

# Hepatitis C Care in Los Angeles County Jails

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**Health Services**  
LOS ANGELES COUNTY

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# Disclosures

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I have no disclosures

# The scale

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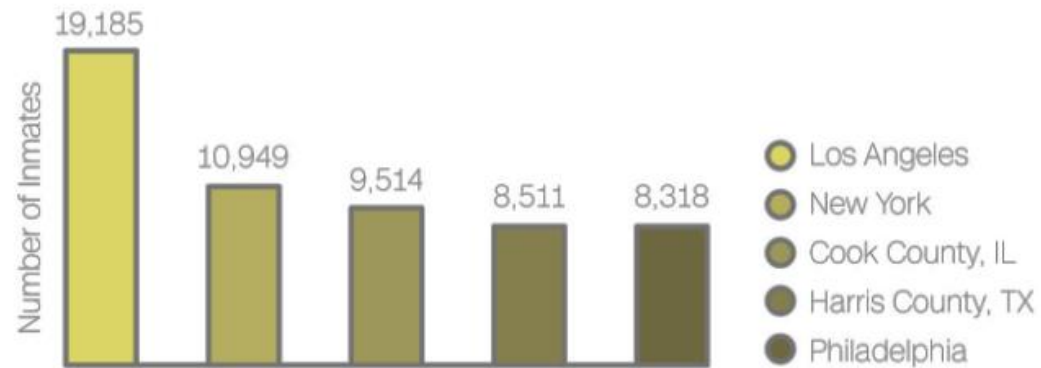
Los Angeles County population: 10 million

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



CNN Source: BJS 2014

# 4 Main Jail Facilities

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Men's Central Jail  
~ 4000



Twin Towers  
Correctional Facility  
~ 3500



North County  
Correctional Facility  
~ 7500



Century Regional  
Detention Facility  
~ 2000

# Hep C in Jail

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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

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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

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## 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

Goal: shorten min length of incarceration

Goal: remove clinical criteria, universal treatment

Pt referred for first visit at LAC+USC Liver Clinic/ Coinfection Clinic

- Regimen selected and prior authorization completed

Goal: investigate if possible to obtain 340b pricing without on-site, face-to-face visit at LAC+USC; explore telemedicine

Medications transferred to jail facility

Follow-up visits and monitoring with Positive Care team

# Current State

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## 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

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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!

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## 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