



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

Gilead Focus on Hepatitis C in Corrections

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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»

	Jails	Prisons	
Operation	Locally operated, over 3200 jails across the states	State, n=1821	Federal (FBOP), n=102
Length of stay	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	Long-term (>1 year) Average stay 3-4 yrs	Long-term (>1 year)
Under the jurisdiction of	Local law enforcement and/or government agencies at a city, district, or county level	State government	Federal government
Inmates	Newly arrested, awaiting trial or serving short sentence	People found guilty breaking a state law and sentenced to >1 yr	People found guilty breaking federal laws and sentenced to >1 yr
Continuity of Care	Inmates have to be in for 7-10 days before clinical assessment Establishing continuity of health care is challenging as inmates can be discharged anytime from the court, time served or bail.	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	



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 https://www.pparx.org/prescription_assistance_programs/free_clinic_finder
	Patient and Prescription Assistance Programs http://rxassist.org/patients https://www.pparx.org/gethelp
	HCV Specialists http://www.hepchope.com/hepatitis-c-treatment/find-hep-c-specialist/ 844-9-HEPCHOPE
 HOTLINES AND SUPPORT	Emotional Support and Counseling Services Help-4-Hep: 877-435-7443; http://www.help4hep.org/ American Liver Foundation Hotline: 800-GO-LIVER (800-465-4837)
	Support Group Locator http://hcvadvocate.org/resources/support-groups/

Resource Locator Guide



Human Immunodeficiency Virus (HIV)

The following can help you find healthcare resources and support:

 HEALTH CARE	Local Health Centers http://findahealthcenter.hrsa.gov https://www.pparx.org/prescription_assistance_programs/free_clinic_finder
	Patient and Prescription Assistance Programs http://rxassist.org/patients https://www.pparx.org/gethelp
	Ryan White HIV/AIDS Medical Provider https://findhivcare.hrsa.gov/
	Local Testing Sites and Care Services https://aidsvu.org/locators/care-services/ https://locator.hiv.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/helpline/infoline/
	State-Specific Toll-Free Hotlines https://www.projectinform.org/hotlines/
	National HIV/AIDS Hotline 800-232-4636
	Connect with Others The Tribe HIV/AIDS support group: https://support.therapytribe.com/hivaids-support-group/

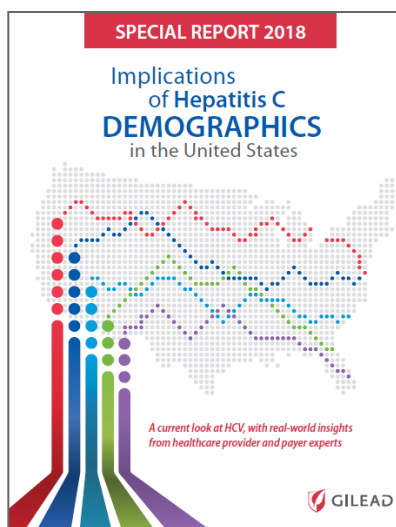
Educational Resources

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

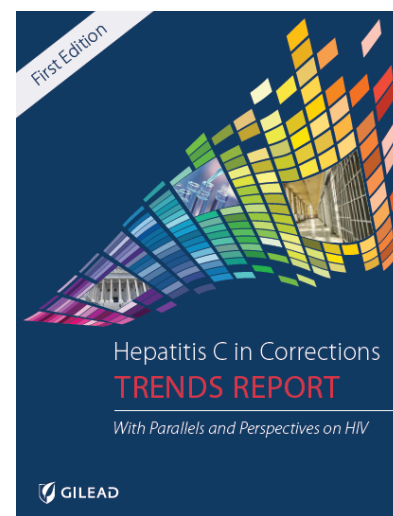


Commitment to Education and Resources

- 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

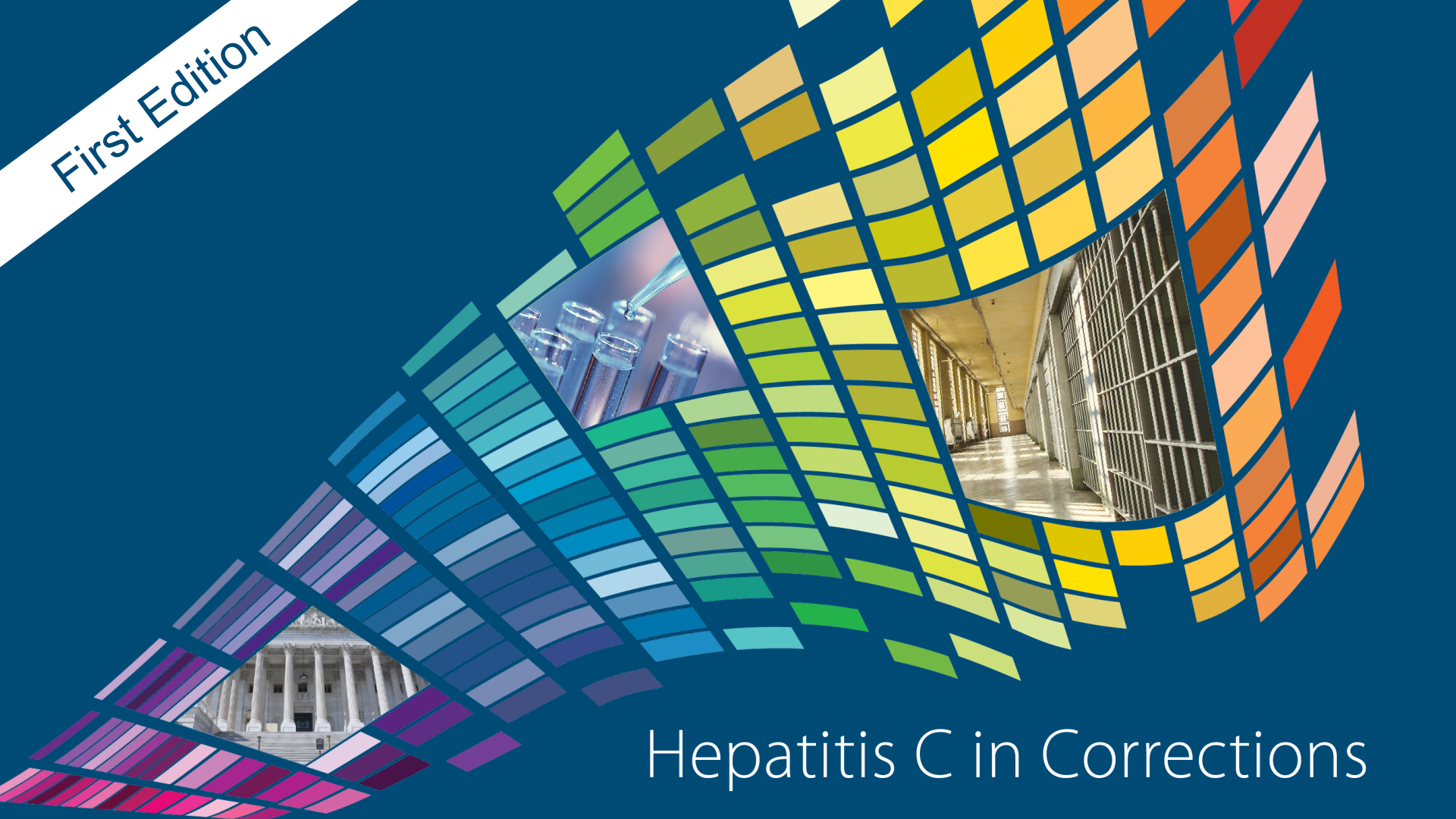


**Implications of Hepatitis C
Demographics in the United States**



**Hepatitis C in Corrections With Parallels
and Perspectives on HIV Trends Report**

First Edition



Hepatitis C in Corrections

TRENDS REPORT

With Parallels and Perspectives on HIV



This presentation contains select data from the 2017 Gilead *Hepatitis C in Corrections Trends Report*.

Gilead *Hepatitis C in Corrections Trends Report Overview*¹



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^a

Steering Committee

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Chicago, IL

^aSteering Committee members were offered compensation for their participation.

Reference

1. *Hepatitis C in Corrections Trends Report With Parallels and Perspectives on HIV*. 1st ed. Foster City, CA: Gilead Sciences, Inc.; 2017.

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



Five Fundamentals That Form the Basis for Prioritizing HCV Management in Corrections¹



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

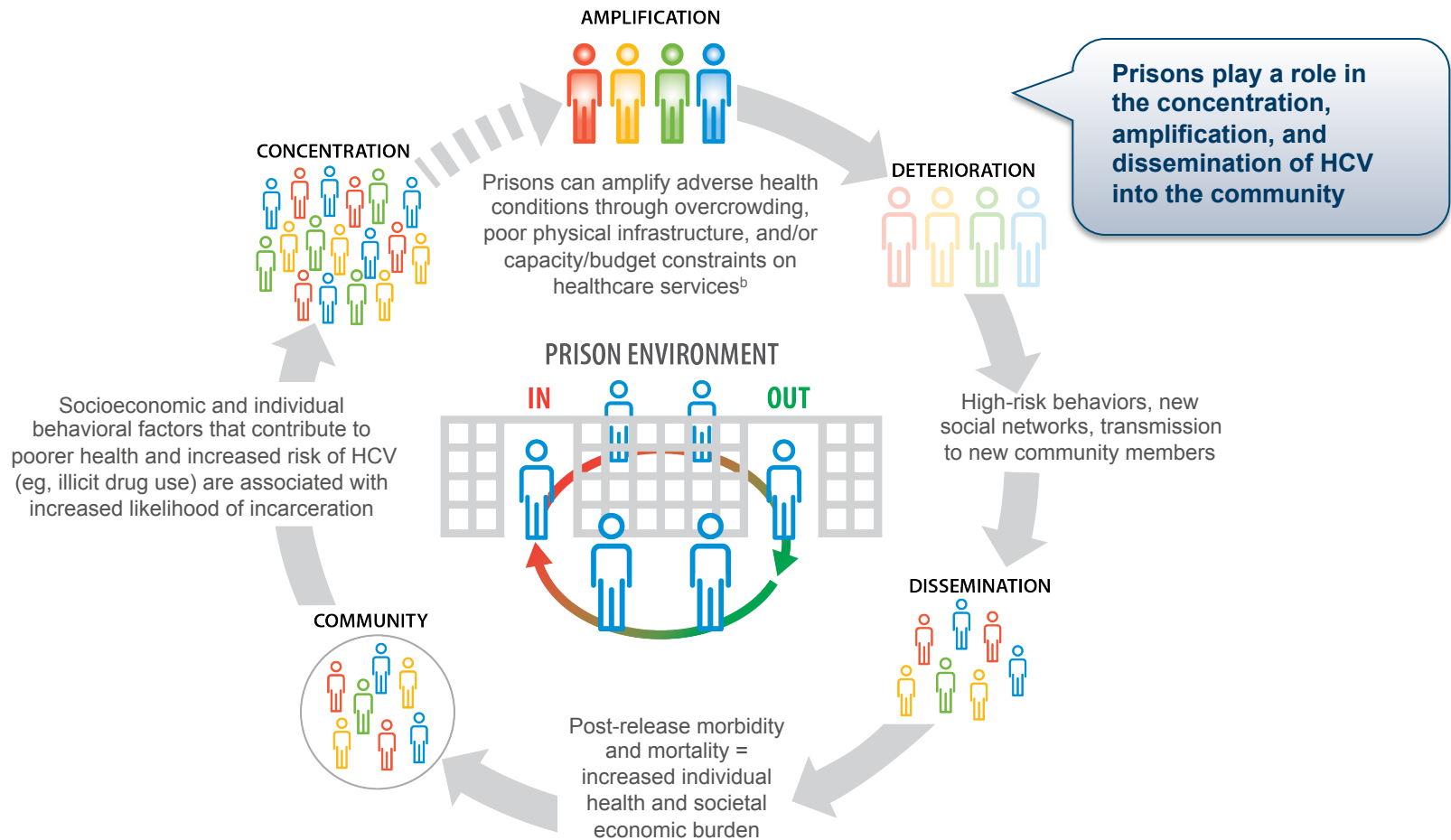
- Corrections officials cannot be indifferent to prisoners' healthcare needs
- Treatment often deferred for nonclinical reasons



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

A Framework for Understanding the Role of Incarceration in HCV Epidemiology in the Community^{1,2,a}



“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.”

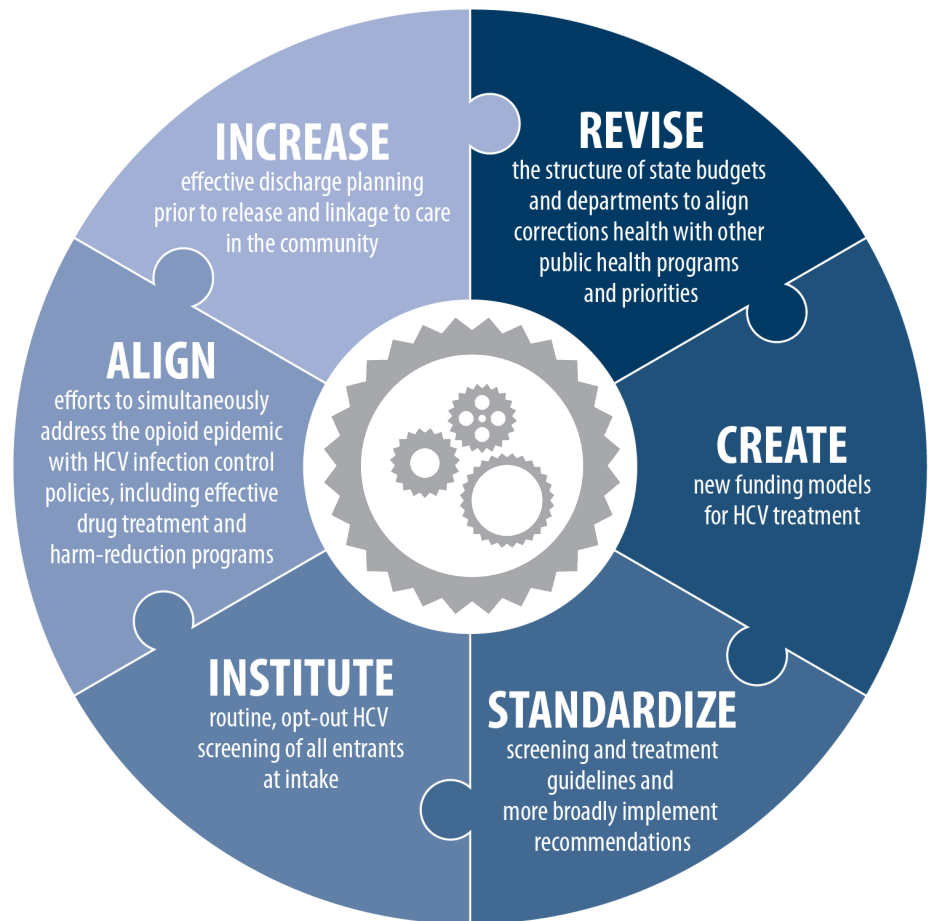
— Anne Spaulding, MD, MPH³

1. Awofeso N. *Public Health Rep.* 2010;125(Suppl 4):25-33. 2. Kamarulzaman et al. *Lancet.* 2016;388(10049):1115-1126. 3. *Hepatitis C in Corrections Trends Report With Parallels and Perspectives on HIV.* 1st ed. Foster City, CA: Gilead Sciences, Inc.; 2017.

Advancing HCV Management in People Who Are Incarcerated: Collaborating to Succeed

- Advancing HCV management in corrections settings will require a collective, collaborative effort on the part of multiple stakeholders¹
- Addressing these challenges is a public and a population health priority^{2,3}
 - Promotes healthy conditions for the community
 - Improves health outcomes of the population

Steering Committee Key Takeaways and Recommendations¹

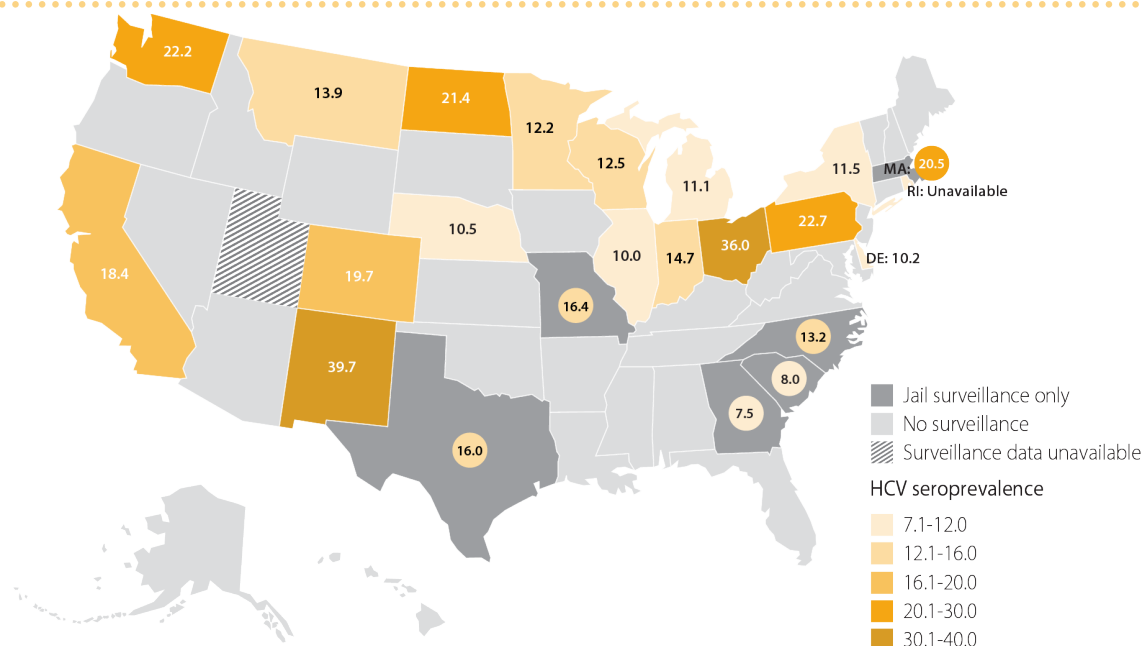
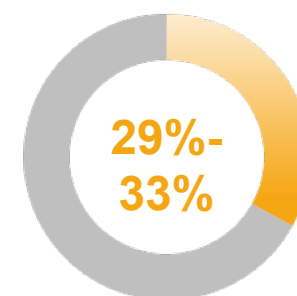


HCV Disproportionately Affects the Incarcerated Population

Rate of HCV in People Who Are Incarcerated^{1,2,a}



Rate of incarceration (jail or prison) in people with HCV^{3,b}:

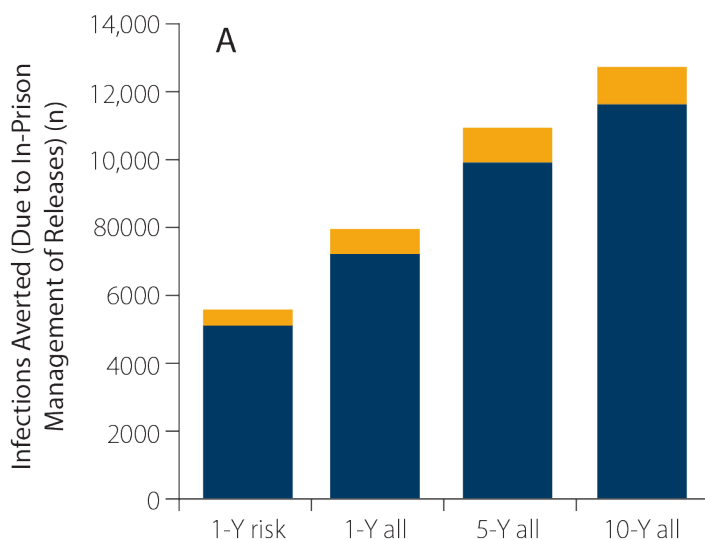


- Estimated HCV seroprevalence (ie, antibody positivity) in state prison populations in 2015 ranged from 10% to 40%, depending on the state^{2,c}

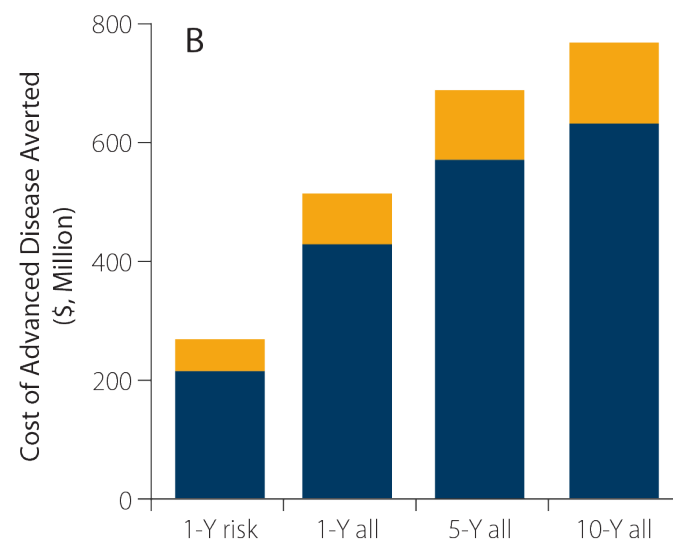
Screening for and Treating HCV in Corrections Could Prevent Further Disease and Reduce Costs^{1,a}

- 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 goals³

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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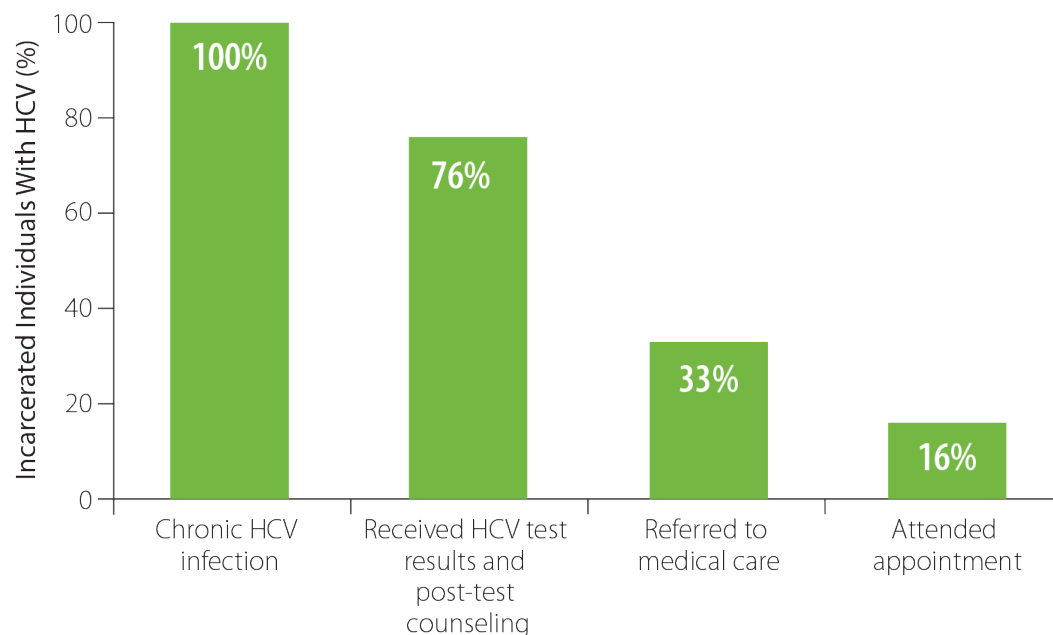
Peer education programs about...harm reduction can be very useful in reducing new transmissions and increasing the general knowledge of HCV transmission, associated disease progression, treatment, and cure among a population that really needs to know that information. — Michael Ninburg, MPA³

”

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 prisons¹
- The few studies of linkage to care for people released from jails show a similar “cascade” pattern seen in people with HCV overall²

Linkage to HCV Care for People Released From Jails in North and South Carolina, 2012-2014^{2,a}



1. *Hepatitis C in Corrections Trends Report With Parallels and Perspectives on HIV*. 1st ed. Foster City, CA: Gilead Sciences, Inc.; 2017. 2. Schoenbachler BT, et al. *Public Health Rep*. 2016;131(Suppl 2):98-104

Additional Avenues to Improving Post-Release Linkage to Care



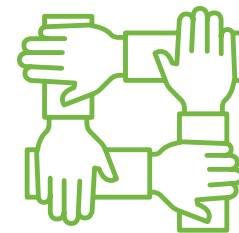
Veterans

- 8% of the population in federal and state prisons in 2011-2012¹
- VHA responsible for care post-release in most cases²
- HCRV Program provides pre-release assessments, referrals, and case management support²



Healthcare Insurance Marketplaces

- ACA allows those awaiting sentencing to enroll in or maintain coverage through plans purchased through the health insurance marketplaces³
- People on probation, parole, or home confinement also eligible⁴



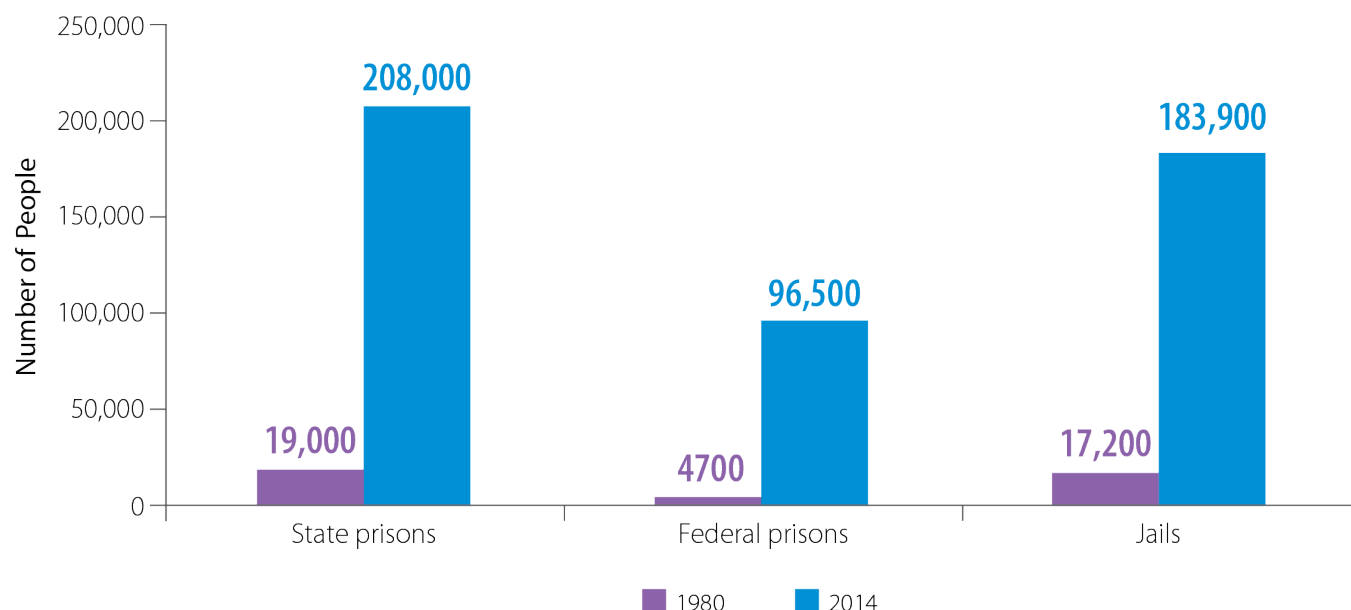
Community-Based Organizations

- Provide services prior to discharge
- Help ensure linkage to medical care after release⁵

1. Bronson J, et al. <https://www.bjs.gov/content/pub/pdf/vpj1112.pdf>. Published December 2015. Accessed January 4, 2017. 2. Anaya HD, et al. *J AIDS Clin Res*. 2015;6(8):493. 3. Somers SA, et al. *Health Aff (Millwood)*. 2014;33(3):455-461. 4. The Pew Charitable Trusts. [http://www.pewtrusts.org/~media/assets/2015/12/statesfiscalhealth_medicaidcoverageinmatesbrief-\(1\).pdf](http://www.pewtrusts.org/~media/assets/2015/12/statesfiscalhealth_medicaidcoverageinmatesbrief-(1).pdf). Published December 2015. Accessed February 6, 2017. 5. *Hepatitis C in Corrections Trends Report With Parallels and Perspectives on HIV*. 1st ed. Foster City, CA: Gilead Sciences, Inc.; 2017

Increased Incarceration for Drug Offenses Contributes to Concentrating HCV in Prisons

Number of People in Prisons and Jails for Drug Offenses, 1980 and 2014^{1,a}



↑ ≈12x
Greater number of people incarcerated for drug offenses in 2014 (488,400) vs 1980 (40,900)

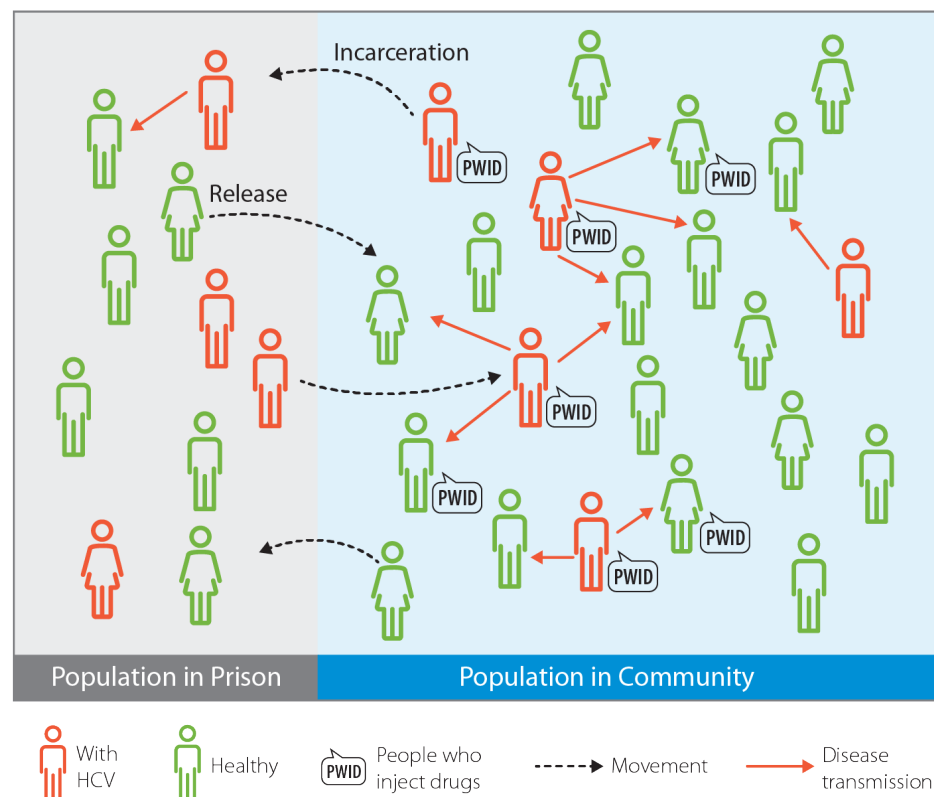
- As a result of tougher sentencing for drug offenses, most people who inject drugs have been incarcerated at some point in their lives²

1. The Sentencing Project. <http://sentencingproject.org/wp-content/uploads/2016/01/Trends-in-US-Corrections.pdf>. Updated December 2015. Accessed August 12, 2016. 2. Rich JD, et al. *N Engl J Med*. 2014;370(20):1871-1874

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 communities¹
 - Sharing of drug use equipment can be common among PWID²

Model of HCV Disease Transmission Among Incarcerated Individuals and the General Population^{1,a}



“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, MPH³

1. He T, et al. *Ann Intern Med.* 2016;164(2):84-92. 2. Suryaprasad AG, et al. *Clin Infect Dis.* 2014;59(10):1411-1419. 3. *Hepatitis C in Corrections Trends Report With Parallels and Perspectives on HIV.* 1st ed. Foster City, CA: Gilead Sciences, Inc.; 2017



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Correctional Health = Public Health

“...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

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!

