

Treatment Costs: Implications for Patients and Doctors

Alyse G. Wurcel, MD MS

Tufts University School of Medicine

Tufts Medical Center

October 25 2018

Massachusetts Medical Society

- No disclosures
- Funding:
 - 1KL2TR002545-01 (PI: Wurcel)
 - #1R25DA037190-01 (PI: Beckwith)

Meet PL

- 30 year old woman in jail
- Grew up in Roxbury, currently homeless
- Has 5 children
- Injects heroin and cocaine. Exchanges sex for money and drugs
- New HIV diagnosis
- Known HCV for about 5 years. Unsure if cleared or chronic.
- Not sure how long she will be in jail, where she will live if she gets out

PL continued

- Started on HIV meds in jail, suppressed
- Attempted to start HCV treatment in jail → not successful
- Released, followed up with me in community about 3 months later. Not on HIV medications
- Discussions about restarting HIV meds, took another 3 months
 - Issues with insurance coverage
- About 6 months later, HIV suppressed
- Started on HCV meds → homeless, between programs
- Should be ready for next month supply of HCV meds, but has 2 weeks left

THE
REAL
WORLD

Learning Objectives of Symposium

- Describe the actual and potential public health consequences of high-priced pharmaceuticals and supply shortages
- Demonstrate how cost, formularies and coverage decisions effect patients' treatment decisions and their access to prescription drugs

My goal is to compare and contrast **Hepatitis C and HIV treatment in the community and the criminal justice system** to discuss these learning objectives.

Definitions and Words

- Jail vs. Prison
 - Jails (House of Corrections) is short-term, pre-sentence
 - Prison (Department of Corrections) is longer term, sentenced.
- Words to talk about people in jail and prison
 - Person-centered language: People who have criminal-justice exposure; people in jail or prison
 - Try to avoid: inmate, incarcerated, convict, felon
- Words to talk about addiction
 - People with Opioid Use Disorder, Substance Use Disorder
 - Try to avoid addict, IDU, IVDU, IVDA

Health Care Finances in Jails and Prisons



Jackson Pollock No. 14

Healthcare in Jails and Prisons

- Healthcare payment structure is heterogeneous
- Costs and policies are specific to heterogeneous jail, county, state and federal “policies”, negotiated drug prices
- In MA
 - People lose their insurance once they go in jail or prison
 - Most care is through a medical care corporation (Correct Care Solutions, Correction Psychiatric Services, Naphcare)
 - Counties will put out an request for applications, and take the lowest bid
- Several counties have a hybrid approach between state, academic and private corporation

The HIV/HCV Syndemic

A Compounding-Risk Continuum

HIV Monoinfection

- Black
- Syphilis
- Unemployment
- Transactional Sex

HIV/HCV Coinfection

- Previous STI
- Did Not Complete High School

HCV Monoinfection

- Hispanic
- Domestic Violence
- Injected With Used Needles
- Having Health Insurance

- MSM
- Opioid Dependence

- Injection Networks
- Any Equipment Sharing

- Increased Age
- Crack Cocaine Use

HIV and HCV Screening in Jails and Prisons

Table 1. HIV and HCV screening: compared and contrasted

	HIV antibody screening	HCV screening
Year antibody test reached market	1985	1989
Percentage of antibody positive persons unaware of status	12%	50%
Mandatory testing	34% of US state prisons	Rarely
Current likelihood of cure of disease if treated	Essentially never	99%
Need to repeat testing after treatment	Never	Recommended, to detect reinfection
Pretest positivity among entrants with unknown status	Usually < 1%	~Half of infected persons, i.e. 5-10%
Cost of test	Low	Low

HIV Prevalence in Jails and Prisons

- Across the U.S, about 1.5% prevalence (3 times greater than the U.S. population)
 - Some places, especially the southern states, have higher HIV prevalence in the criminal justice system
- MA has an HIV outbreak in Lawrence and Lowell
 - ~180 new cases since 2016
 - Majority with criminal justice involvement

HCV Prevalence in Jails and Prisons

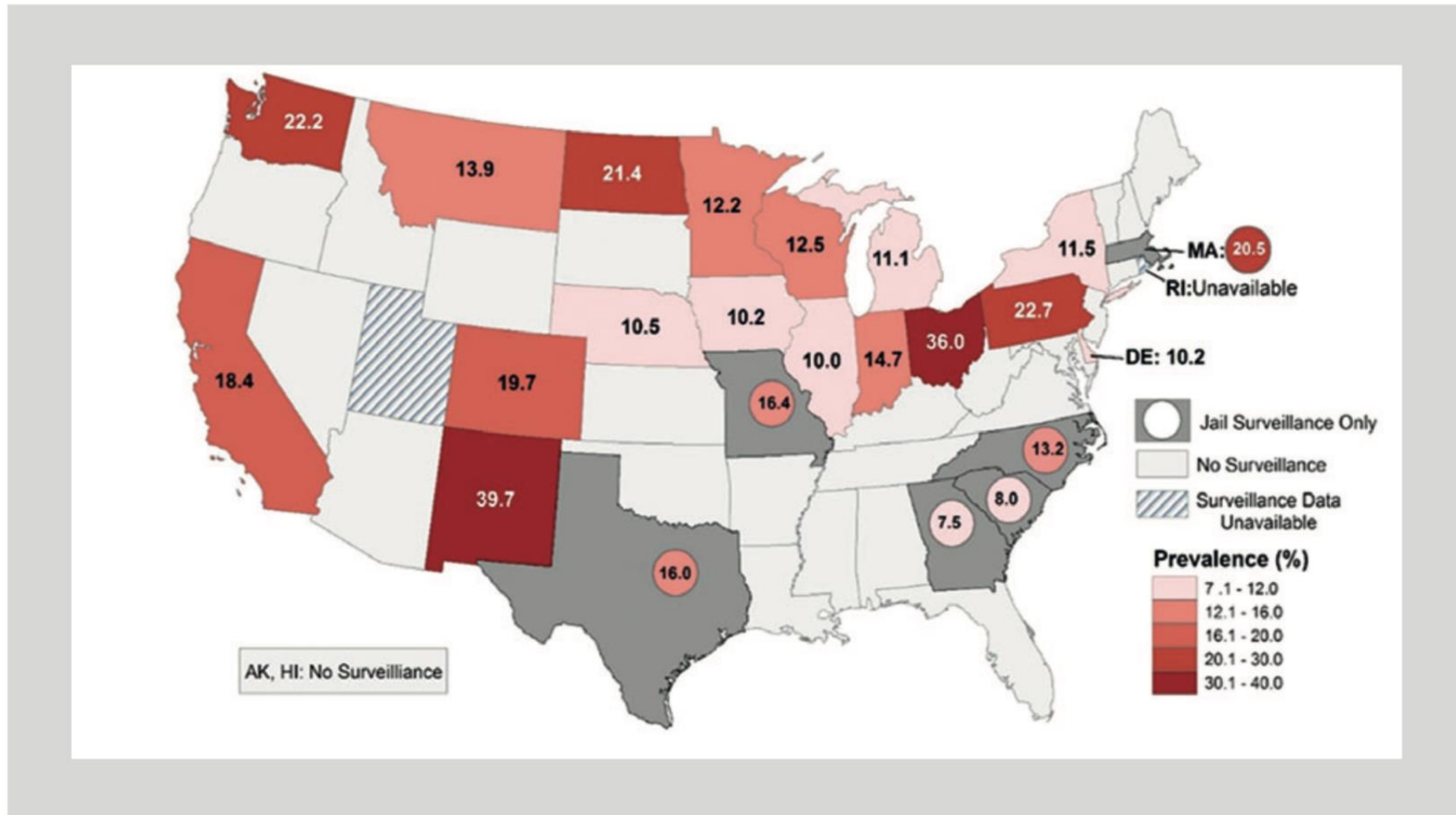


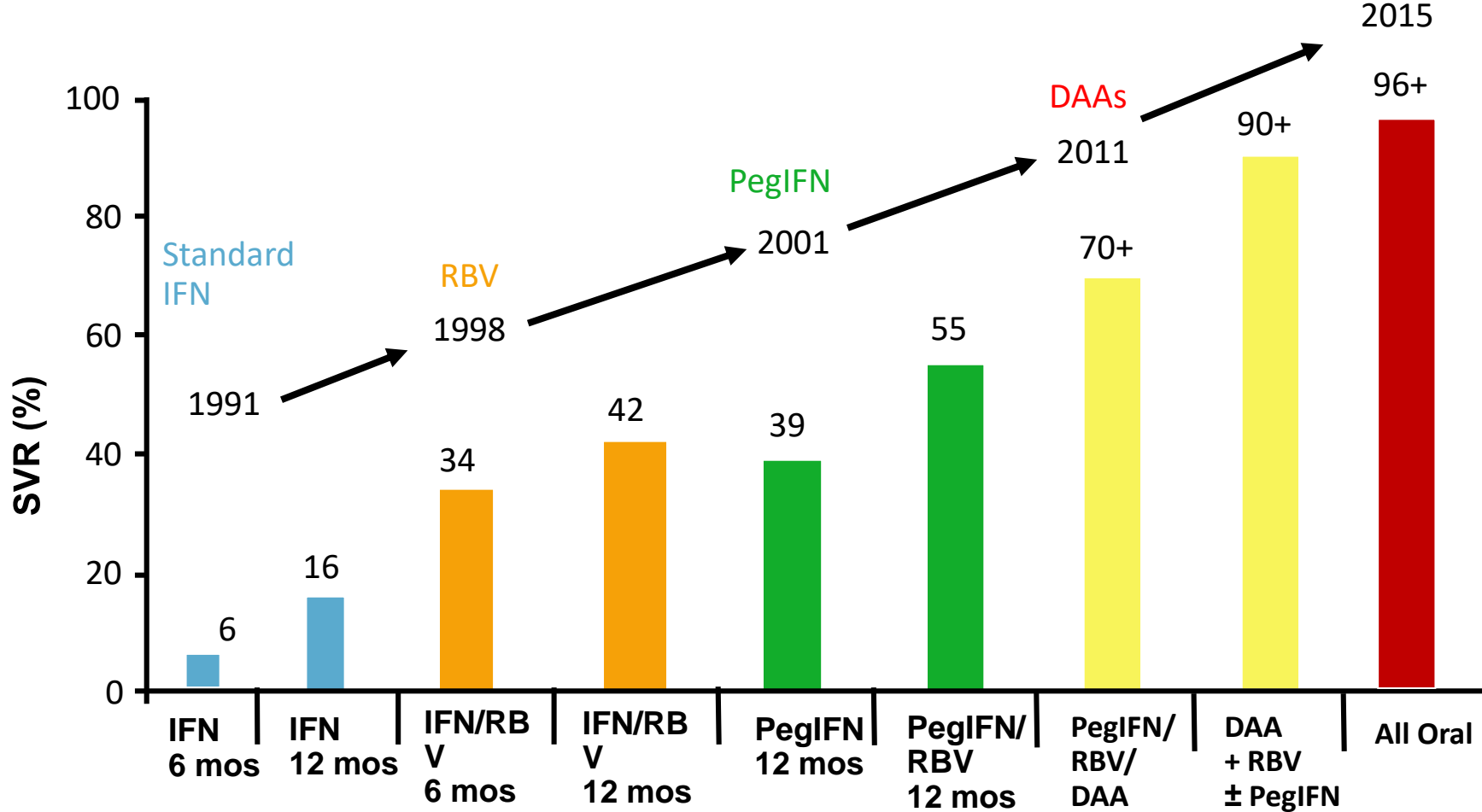
Figure 3. HCV seroprevalence in U.S. state prison system – estimates closest to 2015, using data from periodic surveys.

HCV and HIV Treatment Comparisons

HCV Treatment

- One pill a day
- Pan-Genotypic
- Curative
- A few options currently (SOF/VEL or G/P recommended)
- Cost: ~ \$25,000-\$50,000

HCV Treatment: An Evolution



Adapted from the US Food and Drug Administration, Antiviral Drugs Advisory Committee Meeting, 2011 meeting. Slide borrowed from Dr. Hannah Lee, modified by Danna Nisai

HCV and HIV Treatment Comparisons

HCV Treatment

- One pill a day
- Pan-Genotypic
- Curative
- Two main options
- Cost: ~ \$25,000-\$50,000

HIV Treatment

- Mostly one pill a day
- Still need baseline genotype, but probably will not shift treatment decisions
- Suppressive
- Several options, but really moving towards one or two options
- Newest meds cost: ~\$36,000 a year

HCV and HIV Treatment Comparisons

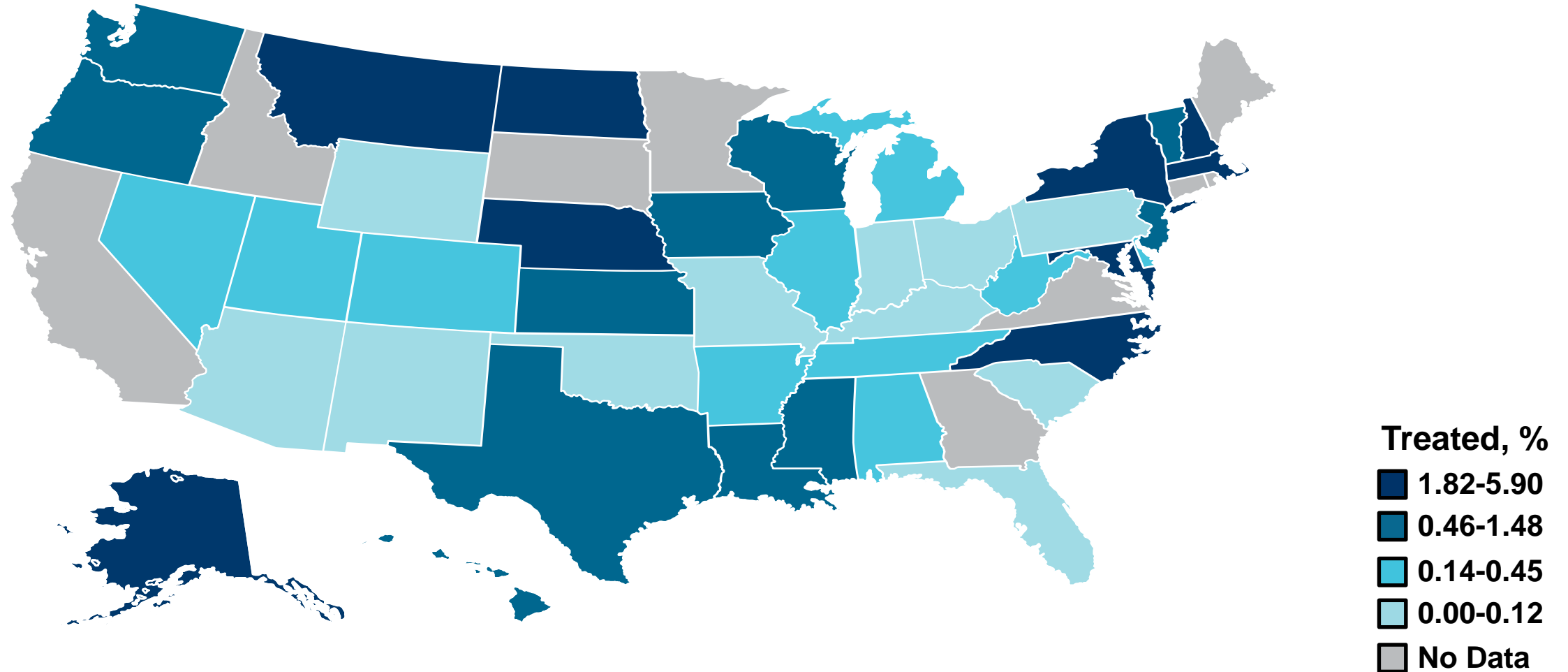
HCV Treatment

- One pill a day
- Pan-Genotypic
- Curative
- Two main options
- Cost: ~ \$25,000-\$50,000
- **Major barriers to treatment**

HIV Treatment

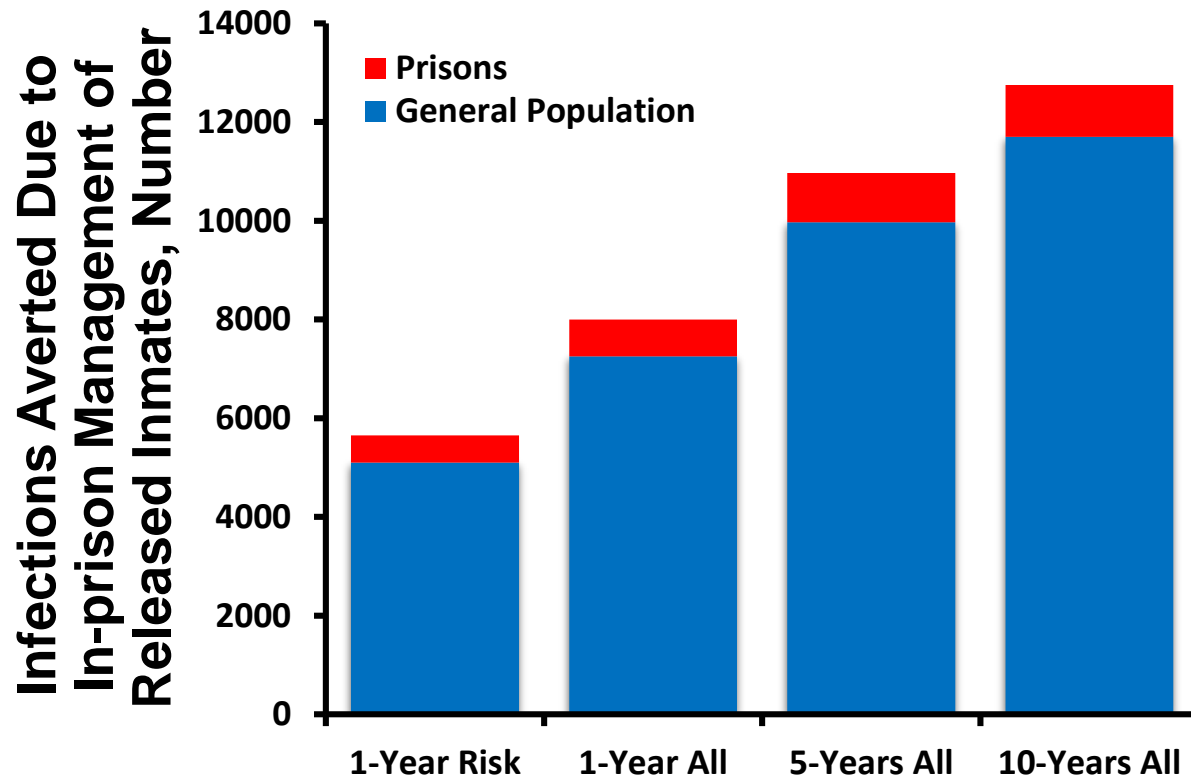
- Mostly one pill a day
- Still need baseline genotype, but probably will not shift treatment decisions
- Suppressive
- Several options, but really moving towards one or two options
- Newest meds cost: ~\$36,000 a year
- **Universally available**

Treatment of HCV in US Prisons

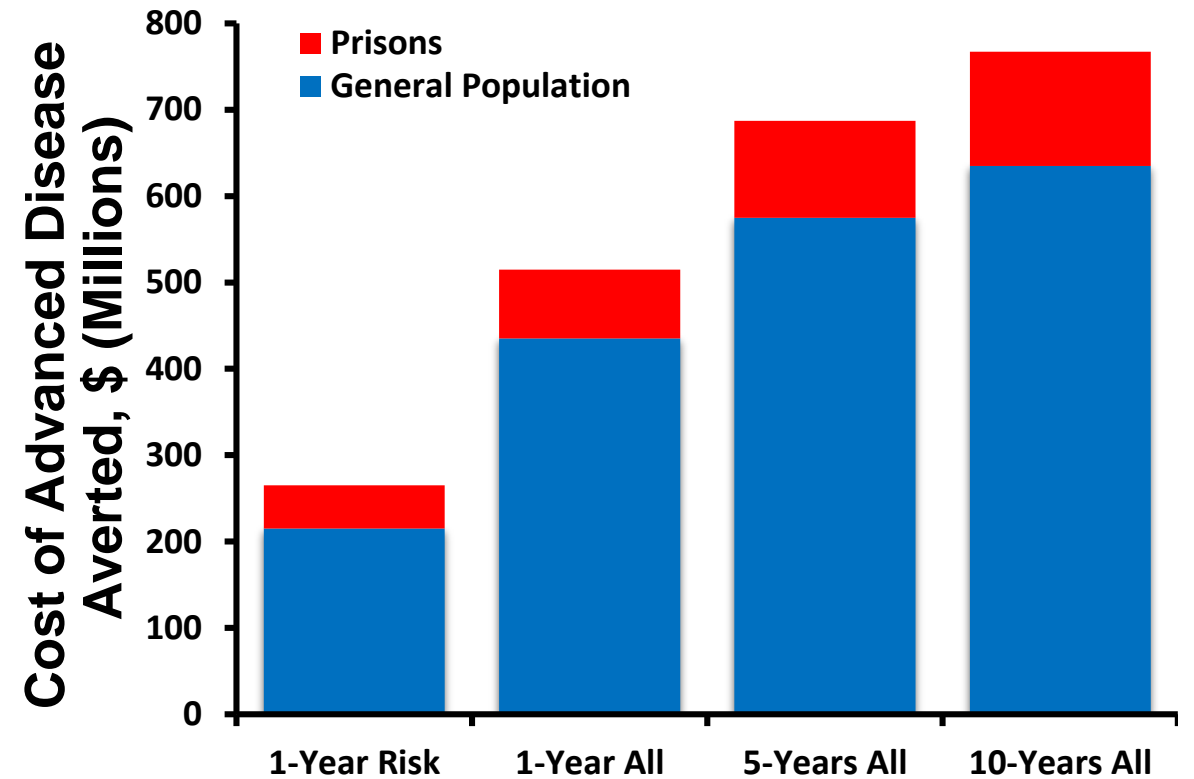


Cost Benefits of Test-and-Treat in Prisons

Infections Averted by In-prison HCV Management



Costs of Advanced HCV Disease Averted



Corrections' budgets are not expansile

- Nguyen et al, Journal Of Urban Health 2015
 - Rhode Island Jail Department of Corrections: 17% HCV prevalence
 - “Treating all sentenced inmates with at least 6 months remaining of their sentence would cost about \$34 million—**13 times the pharmacy budget and almost twice the overall healthcare budget.**”
 - Treating inmates with advanced fibrosis would cost about \$15 million.

HCV Treatment in MA Prisons

- National Lawyers Guild and Prisoners Legal Services filed a class action lawsuit in U.S. District Court in Boston in 2015
- March 2018: Settlement Reached
 - Increase HCV testing
 - Offer HCV treatment within 12 or 18 months
 - By Sept 2019, treat the most advanced people with HCV
 - After this date, treat people with moderate or advanced liver disease
- No suggestions on how to finance this ruling.

HCV Treatment in Jails

Categories

- People with HIV
- People coming in on HCV treatment
- Everyone else

People with HIV and HCV

- All medications for people with HIV in Massachusetts jails and prisons paid for through the HIV Drug Assistance Program
- Barriers are logistical
 - Patient PL was locked in segregation several times when I came to see patients and I was unable to see her. Limited my ability to start her on Hep C meds

People Coming into Jail/Prison on HCV Treatment

- Most jails and prisons will continue if you were on it on the outside
- However, several barriers to continuing Hep C meds
 - (1) Time from incarceration to nursing intake
 - (2) Nursing intake to confirmation with pharmacy of medications
 - (3) HCV meds often sent through specialty pharmacy (often patients do not know this, so when the nurse calls to confirm meds with local CVS the pharmacy has no record of the medications)
 - (4) Incentive for the jails to have family members bring in the prescription from home to save money (this can cause a delay)
 - (5) The State Office of Pharmaceutical Services needs to approve and dispense the medications
 - (6) The medications need to be delivered to the jail

HCV Treatment for Everyone Else

- Very little HCV treatment initiation in the jails
- I have started Hep C treatment on 1 person with HCV mono-infection in the jails in the past 4 years
 - Treated about 20 people with HIV/HCV co-infection
- A lot of interest from people with HCV in jails to get treated
 - At Middlesex County jail, about ½ of the patients I am scheduled to see are requesting HCV treatment

Barriers to HCV Treatment In Jails (as I see it)

- Cost
 - Medications
 - Administrative time
- Not seen as a pressing health issue (contrast to public health issue)
- Concern for “futility”
 - FACT: Recurrence of substance use disorder does not automatically lead to reinfection with Hep C

Acknowledgements

- David Stone, Barbara McGovern, Arthur Kim

Discussion Points

- Is the jail the right place for Hep C treatment?
- Who should pay for Hep C treatment in the jails?
 - Should HDAP expand?
 - Should MassHealth cover costs for people in the jails?
- What about negotiating for decreases in costs of meds?
- What role does industry have?
- Should people be offered treatment more than once?

Thank you for your time!

Contact info:

awurcel@tuftsmedicalcenter.org