Community Roundtable on Linkages to Care for Incarcerated Citizens Living with Hepatitis C

Gilead Focus on Hepatitis C in Corrections

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National Account Director
Gilead Sciences, Inc.
Agenda

- Corrections Overview
- Gilead Education and Key Resources
- HCV in Corrections Trends Report
- Correctional Health is Public Health
## Corrections Overview

- Governmental agency responsible for overseeing the incarceration of persons convicted of a crime within a particular jurisdiction
- In some states called **Department of Public Safety**
- Highly political and variable across the states — «you see one DOC – you know one DOC»

<table>
<thead>
<tr>
<th></th>
<th>Jails</th>
<th>Prisons</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operation</strong></td>
<td>Locally operated, over 3200 jails across the states</td>
<td>State, n=1821</td>
</tr>
<tr>
<td><strong>Length of stay</strong></td>
<td>Short-term: hours up to 1 year; average length of stay 7-10 days, although majority get released within 72h if no crime charge is filed</td>
<td>Long-term (&gt;1 year)</td>
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<td></td>
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<td>Average stay 3-4 yrs</td>
</tr>
<tr>
<td><strong>Under the jurisdiction of</strong></td>
<td>Local law enforcement and/or government agencies at a city, district, or county level</td>
<td>State government</td>
</tr>
<tr>
<td><strong>Inmates</strong></td>
<td>Newly arrested, awaiting trial or serving short sentence</td>
<td>People found guilty breaking a state law and sentenced to &gt;1 yr</td>
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<td></td>
<td></td>
<td>People found guilty breaking federal laws and sentenced to &gt;1 yr</td>
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<td><strong>Continuity of Care</strong></td>
<td>Inmates have to be in for 7-10 days before clinical assessment</td>
<td>Patients released from a prison are more likely to have a discharge plan available for treatment in the community as their discharge date is known in advance</td>
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<td></td>
<td>Establishing continuity of health care is challenging as inmates can be discharged anytime from the court, time served or bail.</td>
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Transition to Care: Resource Locator Guide

**Resource Locator Guide**

**Hepatitis C Virus (Hep C)**

The following can help you find healthcare resources and support:

**HEALTH CARE**

- **Local Health Centers**
  - [http://findahealthcenter.hrsa.gov](http://findahealthcenter.hrsa.gov)
  - [https://www.pparx.org/prescription_assistance_programs/free_clinic_finder](https://www.pparx.org/prescription_assistance_programs/free_clinic_finder)

- **Patient and Prescription Assistance Programs**
  - [http://nassist.org/patients](http://nassist.org/patients)
  - [https://www.pparx.org/gethelp](https://www.pparx.org/gethelp)

- **HCV Specialists**

**HOTLINES AND SUPPORT**

- **Emotional Support and Counseling Services**
  - Help-4-Hep: 877-435-7443
  - American Liver Foundation Hotline: 800-GO-LIVER (800-465-4837)

- **Support Group Locator**
  - [http://hcadvocate.org/resources/support-groups/](http://hcadvocate.org/resources/support-groups/)

**Resource Locator Guide**

**Human Immunodeficiency Virus (HIV)**

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  - [https://www.pparx.org/gethep](https://www.pparx.org/gethep)

- **Ryan White HIV/AIDS Medical Provider**
  - [https://findhivcare.hrsa.gov/](https://findhivcare.hrsa.gov/)

- **Local Testing Sites and Care Services**
  - [https://aidsvu.org/locators/care-services/](https://aidsvu.org/locators/care-services/)
  - [https://locatehiv.gov/](https://locatehiv.gov/)

**HOTLINES AND SUPPORT**

- **Emotional Support and Counseling Services**
  - HIV/AIDS Nightline: 800-628-9240

- **Support and Help for Healthcare Obstacles**
  - Project Inform HIV Health Infoline: 800-822-7422
  - [https://www.projectinform.org/infoline/](https://www.projectinform.org/infoline/)

- **State-Specific Toll-Free Hotlines**
  - [https://www.projectinform.org/hotlines/](https://www.projectinform.org/hotlines/)

- **National HIV/AIDS Hotline**
  - 800-232-4563

- **Connect with Others**
  - The Tribe HIV/AIDS support group: [https://support.therapytribe.com/hiv-aids-support-group/](https://support.therapytribe.com/hiv-aids-support-group/)
Educational Resources

- Health Care Professional Education
- Product and Disease Education
- Prison Staff Educational Sessions
- Patient Education
  - Video
  - Posters
  - Booklet
Commitment to Education and Resources

- A dedicated team of Gilead Field Account Managers to provide HCV disease education and awareness to all HCP stakeholders within Correctional Systems

- Gilead Trends Reports Published in 2018
  - Available online at www.HCVupdate.com

Implications of Hepatitis C Demographics in the United States

Hepatitis C in Corrections With Parallels and Perspectives on HIV Trends Report
This presentation contains select data from the 2017 Gilead Hepatitis C in Corrections Trends Report.
Objective: Review the unique challenges of managing HCV in corrections, including how this affects public health

Structure:
1. Executive Summary: Key takeaways
2. Addressing the Fundamentals: A Chartbook on HCV in Corrections: Illustrated data explaining the HCV landscape
3. Insights From Selected States: Case Reports of HCV Policies and Practices: Illustrative “snapshots” of HCV policies and practices in 5 states

Steering Committee: Content was guided by an expert panel with knowledge in HCV, HIV, and/or healthcare issues in the corrections system

Steering Committee
Matthew Akiyama, MD, MSc
Albert Einstein College of Medicine
Montefiore Medical Center (CFCC)
Bronx, NY

Fredrick Altice, MD, MA
Yale University School of Medicine
New Haven, CT

Harish Moorjani, MD
Hudson Infectious Diseases Associates, P.C.
New York State Department of Corrections
Westchester County Jail
Briarcliff Manor, NY

Michael Ninburg, MPA
Hepatitis Education Project
Seattle, WA

Rachel Prosser, PhD, APRN, CNP, AAHIVS, FAANP
Hennepin County Medical Center
Minnesota Department of Corrections
Minneapolis, MN

Anne Spaulding, MD, MPH
Emory University
Atlanta, GA

Chad Zawitz, MD, CCHP
John H. Stroger Hospital and CORE Center
Cermak Health Services, Cook County Jail
Chicago, IL

Steering Committee members were offered compensation for their participation.

Reference
HCV Clinical and Economic Impact

HCV Burden in Corrections

Understanding the Connections—Overlapping Demographics

Understanding the Connections—Opioid Epidemic and HCV

Learning From HIV

Insights From Selected States

For more information on HCV, and to access the Gilead *Hepatitis C in Corrections With Parallels and Perspectives on HIV Trends Report*, visit [www.HCVUpdate.com](http://www.HCVUpdate.com)
Five Fundamentals That Form the Basis for Prioritizing HCV Management in Corrections

**CLINICAL/EPIDEMIOLOGICAL**
- High HCV prevalence
- Potential to transmit to general population upon release
- High disease and cost burden
- Corrections a stable setting for treatment

**ECONOMIC**
- Pay to treat now or defer
- Potential higher future cost burden as disease worsens
- Resource coordination/budget considerations

**POLITICAL**
- Disproportionate impact on minorities and the poor
- Can be tied to the opioid epidemic
- Government should have a vested interest in addressing the crisis

**LEGAL**
- Corrections officials cannot be indifferent to prisoners’ healthcare needs
- Treatment often deferred for nonclinical reasons

**MORAL**
- Greatest need but lowest access to care
- Missed opportunities for benefits of harm reduction and education
- Opportunity for cure in a critical population
- Although methods exist, few linked to care post-release

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A Framework for Understanding the Role of Incarceration in HCV Epidemiology in the Community

The same wallet pays for HCV treatment inside as well as outside. Corrections and public health are connected, and it’s the taxpayers’ money being spent for both.

— Anne Spaulding, MD, MPH

Advancing HCV management in corrections settings will require a collective, collaborative effort on the part of multiple stakeholders. Addressing these challenges is a public and a population health priority:

- Promotes healthy conditions for the community
- Improves health outcomes of the population

Steering Committee Key Takeaways and Recommendations

1. Increase effective discharge planning prior to release and linkage to care in the community
2. Revise the structure of state budgets and departments to align corrections health with other public health programs and priorities
3. Align efforts to simultaneously address the opioid epidemic with HCV infection control policies, including effective drug treatment and harm-reduction programs
4. Institute routine, opt-out HCV screening of all entrants at intake
5. Standardize screening and treatment guidelines and more broadly implement recommendations

References:
HCV Disproportionately Affects the Incarcerated Population

**Estimated HCV seroprevalence (ie, antibody positivity) in state prison populations in 2015 ranged from 10% to 40%, depending on the state**

Screening for and Treating HCV in Corrections Could Prevent Further Disease and Reduce Costs\textsuperscript{1,a}

- Universal opt-out screening in prisons is highly cost-effective and could reduce HCV-associated disease and transmission, primarily in the outside community.

**Projected Reduction of A) HCV Transmission and B) HCV-Associated Costs due to HCV Screening of People Who Are Incarcerated**

- Screening could prevent 5500-12,700 new infections over 30 years (89\%-92\% in the community).
- Treatment could save $260-$760 MM in HCV management costs in the community.

HCV Screening and Liver Disease Diagnosis Has Benefits Even if Immediate Treatment Is Not Feasible

- People who do not know they are infected can continue behaviors that increase adverse outcome and HCV transmission risks\(^1,2\)
- Identifying HCV provides opportunities for education and harm reduction counseling, supporting individual and public/population health goals\(^3\)

Examples of Harm Reduction Counseling for HCV\(^2,4\)

**Avoid behaviors that can increase transmission**
Sharing drug use equipment (eg, needles), receiving tattoos in unregulated settings, sharing razors, having unprotected sex\(^a\)

**Avoid habits/drugs that can harm the liver**
Alcohol, high/frequent doses of acetaminophen

**Get vaccinations**
Hepatitis A and B for all; pneumococcal for people with cirrhosis

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Peer education programs about...harm reduction can be very useful in reducing new transmissions and increasing the general knowledge of HCV transmission, associated disease progression, treatment, and cure among a population that really needs to know that information. — Michael Ninburg, MPA\(^3\)

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Linking People to HCV Care Upon Release From Incarceration Is Challenging

- Data are lacking for linkage to HCV care post-release for people incarcerated in state prisons\(^1\)

- The few studies of linkage to care for people released from jails show a similar “cascade” pattern seen in people with HCV overall\(^2\)

**Linkage to HCV Care for People Released From Jails in North and South Carolina, 2012-2014\(^2,a\)**

![Graph showing percentage of incarcerated individuals with HCV in various stages of care.]

Additional Avenues to Improving Post-Release Linkage to Care

### Veterans
- 8% of the population in federal and state prisons in 2011-2012\(^1\)
- VHA responsible for care post-release in most cases\(^2\)
- HCRV Program provides pre-release assessments, referrals, and case management support\(^2\)

### Healthcare Insurance Marketplaces
- ACA allows those awaiting sentencing to enroll in or maintain coverage through plans purchased through the health insurance marketplaces\(^3\)
- People on probation, parole, or home confinement also eligible\(^4\)

### Community-Based Organizations
- Provide services prior to discharge
- Help ensure linkage to medical care after release\(^5\)

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Increased Incarceration for Drug Offenses Contributes to Concentrating HCV in Prisons

As a result of tougher sentencing for drug offenses, most people who inject drugs have been incarcerated at some point in their lives.  

People With HCV Released From Prison May Spread Infection in the Community

- Incarcerated people with HCV who are released and resume risk behaviors (ie, injecting drugs and sharing needles) can potentially spread infection to others in their communities
  - Sharing of drug use equipment can be common among PWID

"We know that HCV currently is primarily transmitted by the sharing of needles among PWID. We need to treat the people in the center of the network. Those coming out of prison are most likely to be active users because active users are the ones that keep cycling in and out."

— Anne Spaulding, MD, MPH
For more information on HCV, and to access the Gilead *Hepatitis C in Corrections With Parallels and Perspectives on HIV Trends Report*, visit [www.HCVUpdate.com](http://www.HCVUpdate.com)
“…If you want to have an elimination strategy, prisons and jails must be part of the solution…”¹

“…You won’t have HCV eradication until you treat all inmates in prisons…”²

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¹ Camilla S. Graham, MD, MPH Division of Infectious Diseases Beth Israel Deaconess Medical Center
² National Hepatitis Corrections Network - Webinar: Corrections, Drug Pricing, and Hepatitis C: A systems analysis and discussion June 20, 2016
THANK YOU!