Hepatitis C Care in New York State Prisons

Jack Beck, Director, Prison Visiting Project
Correctional Association of NY
22 Cortlandt Street, 33rd Floor
New York, NY 10007
212-254-5700
Jbeck@correctionalassociation.org
In 1846 the New York State Legislature granted the Correctional Association the authority to visit prisons and report its findings to policymakers and the public. The Prison Visiting Committee is the arm of the Correctional Association that monitors male prisons throughout the state and advocates for policies that will better serve incarcerated persons, corrections staff and the society at large. We visit about 6 to 10 prisons per year and issue reports about our observations and recommendations.

Issue-specific Reports & Testimony on Medical Care in NY Prisons:
- HIV Services for Women in NYS Prisons (2015)
- CA 2013 Comments Re NYS Department of Health Oversight of HIV/HCV Care in NYS Prisons (2013)
As of February 2017, 51,387 persons were confined in 54 prisons

- DOCCS closed 13 prisons in the past seven years
- 28% reduction since December 1999 when census was 71,538

Characteristics of January 1, 2016 prison populations

- 52,344 incarcerated persons (95.3% male, 4.7% female (2,389))
- 48.5% African American, 23.8% Latino, 24.7% Caucasian
- Average Age – 38 years old
  - 3.2%-16-20; 27.6%-21-29; 28.7%-30-39; 21.1%-40-49; 19.4%-50+
- 43.4% from NYC, 54% from NYC + suburbs; 10% foreign born
- 66% were never married; 60% have at least one living child
- 59% have a high school diploma or equivalent degree
- Median: Min. sentence – 67 months; Max. – 84 months
- Median time to earliest release – 14 months
- Conviction: Violent crime–64%; Drugs–13%; Property–13%
- 34% have a prior prison term; 58% serving determinate sentence
- In 2015, 24,976 persons were released, and 24,174 were admitted
DOCCS medical care budget $404M in FY17-18; total budget is $3.28B

2017 medical staffing consists of 1,651 DOCCS employees
  - Staff ratio of one clinician for every 450 patients and one nurse for every 80-100 patients
  - 2011 medical staff was 1,953 authorized FTE

Prisons are rated on three levels of medical care capabilities
  - 45 prisons with the highest level of medical care for incarcerated patients
  - 10 medium and 5 limited medical care prisons with less staff

Residential Medical Units
  - There are 35 operational infirmaries in prisons, with a capacity for 1,118 patients. As of February 2017, there were 715 patients in these facilities. DOCCS has closed 14 infirmaries with 132 beds during the last several years.
  - Included in the infirmary beds are five Regional Medical Units, which are stand-alone buildings in the prisons similar to skilled nursing care facilities, have a total capacity of 402 patients.
HIV Care in NYS Prisons

- DOCCS has one of the largest HIV+ populations in US prisons, with an estimated number of infected patients from 1,000 to 1,500
  - Percentage infected: Men 3%-5%; Women 5% to 11%
  - Racial differences: Latinos and African Americans 3-4 times higher
  - Prison HIV infection rates have dropped significantly in the last 20 years
- Significant number of the HIV-infected persons are not identified
- DOCCS and health agencies identify very few HIV+ persons in their testing program; in 2011, 10,000 tests identified only 23 HIV+ pts
- Great variability exists in the number of known HIV+ persons in each prison and the number receiving HIV therapy
- Great variability exists in the number of HIV+ patients being seen by an infectious disease specialist in each prison
- Discharge planning for HIV+ persons going home is performed by outside agencies, but access to this program varies among the prisons
DOCCS has a large HCV-infected population, with an estimated 5,000 patients in NYS prisons

- HCV infection rates: Men - 9% to 11%, Women – 15% to 19%
  - In DOH seroprevalence studies in 2009 and 2012, male infection rates were 9.5% and 9.6% and female rates were 14.6% both times
- Race/Ethnicity(07,M/F): A.Amer.- 8%,8%; White-12%,23%; Latino-18%,24%
- Variability in infection rates exist at different prisons due to screening

DOCCS has identified most of its HCV+ population

- In 2012, DOCCS knew about 4,500 HCV+ patients of whom 2,935 were chronically infected with HCV
- HCV testing was offered only to those at risk.
- In 2014, NYS implemented HCV testing law requiring providers to offer HCV test to all NYS baby-boomers (born ‘45 to ‘65), including those who are incarcerated.
- Starting in February 2017, DOCCS started HCV testing all newly admitted patients to DOCCS.
More HCV+ patients in NYS prisons are receiving HCV treatment

- Less than 5% of HCV+ pts were being treated prior to 2014. Treatment dropped to only 89 pts in April 2012 awaiting the new medications.
- In 2014, DOCCS Chief Medical Officer (CMO) approved about 400 patients.
- Since 2012, DOCCS has approved 1,741 patients for treatment.
- In 2015 and 2016, 546 and 500 patients were approved for treatment.

Criteria for treatment has been expanded

- Originally only stage 3 and 4 patients were considered for treatment.
- More recently, DOCCS’ CMO will consider stage 1 and 2 patients.
- No biopsies are required, DOCCS uses Fibrosure and APRI scores.
- No limitation on treatment is related to time until release. DOCCS and NY DOH have a continuity of care program for those on tx leaving prison.
- No bar exists for recent drug use and such patients do not need to complete or be enrolled in a prison-based drug treatment program.

Funding has been increased for HCV treatment

- DOCCS spent $2.3 M in FY 2011-12 on HCV treatment.
- DOCCS budget was increased by $23 M in FY 2015-16 to provide HCV treatment and actually spent $44 M on HCV treatment that fiscal year.
DOCCS has a HCV practice guideline that details the testing, diagnosis, treatment and aftercare protocols for the department.

DOCCS makes individual decisions about the medications to be prescribed with input from an infectious disease specialist and approval by DOCCS Chief Medical Officer.

DOCCS treatment is guided by the drug combination that is predicted to be most effective. If multiple drug combinations have equal effectiveness, then cost will determine which is prescribed.

Current treatments mostly prescribed are Zepatier, Harvoni and Epclusa

- Zepatier is the most prescribed drug as it is the least costly.
- Harvoni will be used if the patient is eligible for an 8 week course of treatment because NS5A polymorphism is present and his HCV RNA is less than 6 million IU/ml.
- Epclusa is prescribed mainly for genotype 3 patients.
- Viekira Pak is not used much at all.

DOCCS will treat patients who have been treated before, including null-responders, partial responders and relapsers.
CONCLUSIONS

- DOCCS has greatly expanded its treatment of chronically HCV-infected patients. It is prescribing the recently approved medications and is apparently following community-based standards for treatment options.

- New York State has expended significant funds for HCV treatment by substantially increasing the DOCCS budget for these medications.

- DOCCS is expanding the patients eligible for HCV treatment to include some patients who have stage 1 and 2 fibrosis.

- Care is not uniform across the system, however, because treatment is dependent upon facility-based providers initiating the evaluative process and requesting HCV treatment approval from an infectious disease specialist and DOCCS’ executive medical officer.

- Outcome studies are needed to document how this program is working and the medical consequences of this expanded access to care.