Expanding Access to Treatment for Hepatitis C: Addressing Linkage to Care Needs on Re-Entry to Society from Incarceration

Presenter:
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Terry Kemp Knick has nothing to disclose.
1. Identify barriers to accessing HCV care during the time of re-entry into society

2. Describe the HEPC model of patient navigation and treatment for HCV among those recently released

3. Explore strategies and interventions to mitigate barriers and improve HCV treatment access for this vulnerable population
• Using this data there are ~11,343 people that are HCV+ at any given time in Virginia’s Department of Corrections

• The population is fluid—meaning in a given year the number of inmates that are HCV+ could be double or triple this number

• People move through the system at different speeds, having different opportunities for care in optimum conditions
To move from treating <4% of those incarcerated to a goal of 100% will take time.

The spread of HCV will not wait for financing the treatment, training the providers, implementing protocols.

Until we are able to further expand within the correctional facilities, we wanted to explore what we could do to positively impact those that were justice involved in the fight against HCV.
Prison and General Population HCV Transmission

Challenges on Re-Entry into Society

- Unstable Housing
- Homelessness
- Transportation
- Identification
- Address changes
- Telephone
- Family Dynamics
- Changing social circles
- Substance Use
- Poverty
Background

Collaboration between Virginia Department of Health and University of Virginia began in June of 2018 to expand access to treatment for hepatitis C in Southwest Virginia and build their capacity to treat locally.

Started with
- Telemedicine in 3 clinics
- Provider and support staff training conferences with consultation support for independent treatment by providers in rural areas

Now have
- Telemedicine in 15 clinics - 232 patients seen, 97 to cure so far
- 50 providers trained - 13 treating – 283 patients seen
- 31 support staff trained
- 32 locations represented in training
Referral on Release

Prior Process

Offender was given a sheet of paper with phone number for care in Richmond and instruction to call their doctor if they had insurance.
Desired HEPC Model

Crossfunctional Logic Model - UVA's Hepatitis C Recently Released Program

- **Dept of Corrections**
  - Subject tested positive for Hep-C
    - No: No further action needed, subject is released
    - Yes: Subject informed, referral sent to HEPC at least 3 months before release

- **UVA Hep-C Program**
  - Referral (name, contact information, & health history) received from DOC
  - Subject able to be contacted
    - Yes: Treating provider identified, appointment scheduled, records from incarceration sent to provider
    - No: Patient considered cured, program successful
  - Results documented in subject chart and program records

- **Treating Provider**
  - Subject scheduled with provider to begin treatment
  - Appointment held
    - Yes: Prescription for Hep-C treatment prescribed
    - No
  - Retested for Hep-C
  - Test results received for Hep-C, subject notified of results
  - Documentation sent to UVA
Getting Started

Department of Corrections

- Finding incarcerated individuals throughout state facilities that are HCV+
- Permission needed to share records- HIPAA concerns
- Obtaining paperwork for inmates referred

HEPC

- Staffing
- Identifying treating providers for referrals
- Establishing Database
Diagnostic testing and treatment at DOC are limited to a specific subgroup

The Department of Corrections does a hepatitis C antibody test- if positive they then do a fibroscan™

If the fibroscan™ is >7.0 they consider treating, otherwise they do nothing further regarding the HCV.

How this strategy impacts people on release

Some will have a positive antibody test but not need treatment, they will not know this until the viral load is drawn

Many specialty practices require confirmation of HCV viral load before they will accept a referral for treatment.
Real World HEPC Model

Crossfunctional Logic Model - UVA’s Hepatitis C Recently Released Program

- Subject tested positive for Hep-C
  - No: No further action needed, subject is released
  - Yes: Subject informed, referral sent to HEPC at least 3 months before release

- Referral (name, contact information, & health history) received from DOC
  - No: Subject able to be contacted
  - Yes: Treating provider identified, appointment scheduled, records from incarceration sent to provider

- Subject rescheduled (UVA assist as needed)
  - No: Appointment held
  - Yes: Prescription for Hep-C treatment prescribed

- Test results received for Hep-C: Subject notified of results
  - Lost to care: Patient considered cured-program successful
  - Treatment not successful (referred to specialist)

- Documentation sent to UVA
Barriers Encountered

System Related

Communication is key, but the most complicated thing between agencies.

• Obtaining medical records of diagnostic testing done at correctional facility
• Obtaining Medicaid numbers, patient receiving Medicaid card
• Medicaid switched from DOC to civilian status
• Providers knowing which Medicaid MCOs they accept
• Providers accepting referrals without all of the diagnostic testing completed

Patient Related

Contacting the patient is the largest barrier. If they were counselled prior to release they provided contact information, more likely to be accurate. If not, DOC provides all contact information they have—multiple contact phone numbers and last known address.

• Accurate contact information
• Length of time that information remains accurate
• Transportation to appointment
• Attending appointment once set
Unsuccessful Case Study

Suzie Q

Reflected on 4 days before released. HEPC in contact with her 60 days after release.

• We referred her to closest location we had to her home. They did not take her type of insurance.

• The next closest location was 1.5 hours away. At the time she did not have transportation.

• She did have a job, and could not miss the time from work to attend an appointment even if we could find her transportation.

• I called her back in a few months to see if she had found care- left message on her voice mail. No return call received.

• I called her back in another month or two- she had lost her Medicaid and was not interested in pursuing treatment.
Strategies to Improve Process

**Department of Corrections**

- Hired an additional staff
- Changed process of testing on finding a HCV+ antibody test
- Streamlining referral process to facilities
- Increased counselling of inmates prior to release

**HEPC**

- Called all referral sites to identify what insurances are accepted
- Actively seeking out clinics treating HCV
- Created website with map of referral locations including insurance info
- Working on funding to hire additional staff to handle this program exclusively
Successful Case Study

Bubba Joe

Referred 60 days before released. HEPC in contact with him 30 days after release.

- We referred him to closest location we had to his home. They did not take his type of insurance. Even though I had called 3x to ensure they did! They didn’t tell him until he showed up for the appointment.

- I referred him to the next closest clinic- about 1.5 hours away from him. Patient was able to find transportation.
  - We had a relationship built with the clinic we referred the patient to. We were able to let them know he was coming from far away. They called his lab orders in to a hospital in his area to complete prior to coming to the appointment in their clinic. He only had to travel to their clinic one time for an appointment prior to treatment. He was able to call them for check ins during treatment and have his final lab drawn closer to home as well.

- He called me each step of the way to let me know he had the appointment, he had the medication, he completed it and just last month, he called to let me know he was cured.
## HEPC Model

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Outputs</th>
<th>Participation</th>
<th>Activities</th>
<th>Short</th>
<th>Medium</th>
<th>Long</th>
</tr>
</thead>
</table>
| Partners:  
- Department of Corrections (DOC)  
- Community Providers/PCPs  
- Local Health Departments- RN coordinating HCV telemedicine clinic  
- Clinics that are hosting telemedicine for UVA treating HCV | Epidemiology/Testing:  
- Identify those eligible for release from incarceration through records review and testing on preparation for release  
- Clinical Care:  
- Contact and refer to closest treating Hep-C providers  
- Completed needed diagnostic testing to show need for treatment (labs, liver staging)  
- Prescribe treatment for those who need treatment  
- Educate on Hep-C epidemiology and prevent re-infection | Subject population:  
- Adults aged 18-70, who have tested positive for Hep-C viral load or RNA  
- Recently released from incarceration  
- Virginia resident  
Partner Population:  
- Virginia Department of Corrections Pharmacist, Medical staff at individual facilities  
Community providers across the state of Virginia that are currently treating Hepatitis C | Subject Population:  
- Link newly released persons to providers who treat Hep-C  
- Help with getting started on Hep-C treatment  
Partner Population:  
- Inform DOC of UVA’s program to help recently released people access Hep-C treatment  
- Encourage community providers to treat Hep-C  
- Encourage community clinics to participate in telemedicine to increase access to treatment for patients | Subject Population:  
- Retain subject population in Hep-C treatment  
Partner Population:  
- Encourage communication with UVA regarding disposition of subject’s treatment | Subject Population:  
- Cure subject of Hep-C virus  
- Encourage subject to continue to see a medical provider for preventive services  
- Reduce the number of recently released persons not being treated for Hep-C  
- Decrease spread of HCV in community  
- Decrease need for treating incarcerated (with recidivism)  
Partner Population:  
- Foster a collaborative relationship with DOC and community providers to help ensure treatment of shared population with Hep-C  
- Elimination of HCV |
• We currently have a proposal in to find funding for a full time position to keep up with the referrals and ensure that they are being contacted sooner upon release. That would enable this to go from being a project that is done when time allows to a program that has consistent time spent on assisting those referred.

• Continued follow up with the DOC as they standardize testing following a positive HCV antibody test. The prior process was in place for quite some time and will take education and repetitive instruction to create new habits to allow better informed decisions on referral of these patients.

• DOC continues to work on increasing the number of inmates they are able to treat while incarcerated. HEPC is assisting to follow up with SVRs for those that are released prior to the 12 weeks after treatment that is required for that lab.

• Improving the communication network with providers we refer to- finding a way to have confirmation of patient attending appointment, starting and completing medication and obtaining SVR. Currently we are having to call many of the providers and have been unable to consistently get information sent back to us.
<table>
<thead>
<tr>
<th>Count</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>691</td>
<td>Referred</td>
</tr>
<tr>
<td>316</td>
<td>Still working to contact</td>
</tr>
<tr>
<td>90</td>
<td>Not Yet released</td>
</tr>
<tr>
<td>53</td>
<td>Appointments</td>
</tr>
<tr>
<td>56</td>
<td>Out of State</td>
</tr>
<tr>
<td>41</td>
<td>Attended 1&lt;sup&gt;st&lt;/sup&gt; Appointment- linked to care</td>
</tr>
<tr>
<td>47</td>
<td>No Viral Load</td>
</tr>
<tr>
<td>23</td>
<td>Started treatment</td>
</tr>
<tr>
<td>16</td>
<td>Re-Incarcerated</td>
</tr>
<tr>
<td>15</td>
<td>Waiting SVR (12 weeks after treatment for lab for cure)</td>
</tr>
<tr>
<td>32</td>
<td>No contact information</td>
</tr>
<tr>
<td>2</td>
<td>Cures</td>
</tr>
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Gateway treatment

After those re-entering society have managed to navigate the health system with our help, obtain the medication for treatment and be cured of hepatitis C- which for many seemed an impossibility- they are often ready to take on more challenges. Getting help for their other health issues- including treatment for substance use. A positive interaction with health care directly on release from incarceration can make a lasting impression and a positive change in the person’s life.
One Chance

Whether you are a case manager, a nurse, a LIP or other care provider when you have someone re-entering society come to you for assistance, you have once chance to make an impression. You truly have the power to make an impact on someone’s life. This person may not have had kindness or trust shown to them for quite sometime. Listening, treating them like a person, not singling them out to remind them of where they were referred from can make a difference.

Those released do not create the stigma that follows them- the professionals and those around them do.
Take Aways

• Do NOT volunteer for an entire state prison system program without a budget for additional personnel.

• Communication is key, but the most complicated thing between agencies.

• Networking to the point of partnership is the only way states are going to impact the prevalence of HCV.

• Initiating contact as soon after release as possible is important. They may not be ready for treatment, but they will keep your number and call you back when they are ready.

• Letters still work. I get on average about a 20% call back on mailings.
Special thanks to the amazing team I work with

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Questions

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