Hepatitis C Care
in Los Angeles County Jails

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Disclosures

I have no disclosures
The scale

Los Angeles County population: 10 million

Los Angeles County Jails daily census: 17,000 inmate-patients
- Median length of stay ~ 45 days, but ranges from 24 hrs to > 2 yrs

5 largest US jails
4 Main Jail Facilities

Men’s Central Jail
~ 4000

Twin Towers Correctional Facility
~ 3500

North County Correctional Facility
~ 7500

Century Regional Detention Facility
~ 2000
Hep C in Jail

Estimated daily census of incarcerated patients with Hep C
- ~ 5000 inmate-patients
- Spread across all 4 facilities, with majority at NCCF

Care Team
- Positive Care team – HIV, PrEP, Transgender Care, and HCV
- Primary Care teams – Chronic disease management
- LAC+USC Liver Clinic/Coinfection Clinic – Hepatology/ID specialists
**Proposed Workflow for Hep C Care**

**Identify pt living with Hep C**
- Goal: build Hep C registry at jail, sustain opt-out HIV/HCV testing upon booking

**PCP evaluates pt with Hep C**
- Review history, manage comorbidities
- Complete Hep C workup and staging
- Assess projected release date/outcome
- Goal: expedite workup/US referrals

**Determine if pt qualifies for in-jail treatment vs referral:**
- Refer for treatment at community clinic after release
- Refer for treatment in state prison (CDCR)
- Refer for treatment in jail
- Goal: project release dates with accuracy
- Goal: improve ability to link pts to treatment in community/prison with warm hand-offs
Proposed Workflow for Hep C Care

Criteria for in-jail treatment:
- Length of incarceration: minimum 1 yr
- Clinical criteria
  - APRI > 0.7
  - evidence of cirrhosis on imaging
  - extrahepatic manifestation of Hep C

Pt referred for first visit at LAC+USC Liver Clinic/ Coinfection Clinic
- Regimen selected and prior authorization completed

Medications transferred to jail facility

Follow-up visits and monitoring with Positive Care team

Goals:
- Shorten minimum length of incarceration
- Remove clinical criteria, universal treatment
- Investigate if possible to obtain 340b pricing without on-site, face-to-face visit at LAC+USC; explore telemedicine
Current State

Grant-funded opt-out testing for HIV/HCV during booking process
  • Limited phlebotomy hours, looking to expand
  • Identifying cohort of pts we can follow to establish best-practices for linkage and referrals

Reviewing proposed workflows with CHS and DHS leadership
  • Streamlining referral processes
  • Proposing to revisit DHS clinical treatment criteria

Building relationships focused on linkage and transitions of care
  • Whole Person Care program
  • Streamlining process for DHS and other community clinics to accept previously incarcerated patients

Piloting in-jail treatment with pts at MCJ and TTCF facilities
  • 4 cured!
  • 4 finished treatment!
  • 1 currently on treatment!
  • 1 approved and awaiting start (pending clarification of court/disposition outcome)
  • 4 referred and in pipeline for treatment
Challenges to Hep C Treatment at Jails

Short length of stay
High turnover rate
Difficult to identify and track pts with Hep C at population level
Unpredictable release dates
Lack of funding for treatment
Difficulty accessing reduced-price treatments (e.g. 340b pricing)
Unequal distribution of medical services across facilities
Challenges to engage and link patients to care after release
Thank you!

Positive Care team
  ◦ Manju Agrawal, Hagop Sarkissian
  ◦ Jenica Ryu, DHS HIV Fellows, and Esther Lim
  ◦ Martha Tadesse
  ◦ Nazia Qureshi

LAC+USC team
  ◦ John Donovan
  ◦ Eddie Sattah

DPH Viral Hepatitis Unit team
  ◦ Prabhu Gounder
  ◦ Meredith Haddix