When will we see

Anne Spaulding MD MPH
Rollins School of Public Health
Emory University
Aspauld@emory.edu
The goal of this interactive website is to provide “best estimates” of hepatitis C in correctional populations of the United States.

<table>
<thead>
<tr>
<th>Hep C Antibody Prevalence</th>
<th>Hep C Screening at Intake</th>
<th>Hep C Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antibody prevalence</td>
<td>Routine; universal (opt-out or mandatory); since 2017</td>
<td># and % of those treated per year</td>
</tr>
<tr>
<td>Issues w/data reliability</td>
<td></td>
<td>of those infected.</td>
</tr>
</tbody>
</table>

www.hepcorrections.org
Methods

• Data were collected through interviews, surveys, publications

• Data reliability:
  ▪ Algorithm for ranking reliability of the Ab prevalence estimates
  ▪ Users can filter prevalence map by the data reliability levels

• Updating data:

  We welcome ongoing input from persons collecting data from correctional systems—providers, health care managers, health policy experts, etc. Users can email Aspauld@emory.edu with suggestions and updates.
Hep C Antibody Prevalence

GeorgiA
Antibody Prevalence: 9.7%
Data Reliability: 
Inmate Population: 53,627

Data Source: Article in preparation Last updated: 2017-2018

According to CDC, Georgia has 4 vulnerable counties with high likelihood of HIV/HCV outbreaks out of a total of 159 counties.
Hep C Screening at Intake

that is: Routine; Universal (Opt-out or Mandatory); since 2017.

Georgia
Screening at Intake that is: Routine; Universal: Opt-out or Mandatory; since 2017: No
Hep C Treatment

BOP Guidelines on HCV infection
as of September 2018

Georgia
% treated per year: 6.48%
(of those infected)
% persons with viremia: 6.31%

This state treated at least 219 people out of an estimated 3381 treatment candidates (6.48%) in 2017.

Data source: Article in preparation
Team

Anne Spaulding, MD, MPH
Associate Professor, Department of Epidemiology at Emory University Rollins School of Public Health

Jag Chhatwal, PhD
Senior Scientist, MGH & Assistant Prof., Harvard Medical School

Siraphob Thanthong-Knight, MS
2018 Investigative Journalism Fellow at Columbia University Graduate School of Journalism and Reporter at Bloomberg News

Tiannan (Tia) Zhan, MS
Research Associate, MGH Institute for Technology Assessment

Mary Ann (M. A.) Ladd, BS
Systems Manager, MGH Institute for Technology Assessment
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Definition of *right*

1: **RIGHTHEOUS, UPRIGHT**

2: being in accordance with what is just, good, or proper--*right* conduct

3: conforming to facts or truth : **CORRECT**--the *right* answer

4: **SUITABLE, APPROPRIATE**--the *right* man for the job


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What is the appropriate price for HCV treatment?
Travel Packages Available To You

**Easy**
- 2 DAYS
- Translation of medical records
- Transfer airport – hotel – airport
- Accommodation in a **3**

**Standard**
- 3 DAYS
- Translation of medical records
- Transfer airport – hotel – airport
- Accommodation in a **4**

**Delux**
- 5+ DAYS
- Translation of prior medical records
- Transfer airport – hotel – airport
- Accommodation in a **luxury 5**
WAYS OF DECREASING PRICE

1. Pooled procurement – Minnesota Multistate
2. Contracts with entities eligible for discounts under the 340B Drug Pricing Program
   
   23% or more rebate off of Average Manufacturer’s Price
PROBLEMS WITH 340B: NOT A PANACEA

1. Only a handful of state prison systems and county jails around the country have forged relationships with eligible 340B entities.

2. Negotiation is jurisdiction by jurisdiction. There are a lot of issues with negotiating an agreement with a safety-net hospital.
   a. Maricopa County Jail has negotiated directly with the State DOH’s STD program.
   b. Their price for 12 weeks Mavyret is ~$9,484.21; Epclusa is $5,835.26 per 28 tabs.

3. Some correctional systems can’t find partners even if they look for them.
WAYS OF DECREASING PRICE

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3. Nominal pricing
NOMINAL PRICING

Price per medication course, $1,000

Current

Potential Demand

Ave. wholesale price

AMP

Gap: courses of treatment, which currently are neither bought nor sold, that patients could potentially access.

Best current price for prison, e.g., linking w/a 340B program

Price-volume relationship

Affordable/nominal price that would support meeting demand

Medication volume: patients treated by prisons
PROBLEMS WITH NOMINAL PRICING

1. No state prison system, no county jail around the country has yet enacted.
2. “Polite indifference” from pharmaceutical companies.
   - May be more feasible with a small system
   - May work in state that house the PhRMA company’s headquarters
3. No new law, but requires sign off by Secretary HHS Azar.
   - Perhaps this should be first, not second, step.
WAYS OF DECREASING PRICE

1. Pooled procurement
2. Contracts with entities eligible for discounts under the 340B Drug Pricing Program
3. **Nominal pricing**
4. Section 1115 waiver
5. Change best price rule statutorily—needs “Act of Purchase”
6. Purchasing a patent
   - Recommended in A National Strategy for the Elimination of Hepatitis B & C: Phase Two Report
   - Recently considered as a potential strategy by Louisiana
Alternative State-Level Financing for Hepatitis C Treatment—The “Netflix Model”
Mark R. Trusheim, MS; William M. Cassidy, MD; Peter B. Bach, MD

Author Affiliations
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Any Questions

Aspauld@emory.edu