

Breakthroughs to Follow-Through

A national platform to close the gap between discovery and delivery



Common
Health
Coalition

The Problem

Medical breakthroughs routinely fail to reach the people who could benefit from them. Lifesaving vaccines, preventive services, and treatments go unused while patients remain undiagnosed, untreated, and left to suffer unnecessarily. Across the United States, patients and communities fall victim to this [“breakthrough to follow-through” gap](#) in care. At the same time, rapid advancements in technology open up a new frontier to help close this treatment gap.

The Solution

The [Common Health Coalition’s](#) Breakthroughs to Follow-Through (B2F) Initiative seeks to ensure that existing medical breakthroughs actually reach the people who need them. The initiative starts with the bold goal of **at least doubling hepatitis C cure rates in eight jurisdictions within two years**, ultimately aiming to demonstrate a scalable model for overcoming the barriers to follow-through for future efforts such as HIV and 'curable' cancers.

B2F pairs what we know works – workforce investment, cross-sector and community partnerships, improving data infrastructure, and strong state and local leadership – with technology, including [responsible use of AI](#), to address longstanding barriers to cure.

Leveraging a \$100 million investment from [OpenAI Foundation](#), the initiative is designed to catalyze lasting partnerships among state health departments, non-profits – including care delivery partners and community organizations – Medicaid agencies, and other stakeholders, and to facilitate getting lifesaving cures and treatments to more patients.

The initiative launched in August 2026 with four states committed, with additional jurisdictions to be announced by the end of the year. Ultimately, comprehensive national strategies are needed to eliminate diseases like hepatitis C, but B2F aims to help jumpstart progress.

Participating jurisdictions must:

- Commit to at least doubling the cure rate in two years
- Partner with nonprofit community-based organizations, Medicaid, correctional settings, and overdose and substance use settings
- Deploy at least one generative AI tool

Hepatitis C as the Proofpoint

The U.S. has already solved the scientific challenge of curing hepatitis C. Highly effective oral medications can cure more than 95% of patients, often in as little as 8-12 weeks. Yet despite the existence of a cure, hundreds of thousands of Americans – about [2 of every 3 patients](#) with hepatitis C – remain untreated each year. Advancements in treatment (direct-acting antivirals) led to a spike in cures a decade ago, but that momentum has since slowed to a trickle, due to operational barriers to reaching vulnerable populations rather than any gap in the science.

Across the United States, patients and communities fall victim to multiple gaps in care, such as:

- Individuals who should be screened are never identified
- Positive test results are not consistently linked to treatment
- Public health departments struggle to prioritize outreach
- Community organizations and health systems operate in silos
- Workforce shortages limit the ability to engage hard-to-reach populations

Hepatitis C represents an ideal proof point for how we can help close the gap between what is clinically possible and what is achieved in practice. Unlike many health challenges, success can be measured clearly and concretely: more people identified, more people treated, and ultimately more people cured.

Hepatitis C Care Cascade & Opportunities for Intervention



About the Data

National HCV prevalence is based on an analysis by the [Coalition for Applied Modeling for Prevention](#) which estimated approximately 4 million people living with HCV in the United States using the latest data available (2017–2020 NHANES data).

Estimates of the proportion [diagnosed](#) and subsequent stages of the HCV care cascade are informed by this prevalence estimate and additional published literature on the proportion of people with HCV who have documented proof of cure ([MMWR_2023](#)).

The B2F Model: Locally Led Initiatives, Supported by National Infrastructure

The B2F initiative has two complementary components: a National Program Office that serves as the backbone, providing strategic leadership and shared infrastructure, and a cohort of states and localities that implement and scale care delivery on the ground.

The National Program Office provides:

- **Implementation Support** – Grant management and a Technical Assistance Hub, through which states access expertise in clinical care, data systems, community engagement, financing, and AI implementation.
- **The Hepatitis C Center of Excellence** – Led by [EqualCure](#), the Center of Excellence serves as the national hub for clinical best practices, policy, research, evaluation, and dissemination.
- **AI Product Deployment** – A curated portfolio of AI-enabled and digital tools, along with deployment support, implementation assistance, and AI education and workforce development.

Ways to Get Involved: Potential Funders and Partners

Funders and partners are engaging with B2F in a range of ways, from national strategy to state-specific work, including:

- [Indicating interest](#) in becoming a future B2F grantee (state or locality)
- Proposing a partnership role for TA or programmatic support
- Offering funding support for the full B2F model for additional conditions (HIV, cancer, others) across geographies; convening and shared learning across jurisdictions; data infrastructure and interoperability; operating support for the National Program Office; or B2F expansion to a specific jurisdiction