



# **Lessons Learned in Developing a Post-Release HCV Treatment Program**

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# **LEARNING OBJECTIVES**

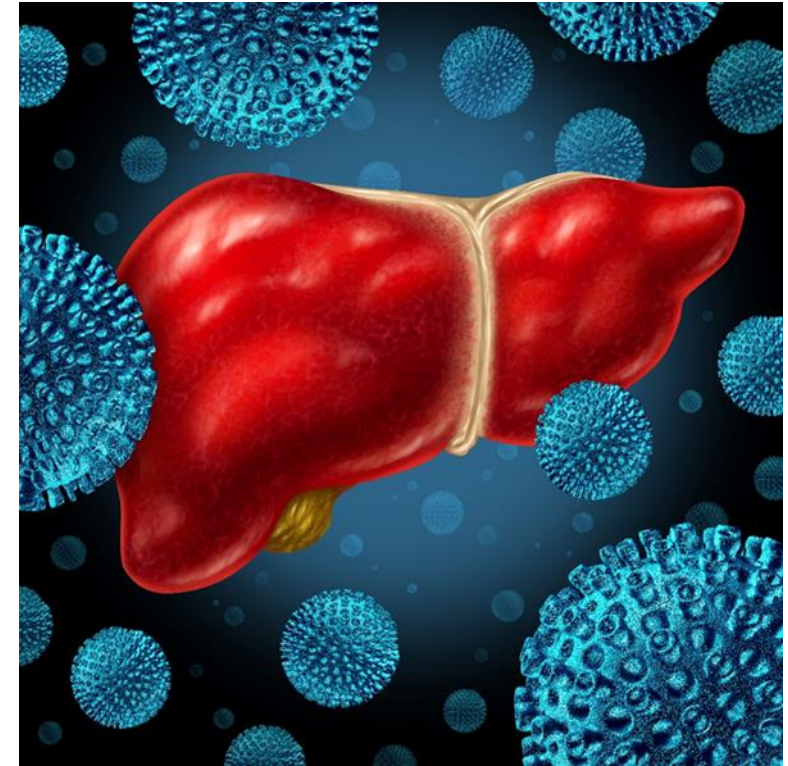
1. Identify the need for HCV treatment programs for the recently released population
2. Summarize challenges faced in the initial setup of the RoR program
3. Discuss important lessons to keep in mind when creating a program for HCV care after reentry



# **Objective 1: Identifying the Need**

# HEPATITIS C VIRUS (HCV)

- Hepatitis C is a virus that causes liver infection
- Transmitted by contact with blood from an infected person
  - >70% by IVDU
- Can be acute or chronic
  - Acute ~ <6 month
  - Chronic ~ >6 months
- Can be cured
  - Daily pill(s) for 8-12 weeks
  - >95% cure rate
  - Few side effects of treatment



# HCV Risk Factors



Those who received tattoos or piercings in prison or other uncontrolled setting



People with current or past history of injectable drug use with unsterile works (IDU)



Baby Boomers  
(Born 1946-1964)



Recipients of: Transfusion or organ transplant prior to 1992  
Clotting factors prior to 1987



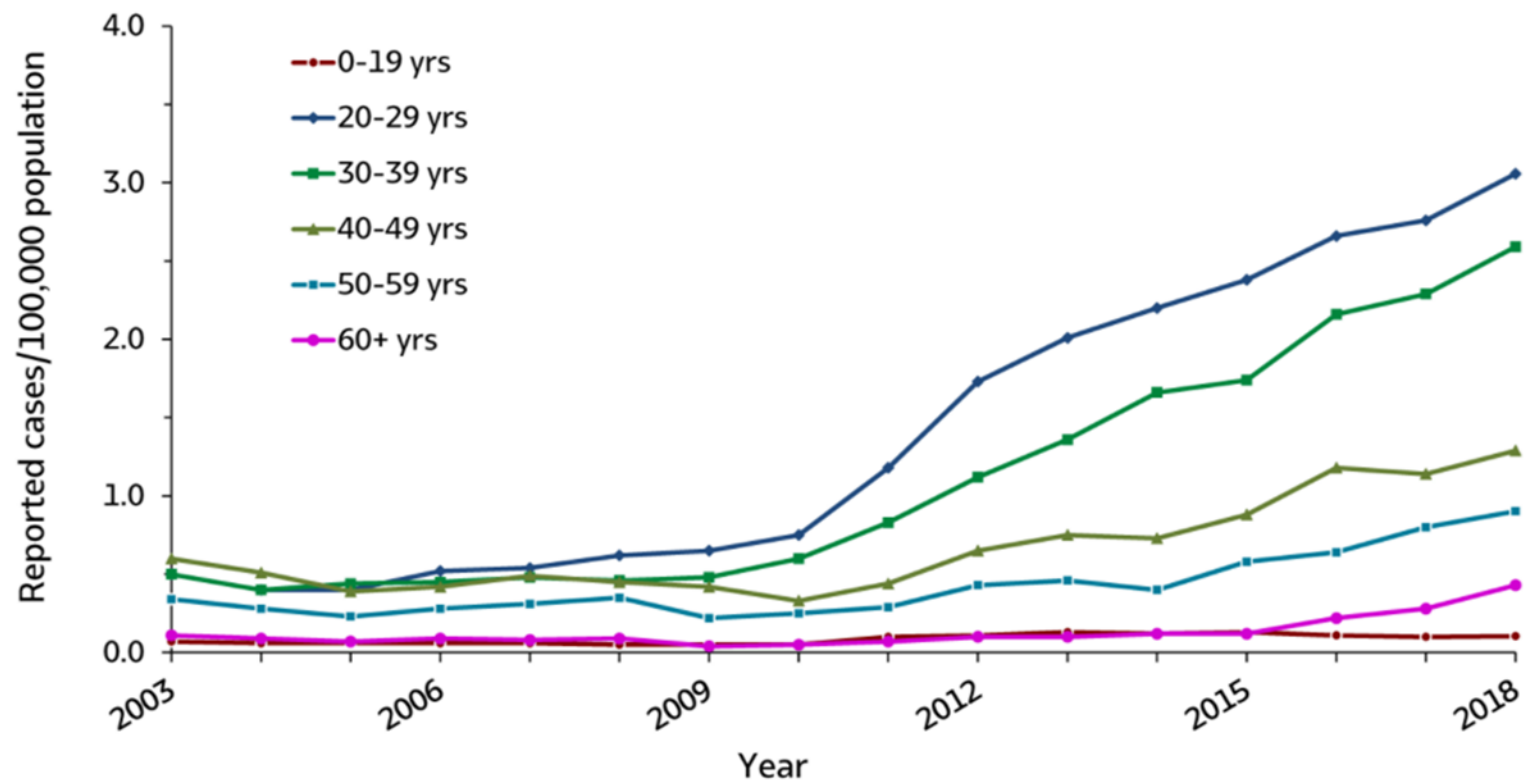
Health care, emergency medical, and public safety personnel after exposure to HCV-positive blood



Children born to mothers with HCV infection

# HCV Current Transmission

Figure 3.4. Rates of reported acute hepatitis C, by age group — United States, 2003–2018



# HCV Treatment

- Pangenotypic Direct-Acting Antivirals
  - Mavyret (glecaprevir-pibrentasvir): 3 tablets daily with food x 8 weeks
  - Epclusa (sofosbuvir and velpatasvir): 1 tablet daily with/out food x 12 weeks
- >95% effective
- In Virginia
  - Medicaid and Commercial insurances cover cost of screening, labs, and treatment
- Nationwide
  - Assistance programs:
    - Uninsured to obtain medication
    - Insured to obtain grants for high co-pays

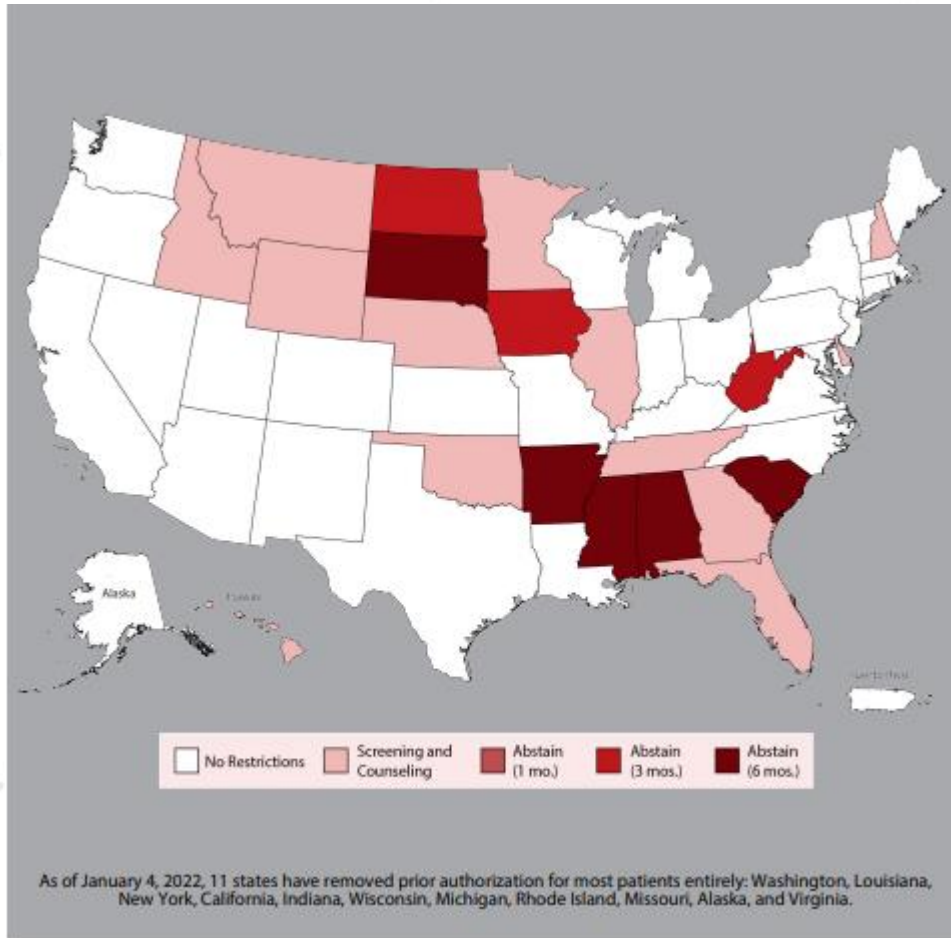


# Restrictions on HCV Treatment

- Prior authorization
- Amount of liver damage
- Require a specialist
- Specialty pharmacy
- No retreatments
- Sobriety



# Sobriety Restrictions on HCV Treatment



Evidence shows that those with IVDU demonstrate:

- Adherence to medication
- Low re-infection rates

**There is no data supporting the use of pretreatment screening in identifying those more likely to succeed in treatment, but as of January 2022, 27% (14) of states require this<sup>1</sup>**

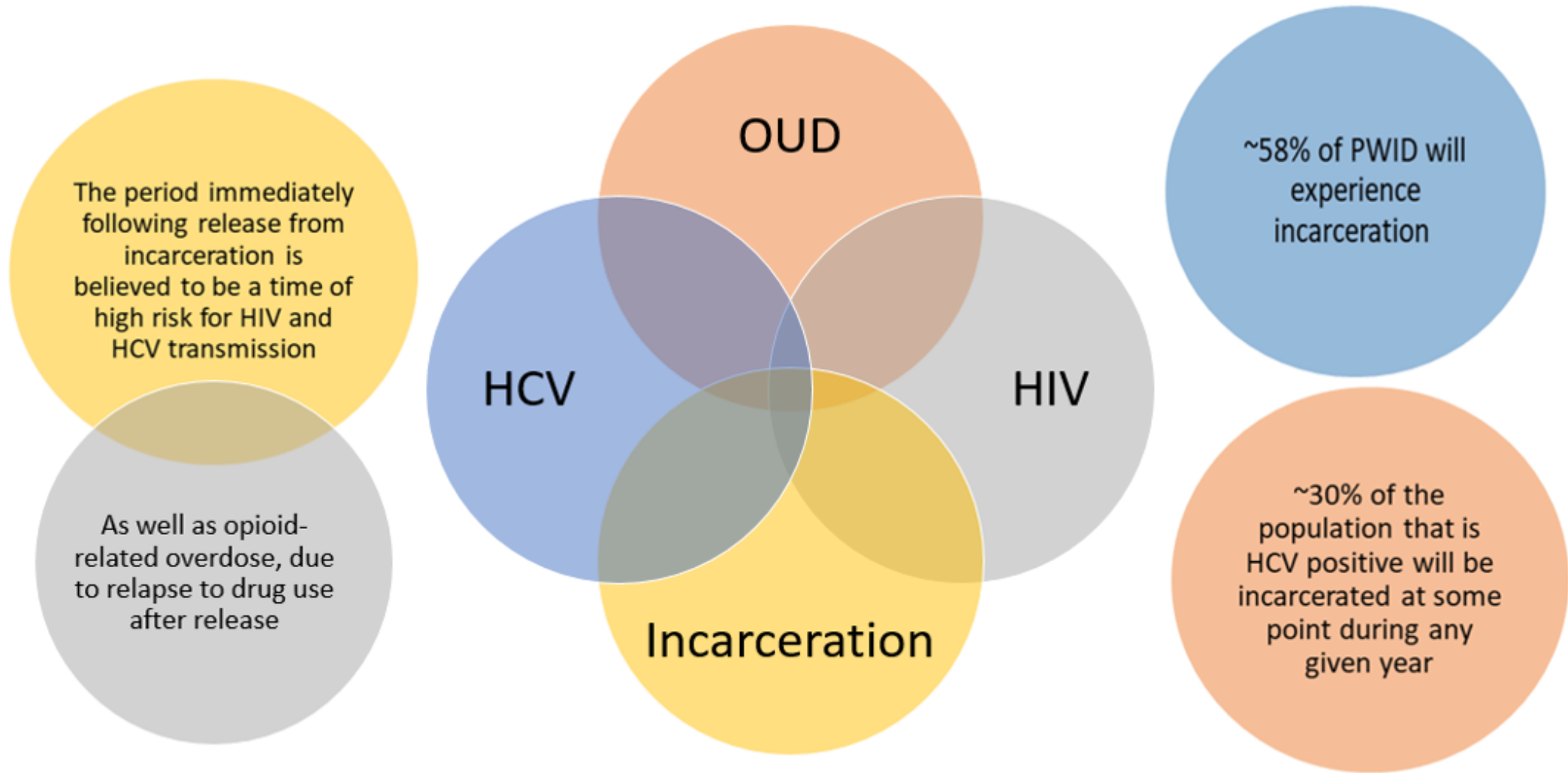
<https://stateofhepc.org/>

## **HCV Impact**

HCV affects millions of Americans nationwide from all backgrounds, but it “disproportionately impacts certain populations and communities,” particularly people of color, people who use drugs, justice-involved communities, and people who are unhoused.”

HHS, Viral Hepatitis National Strategic Plan, *supra* note 3 at 31.

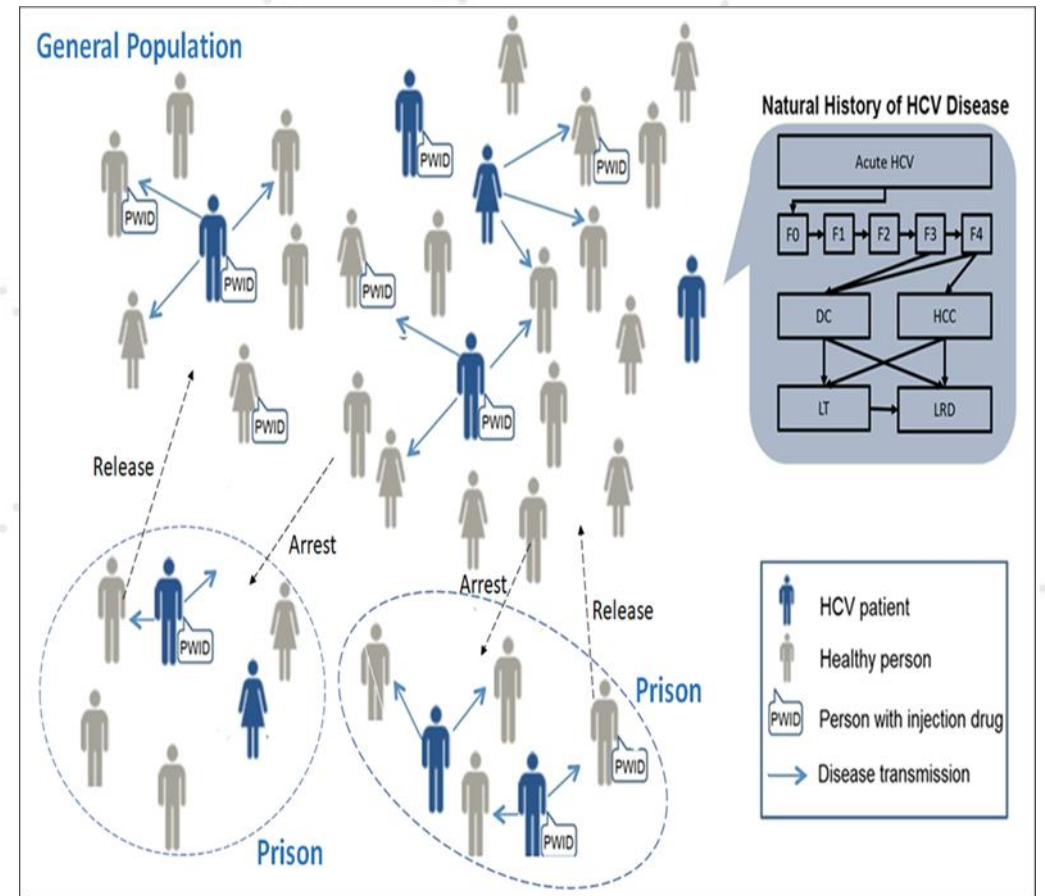
# HCV Impact



OUD = Opioid Use Disorder, HCV = Hepatitis C Virus, HIV = Human Immunodeficiency Virus

# HCV Impact in Prison

- In 2018, Virginia's prison population had a 22.5% HCV positive rate
- **Identifying that population through screening to provide education and treatment (whether while incarcerated or on release) will reduce transmission and decrease prevalence (and incidence) throughout the nation**



<https://doi.org/10.1038/s41598-019-52564-0>

# HCV Impact

Of every 100 people infected with Hepatitis C, **75-85 people will develop Chronic Hepatitis C**. If left untreated:



**60-70 PEOPLE** will develop  
**CHRONIC LIVER DISEASE**



**5-20 PEOPLE** will develop  
**CIRRHOSIS** over a period of 20-30 years



**1-5 PEOPLE** will die from  
**CIRRHOSIS** or **LIVER CANCER**



HCV NOW CAUSES MORE  
DEATHS ANNUALLY  
THAN HIV/AIDS

Economic  
burden may  
exceed \$10  
billion annually  
in the US alone



# Recently Released Population



# HCV RoR Program

## REFERRAL ON RELEASE PROGRAM



VA Department of Corrections shares expected contact info with HEPC of people diagnosed with hepatitis C, but not treated while incarcerated who will soon be released



DOC provides counseling on release of those inmates and provides people with HEPC contacts



HEPC works with clinics who are local to the released inmates to help those recently released receive hepatitis C treatment





## **Objective 2: Challenges with (RoR) Set Up**

# Sharing of Medical Information

## Issue

- Understanding HIPAA Requirements
  - Release of Information
    - Prior or post-release
- Communication of needed materials
  - Labs

## Solution

- Better review of policy
  - Separate Release of Information not needed
  - Covered during referral process



# HIPAA

# Contact Information for Recently Released

## Issue

- Multiple phone numbers
- Wrong phone number
- Shared phone
- Lack of call-backs
- No contact information provided

## Solution

- Old fashion mail
- Provide program contact information upon release



# Finding a Provider

## Issue

- Locating treating providers
  - Released across the entire state
- Transportation
  - Medicaid previously required a specialist
    - Wait-list >6months
- Sobriety requirement information
- Insurance coverage



## Solution

- Outreach
- Documentation
- Interactive Map (<https://virginiahepc.com/treatment-access-map>)

# Recidivism

## Issue

- Re-incarceration happens
  - Virginia has a 23.4% recidivism rate (2019)<sup>2</sup>
  - Released 12,695 individuals (2019)<sup>3</sup>
    - 2,971 will be re-incarcerated
  - Treatment interruptions/Unable to complete
  - Re-incarcerated at local jail (vs VADOC facility)

## Solution

- Contact as soon as possible
- Obtain full-course of medication
- Anticipate it happening





# Referral Process Standardization

## Issue

- Slow to start
- A lot of information and a lot of facilities
  - How to complete referral
- Competing priorities
- Encouraging engagement (no carrots & no sticks)

## Solution

- VADOC to the rescue!
  - Mobile HCV Unit
  - Central referral process
  - New protocols
  - Webinars



# Patient Progression and Follow-Ups

## Issue

- Lots of unanticipated follow-up
  - Lab results pre-appointment
  - Referral received
  - Patient attended appointment
  - Medication prescribed/started/completed
  - Cure confirmation lab completed

## Solution

- Staffing
- System for tracking patient progress



# Dedicated Staffing

## Issue

- Didn't have the staff
  - Thought existing staff could fit it in
- Taking too long to contact patients post-release

## Solution

- Contract with VADOC for dedicated staffing
  - Administrator
  - Nurse Navigator



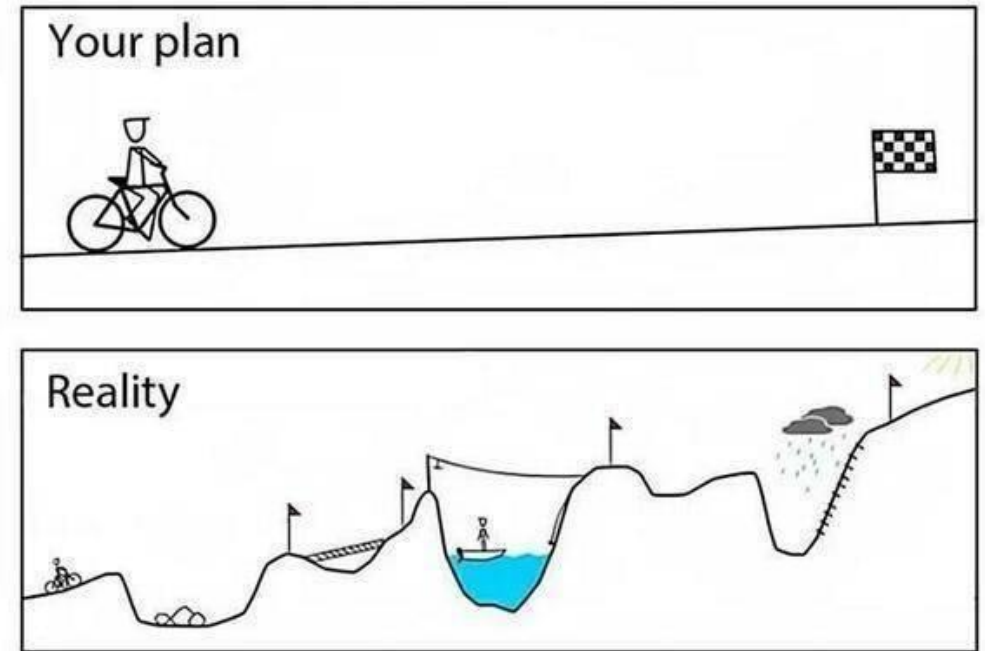




## **Objective 3: Lessons Learned and Considerations for Program Set-Up**

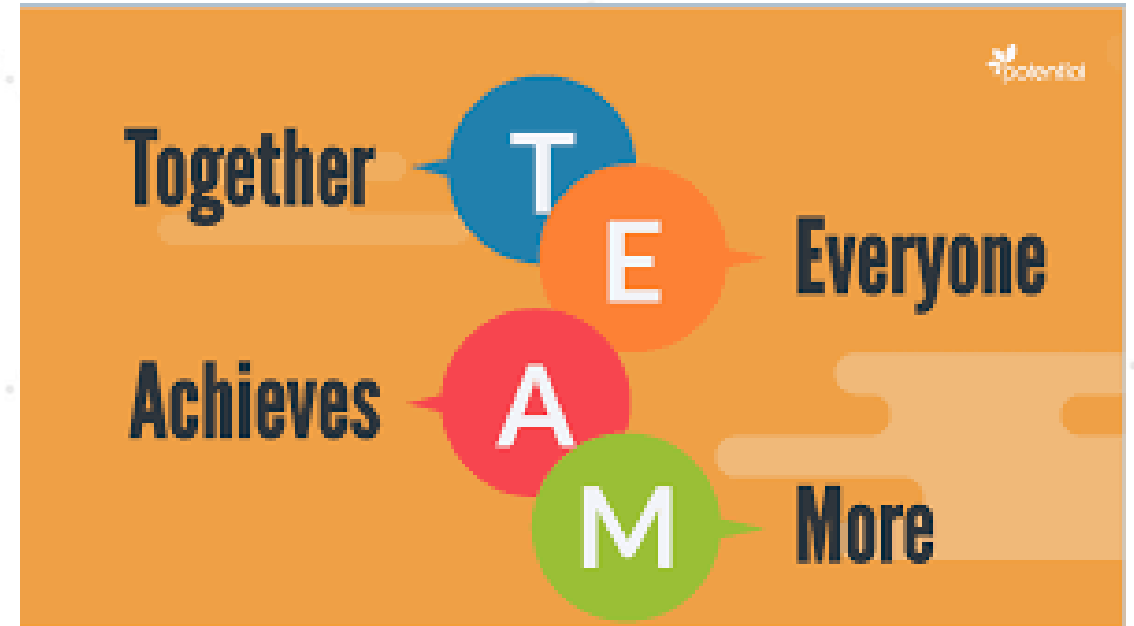
# Lessons Learned

- Wasn't as straightforward and easy as expected
- We needed to better understand policies
  - Federal, state, and institutional
- Locating treating providers can be hard
- Current and accurate contact information is key!



# Lessons Learned

- Re-incarceration will happen – have a plan!
- Changes will be needed
  - Standardize, when possible
  - Set expectations early
- Follow-ups are needed
  - Patients
  - Clinics
  - Labs
- Team work and collaborations are vital





# **Considerations for Program Set-Up**

# Identifying Stakeholders

- DOC/Correctional Facilities
- Referral/Program Team
- Community partners
- Each stakeholder has:
  - Different priorities
  - Unique regulations/challenges
  - Views the patient differently
  - Has a different role to play



# Identifying Your Needs

- What is the current HCV screening process?
  - Who decides this
  - Does it capture the majority of those that are HCV+
- Where do incarcerated HCV+ patients go for treatment?
  - Restrictions?
  - Waiting list?
- Number released without being treated?

# Needs Assessment

# Identifying Your Needs

- What information is provided to those being released with HCV?
  - Overall are those leaving incarceration HCV+ able to access treatment?
- What is your correctional centers relationship with your state Health Department?
  - Will they assist in reaching this population?
- What agencies work with your re-entry programs?
  - Do they assist with medical navigation?



# Program Set-Up

- Where are the providers in your state treating HCV?
  - Is there an easy way to identify them?
  - Specialist required?
- If you have decided to implement a similar program have a 5 minute elevator speech ready at all times





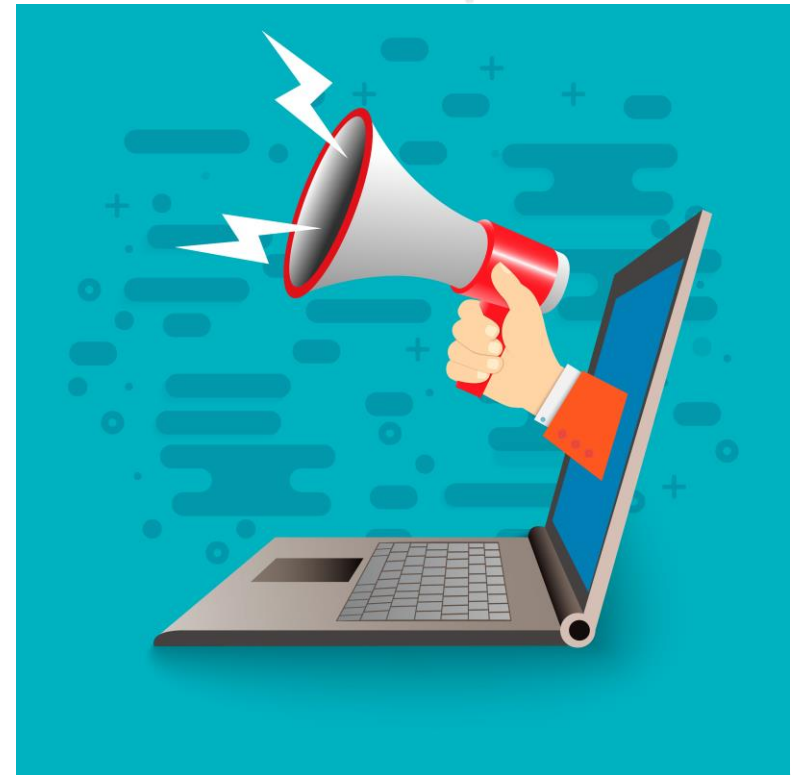
# Department of Corrections

- Review of privacy policy
  - What is need/able to be collected/shared
- Develop program education plan
  - Standardized protocols and procedures
  - Disseminate information
- Hepatitis C Screening Policy
  - Opt-out
  - Reflex HCV+ Ab to HCV RNA
- Labs
  - Hep C Viral load
  - Hep A & B screening
  - HIV Status
  - CBC & CMP



# Department of Corrections

- Referral packet
  - Demographics, contact info, records, labs
- System of tracking information
  - Release date
  - Referral date
- Dedicated staff
  - Responsible to program tracking
- Leadership support
  - Champion program
  - Ability to remove barriers



# Referral/Program Team

- Point of Contact
  - Where to send referrals
  - Easy access for questions
- Development of Provider Network
  - Insurance accepted
  - Understand possible barriers/restrictions
- Tracking System
  - Patient progression through treatment



# Referral/Program Team

- Dedicated staffing
  - Help patient navigate the system
    - Closest treating provider
    - Set/reschedule appointment
    - Transportation
    - Insurance applications/eligibility
    - HCV education
- Contact treating provider
  - Appointment status
  - Medication status
  - Insurance accepted
  - Understand possible barriers/restrictions



# Community Partners

- Point of Contact
  - Where to send referrals
  - How to schedule appointments
  - Easy access for follow up
  - Provide updates on accepted insurances
- Tracking System
  - Patient progression through treatment
- Be Part of the Network
  - Participate in coalitions, webinars, and awareness of other resources in community with partners



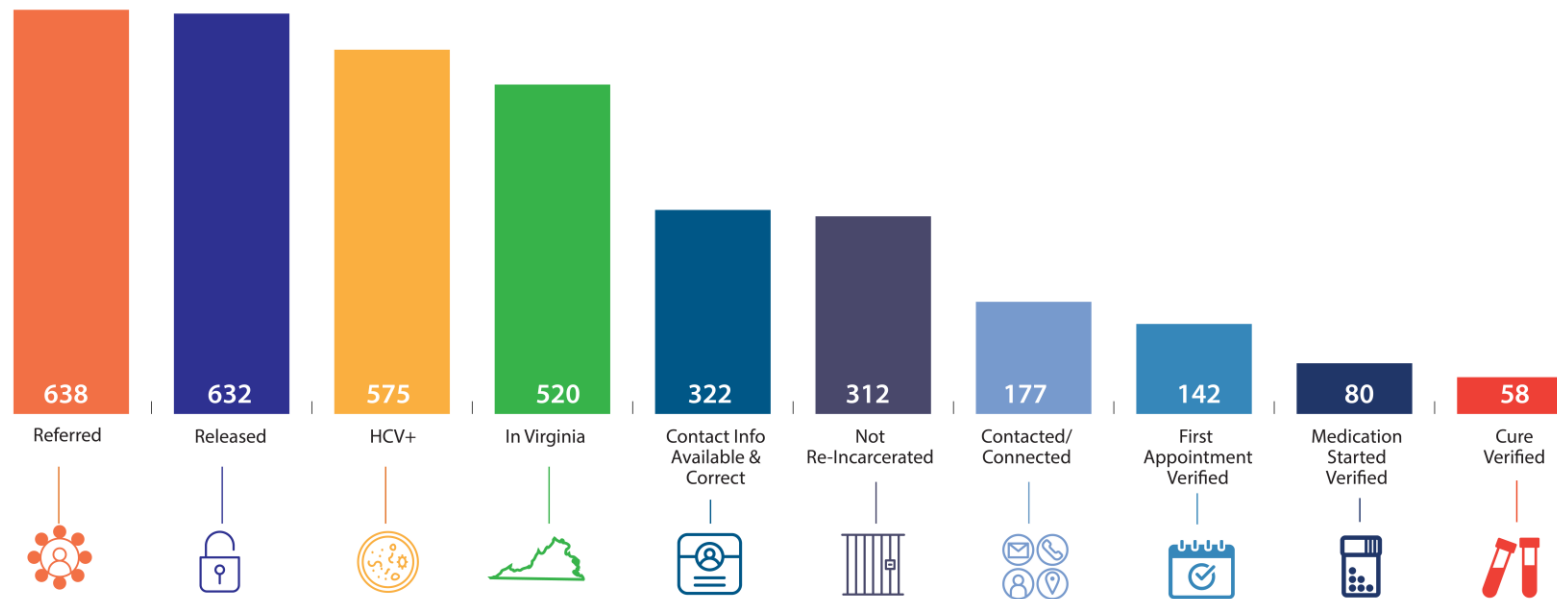


# **Our Results:** **Program Improvement Over Time**

# Year 1 Data

## Hepatitis C Cascade of Care

Year 1

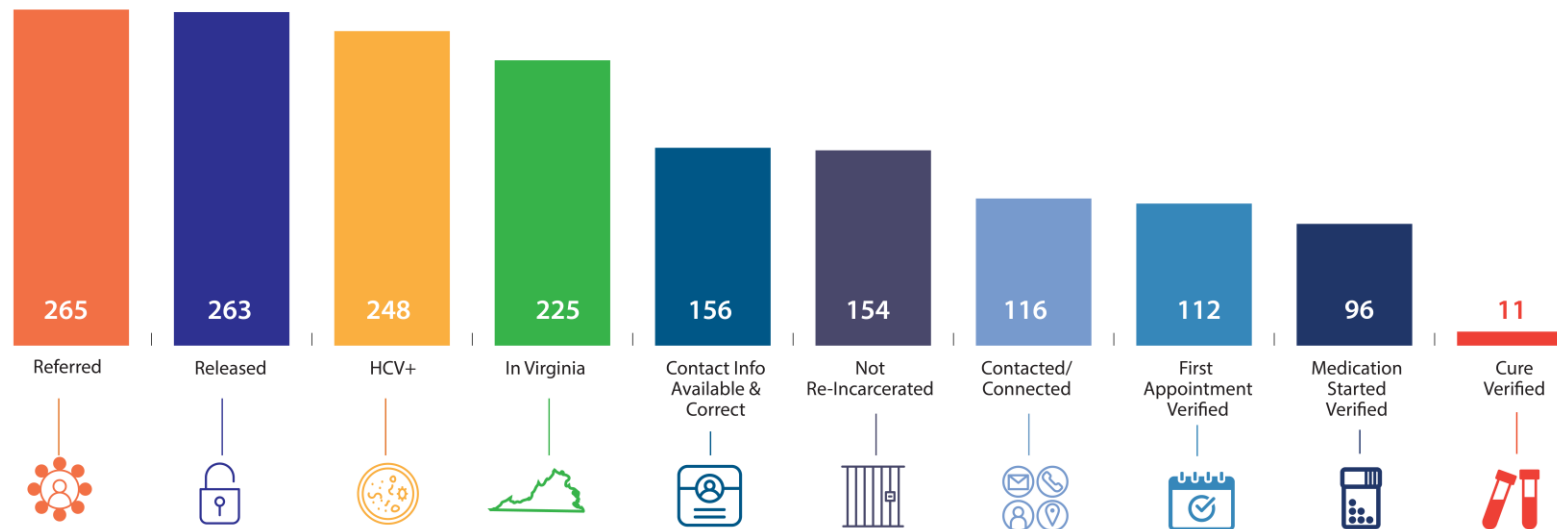


Treatment is ongoing throughout the cascade

# Year 2 Data

## Hepatitis C Cascade of Care

Year 2



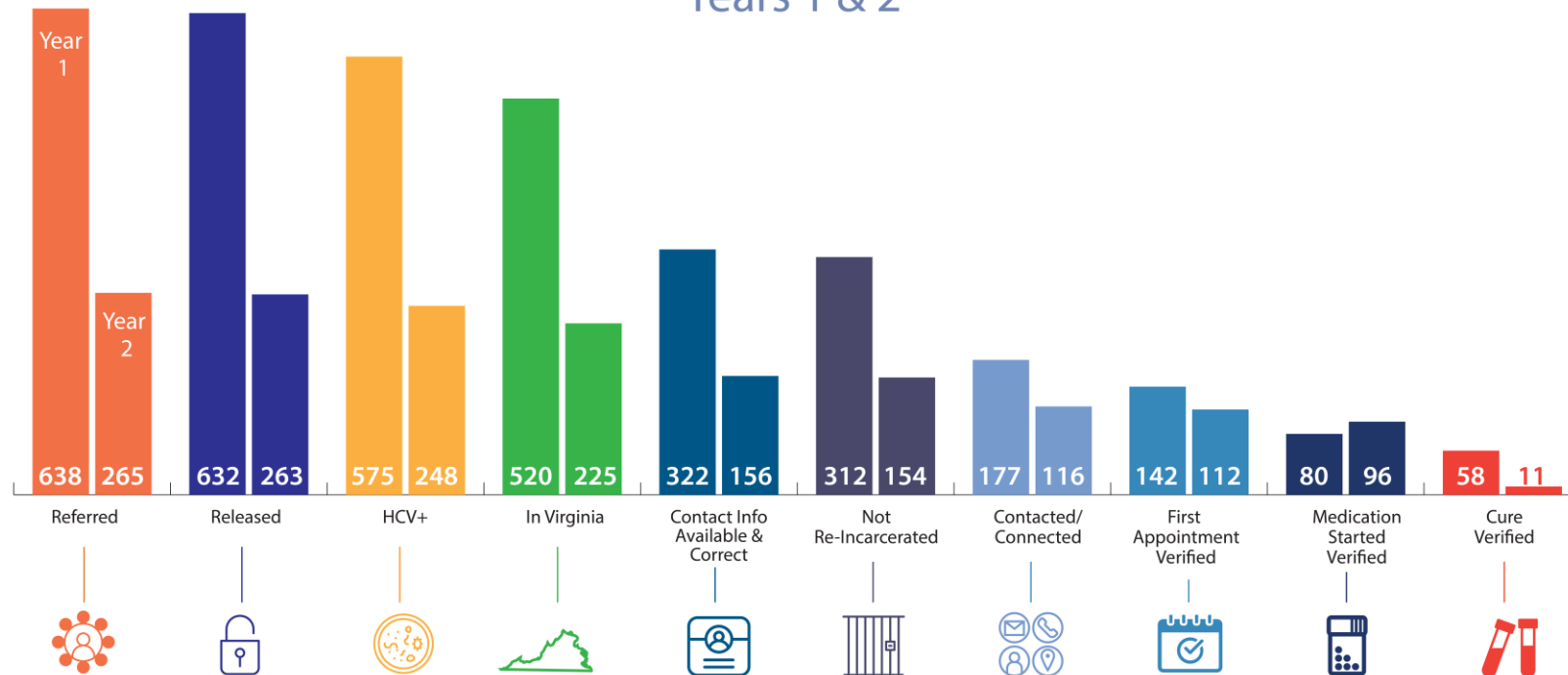
Treatment is ongoing throughout the cascade



# Data Comparison

## Hepatitis C Cascade of Care

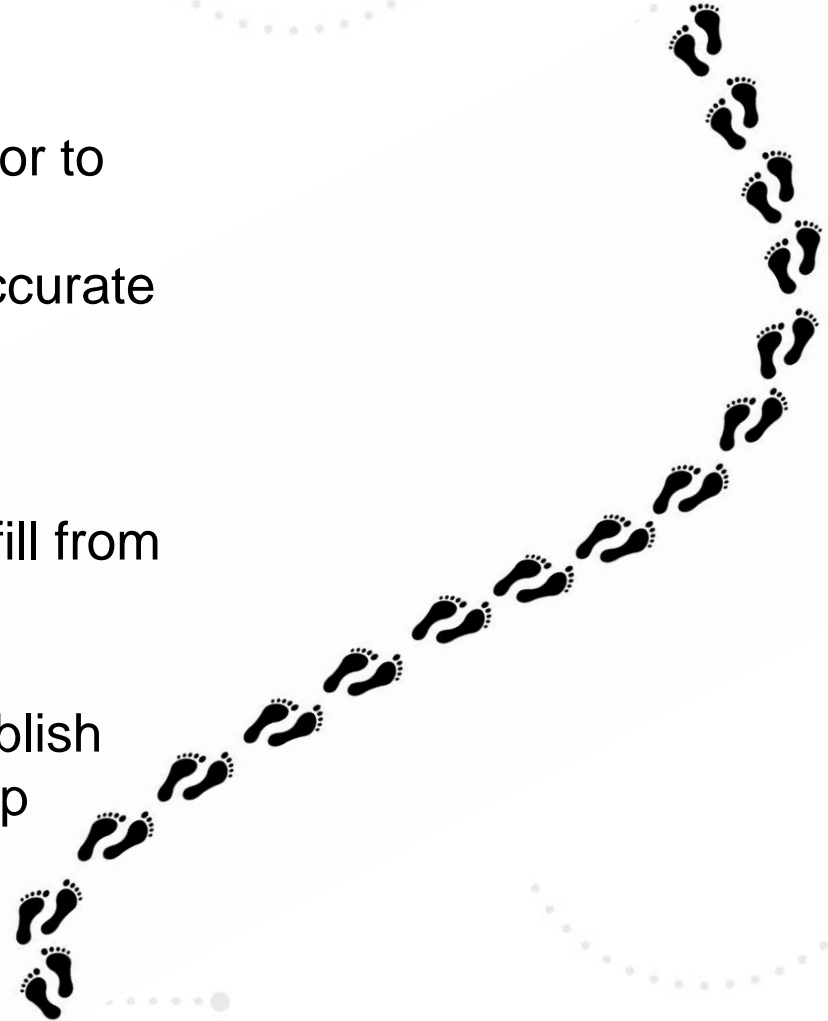
Years 1 & 2



Treatment is ongoing throughout the cascade

# Continuing Improvement

- Correct Contact Information
  - HEPC RN
    - Schedule telemedicine visits with person prior to release
    - Establish connection, ease follow up with accurate contact information
- Recidivism Loss to Treatment
  - Medicaid
    - Full dose dispensing will prevent need of refill from interrupting treatment
  - Jails
    - Virginia these are separate from DOC. Establish connections to prevent loss to follow follow up



# **Special Thanks**

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