MPH, Martha L. Carvour, MD, PhD, Kimberly Page, PhD, MPH, MS, Wei-Ann Bay, MD, Joseph Buffaloe, Wanicha Burapa, MD, MPH, Erica Archuleta, MEd, Imaneh Fallahi, MD, Sanjeev Arora, MD, Brent Earnest, MPM and Nancy Smith-Leslie – all are New Mexicans who played critical roles in the project.

Secretary Scrase most recently served as a Professor of Internal Medicine and Geriatrics at the University of New Mexico School of Medicine. He is Board Certified Internist and Geriatrician, and previously served as the Interim Division Chief for General Internal Medicine and the Chief of Geriatrics at UNM.

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