HEPATITIS C SERVICES IN THE SAN FRANCISCO JAILS

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JAIL HEALTH SERVICES
Disclosure:

Funding for the study and study medication is provided by Gilead Investigator-Sponsored Research.
Presentation Objectives:

1. Review HCV data cleaning, referrals services, & education & linkage services

2. Review HCV treatment initiative: demonstration project

3. Discuss opportunities to continue HCV treatment access after demonstration project
Total unique patients in 2017: 12,032
  – 54% were incarcerated multiple times in 2017
  – Length of stay (fiscal year 2016-2017):
    ▪ 7 days or less, 59%; 1 week to 1 month, 13%
    ▪ 1 month to 1 year, 23%; >1 year, 6%

4 County Jail Facilities

Part of SFDPH’s San Francisco Health Network
  – 16 primary care clinics & 6 youth clinics

Lack of prevalence data & minimal HCV treatment services:
  – <5 patients were treated on the interferon-based regimen
1. **Clean medical records**
   - manually updated medical charts to capture accurate prevalence data & identify HCV+ patient
   - Narrowed Hep C diagnosis list: Unconfirmed, Chronic, Cleared
   - Result: 2016 mass cleaning of 700+ medical charts
     - 2 health workers + 1 clinician

2. **Establish a referral system for known HCV+ patients**
   - Referral system for nurses at intake
   - Non-medical staff (health workers)
     - Complete a chart review of lab and clinician notes
     - Update Hep C diagnosis list
     - Order follow up labs & schedule clinician chart review
   - 2017 Result: 347 referrals were reported
3. Establishing community partnerships with local HCV initiatives:

- Citywide collective impact to eliminate HCV
  - ↑ HCV prevention, testing, linkage, tx access, research, & surveillance
  - SFDPH, SF Health Network, CBOs, local clinics

- Result: provided linkage referrals & found funds to hire a HCV Linkage Coordinator

- Hired a full-time health worker: ½ time Naloxone (Narcan) training/ ½ time HCV education and linkage services (7/2016 – 7/2017)
  - Met w/ 235 HCV+ patients (177 referrals made)
  - 236 patients received Naloxone training
# HCV Treatment Initiative: Demonstration Project

<table>
<thead>
<tr>
<th><strong>Title:</strong></th>
<th>Curing Hepatitis C in Incarcerated Patients (CHIP)</th>
</tr>
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<tbody>
<tr>
<td><strong>Funder:</strong></td>
<td>Gilead Investigator-Sponsored Research</td>
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<tr>
<td><strong>Timeline:</strong></td>
<td>1-year</td>
</tr>
<tr>
<td><strong>Sample:</strong></td>
<td>100 patients</td>
</tr>
<tr>
<td><strong>Medication:</strong></td>
<td>Sofosbuvir/Velpatasvir (Epclusa®)</td>
</tr>
<tr>
<td><strong>Staff:</strong></td>
<td>1 Project Coordinator &amp; 2 Patient Navigators (health workers)</td>
</tr>
<tr>
<td></td>
<td>required all JHS staff support, lead pharmacist, 5 clinicians</td>
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<td><strong>Model:</strong></td>
<td>HIV &amp; Integrated Services (formerly Forensic AIDS Project)</td>
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<tr>
<td></td>
<td>SFDPH Linkage, Integration, Navigation, &amp; Comprehensive Services (LINCS)</td>
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HCV Treatment Initiative cont.

Navigation Services:
Short-term intensive case management services to all participants, which began in the jail (at enrollment) and continued after the participants were released.

Essential Duties:

- Complete tracking forms & ROIs (in case of release)
  - Phone #, family/friends, programs, corners they stay on (if homeless)

- Determine potential release dates
  - Attorneys, CM, PO, courts, & Sheriff’s dept.

- Enroll patients in health coverage (Medicaid) prior to their release
  - Collaborated with Sheriff dept. Medi-Cal program

- Coordinate primary care appointments in the community
  - Schedule, reminder calls, accompany participant to appt.

- Medication deliveries (weekly)

- Discharge packets
  - Upcoming PCP appt, medication, contact information, vouchers
## HCV Treatment Initiative cont.

### Preliminary Data *(still in process)*

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
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<tbody>
<tr>
<td>Screened:</td>
<td>386</td>
</tr>
<tr>
<td>Enrolled:</td>
<td>100</td>
</tr>
<tr>
<td>Early Termination:</td>
<td>5 (4 withdraws, 1 sporadically cleared prior to tx)</td>
</tr>
<tr>
<td>Completed Rx:</td>
<td>77 (full 12-week treatment course)</td>
</tr>
<tr>
<td>SVR12:</td>
<td><em>Not complete (will be presented at a later date)</em></td>
</tr>
</tbody>
</table>

### Patients Released during CHIP *(still in process)*

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
</tr>
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<tbody>
<tr>
<td>Total released:</td>
<td>67</td>
</tr>
<tr>
<td>Released while on Rx:</td>
<td>50</td>
</tr>
<tr>
<td>Released &amp; completed Rx:</td>
<td>31 (full 12-week course)</td>
</tr>
<tr>
<td>Discontinued Rx:</td>
<td>18 + 1 withdraw: reported SE</td>
</tr>
<tr>
<td>Rx range:</td>
<td>&lt; 1 week to 10 weeks (median=5.29 weeks)</td>
</tr>
<tr>
<td>Can STILL achieve SVR12!</td>
<td></td>
</tr>
</tbody>
</table>

*San Francisco Health Network*
LESSONS LEARNED:

**In custody:**

- **Cannot predict who to treat** in the community based on patient personal basis, mental health diagnosis, &/or sub. use

- **↑ post-release engagement requires:**
  - Working with patients in custody multiple times ↑
  - Emphasize separateness of Jail Health Services and Sheriff’s Dept.

**Out of custody:**

- Patients are more likely to follow through if they have **stability:**
  - housing, consistent location (if homeless), supportive family/friends, case worker, methadone/bup clinic, cell phones

- **Flexible clinic environments** were most supportive for our patient pop.

- **Providing transportation** assistance ↑ likelihood of patients attending their PCP appts. (bus tokens, taxi vouchers, Uber rides)
HCV Treatment Initiative *cont.*

**CHALLENGES:**

**In custody:**
- **Timeliness of labs** can delay enrollment & follow up care
  - Recommend at least 1 staff to track labs orders & draws
- **Unexpected releases** disrupts the patient’s treatment continuation
  - Courts are the most reliable to determine release/stay

**Out of custody:**
- 2-3 attempts to get a patient to **attend their 1st PCP appt.**
  - Most patients only used the ER for their care & have competing priorities.
- 2-3 attempts to **deliver weekly medication** to homeless participants
  - Competing priorities, chaotic environments, street sweeps
HCV Treatment Access Opportunities

1. **Continue community prescribed treatment in custody**
   - Coordinate HCV care with prescribing clinic
   - Coordinate medication delivery with clinic/family/case worker
   - Frequency: 2 patients per month

2. **Patient Assistance Program (in development)**
   - PAP only provides to jails, not state or federal prisons
   - Will match what the state Medicaid will supply (CA: Mavyret)
   - 2-4 week approval process
   - Medication delivery is in 28-day supply
   - If released:
     - Medication will continue for full treatment course
     - Needs updated address for future deliveries (not pharmacy)
     - Must enroll in Medicaid upon release & link to a PCP

3. **Continue participation with End Hep C SF**
Thank You!

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