Hepatitis C: State of Medicaid Access

April 26, 2022

Adrienne Simmons, PharmD, MS
National Viral Hepatitis Roundtable

Julia Harvey, JD
Center for Health Law and Policy Innovation

Agenda

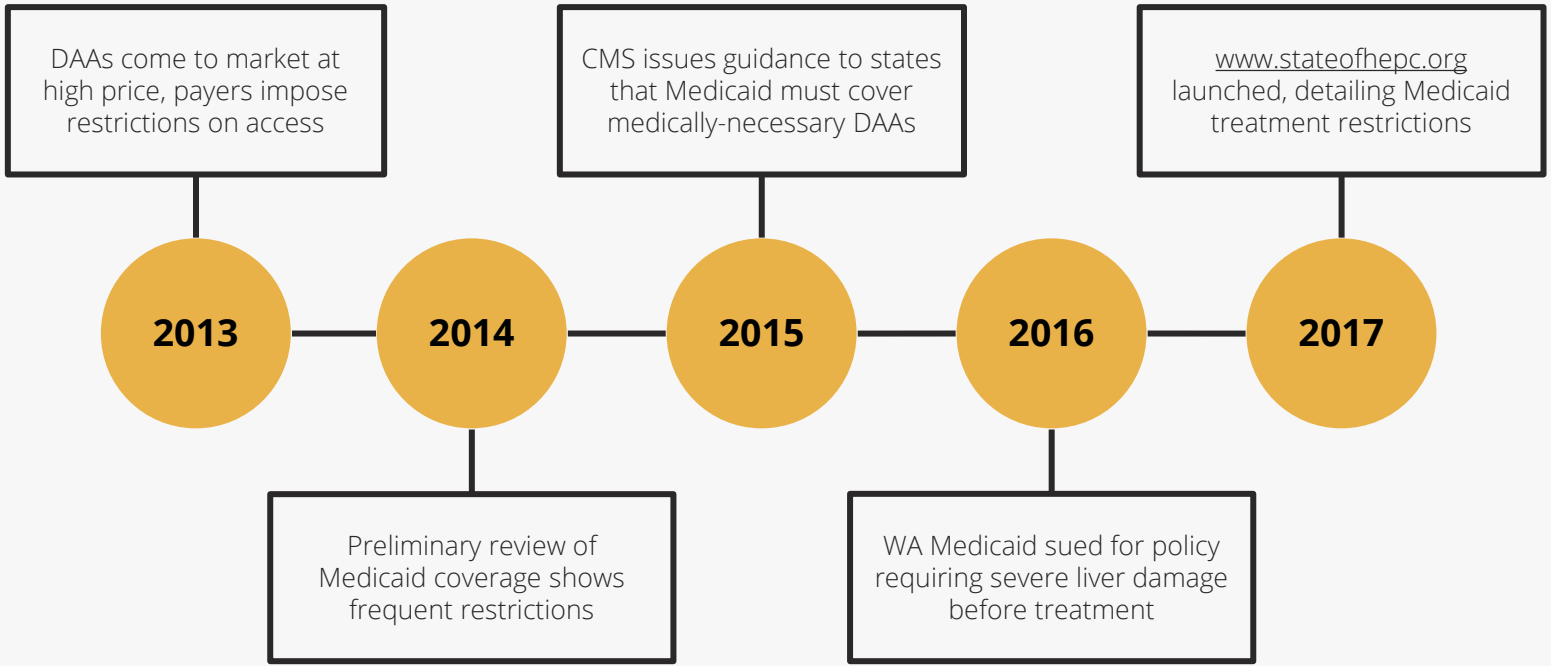
A. Overview of *Hepatitis C: State of Medicaid Access*

B. Recent Progress and Current State of Hepatitis C Treatment Access in Medicaid

C. Remaining Barriers to Care

D. Next Steps for *Hepatitis C: State of Medicaid Access*

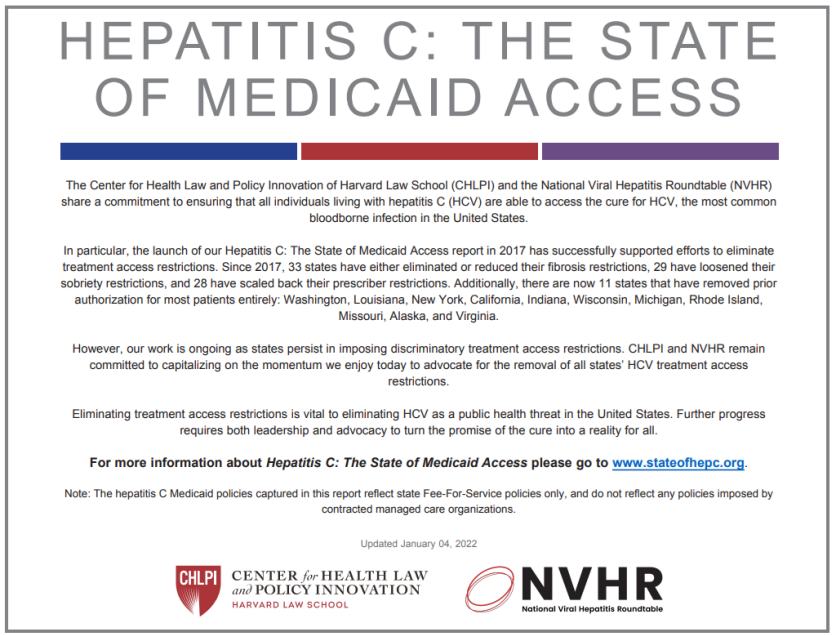
History of HCV Treatment Access in Medicaid



Overview of *Hepatitis C: State of Medicaid Access*

Hepatitis C: State of Medicaid Access

- Launched in 2017
- Documents the current state of Medicaid HCV treatment access across 52 jurisdictions, including state-by-state “report cards”
- Findings are based on surveys of Medicaid officials, publicly available documents, and official press or media releases.



HEPATITIS C: THE STATE OF MEDICAID ACCESS

The Center for Health Law and Policy Innovation of Harvard Law School (CHLPI) and the National Viral Hepatitis Roundtable (NVHR) share a commitment to ensuring that all individuals living with hepatitis C (HCV) are able to access the cure for HCV, the most common bloodborne infection in the United States.

In particular, the launch of our Hepatitis C: The State of Medicaid Access report in 2017 has successfully supported efforts to eliminate treatment access restrictions. Since 2017, 33 states have either eliminated or reduced their fibrosis restrictions, 29 have loosened their sobriety restrictions, and 28 have scaled back their prescriber restrictions. Additionally, there are now 11 states that have removed prior authorization for most patients entirely: Washington, Louisiana, New York, California, Indiana, Wisconsin, Michigan, Rhode Island, Missouri, Alaska, and Virginia.

However, our work is ongoing as states persist in imposing discriminatory treatment access restrictions. CHLPI and NVHR remain committed to capitalizing on the momentum we enjoy today to advocate for the removal of all states' HCV treatment access restrictions.

Eliminating treatment access restrictions is vital to eliminating HCV as a public health threat in the United States. Further progress requires both leadership and advocacy to turn the promise of the cure into a reality for all.

For more information about *Hepatitis C: The State of Medicaid Access* please go to www.stateofhepc.org.

Note: The hepatitis C Medicaid policies captured in this report reflect state Fee-For-Service policies only, and do not reflect any policies imposed by contracted managed care organizations.

Updated January 04, 2022

CHLPI CENTER for HEALTH LAW and POLICY INNOVATION HARVARD LAW SCHOOL

NVHR National Viral Hepatitis Roundtable

Medicaid Treatment Access Restrictions Tracked to Date

Liver Damage

Restrictions based on fibrosis score

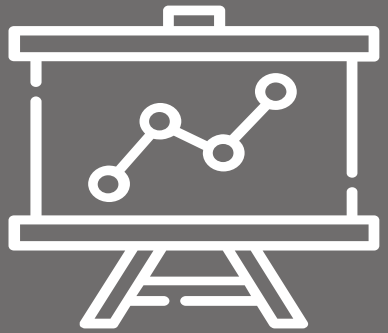
Sobriety

Required abstinence from drug or alcohol use, or requirements related to substance use disorder counseling or treatment

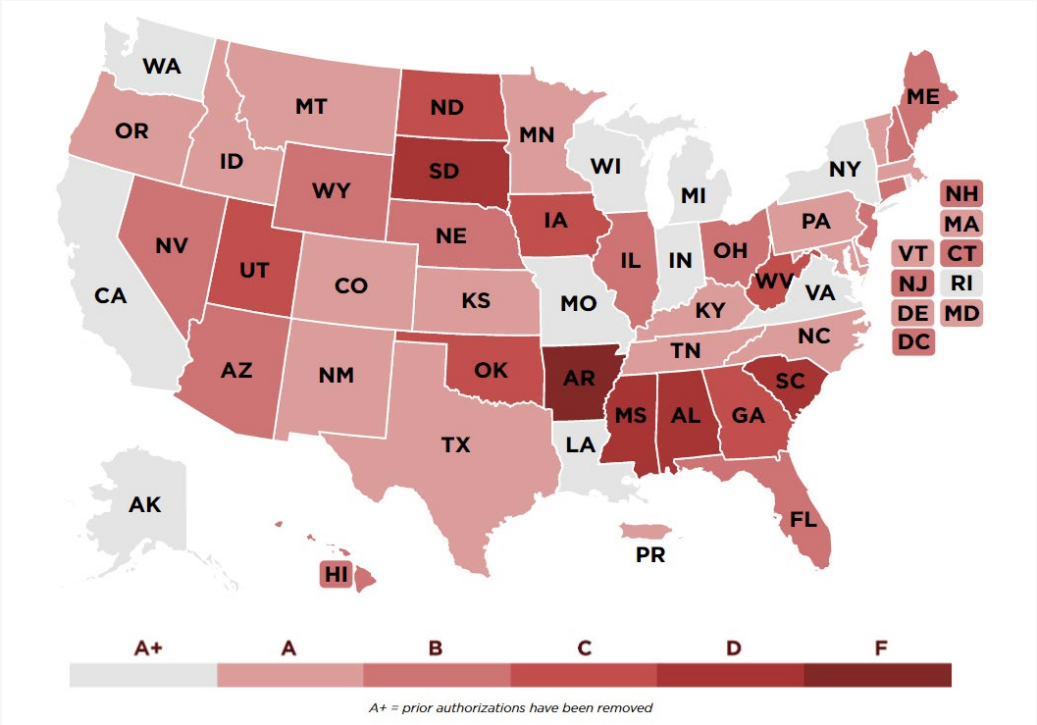
Prescriber

Restrictions on which healthcare providers can prescribe treatment

Recent Progress and Current State of Hepatitis C Treatment Access in Medicaid



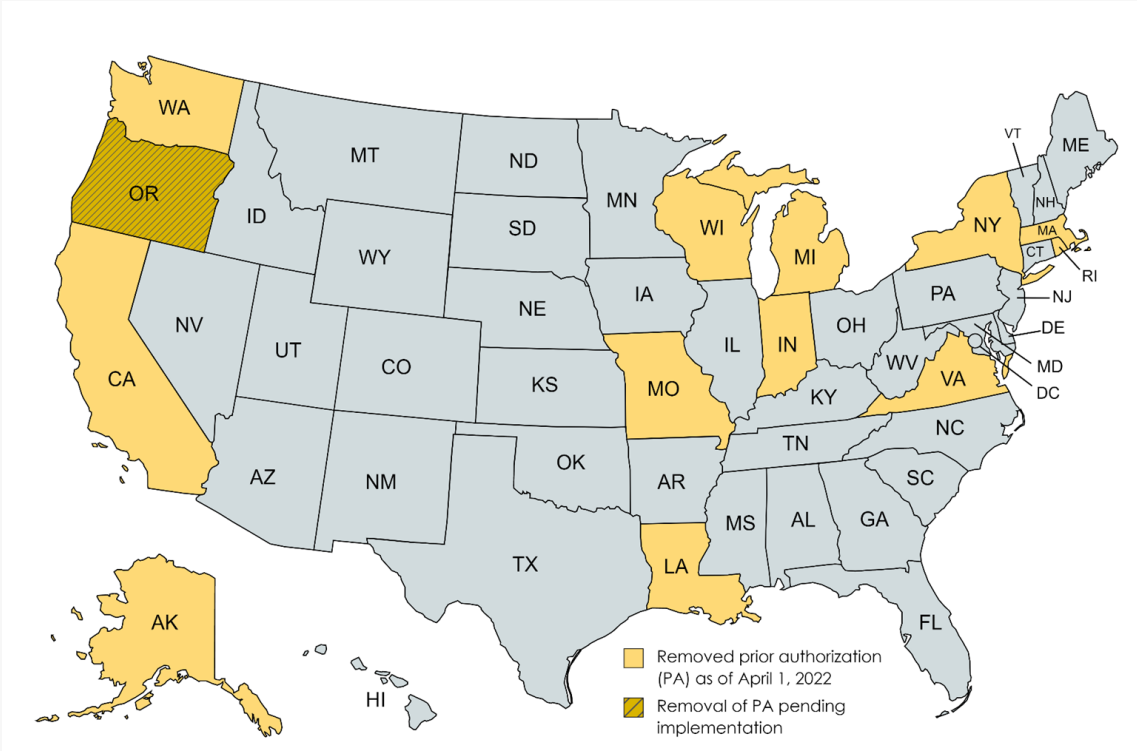
Hepatitis C: State of Medicaid Access



www.stateofhepc.org grades as of January 2022

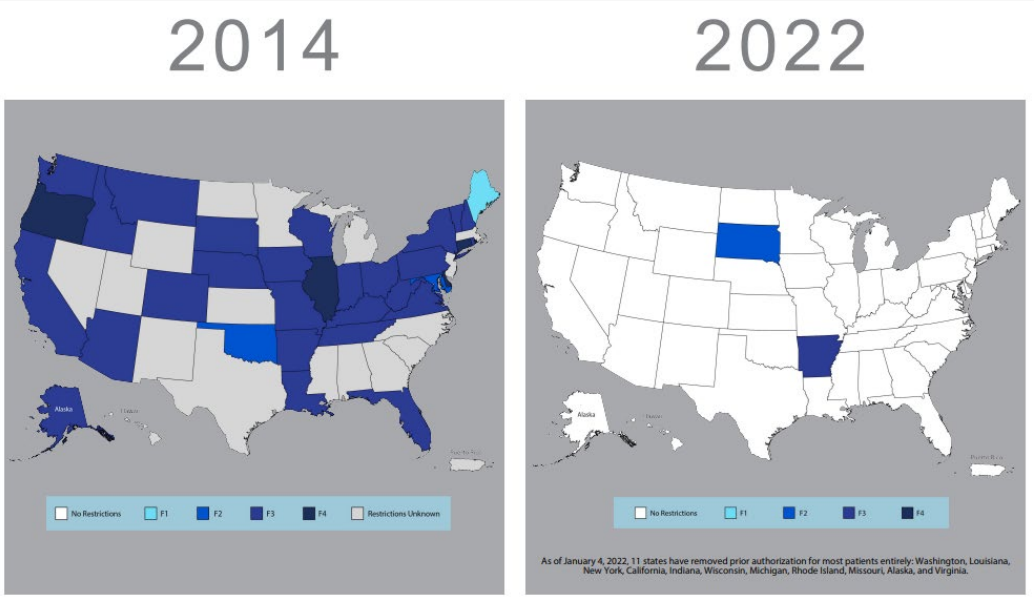
Prior Authorization

- 12 states now allow access to DAAs in their Medicaid programs without requiring prior authorization (PA) for most patients.
- The majority of states (67%) removed PA without a subscription “Netflix” model.
- This obviates the need for burdensome paperwork and streamlines treatment.



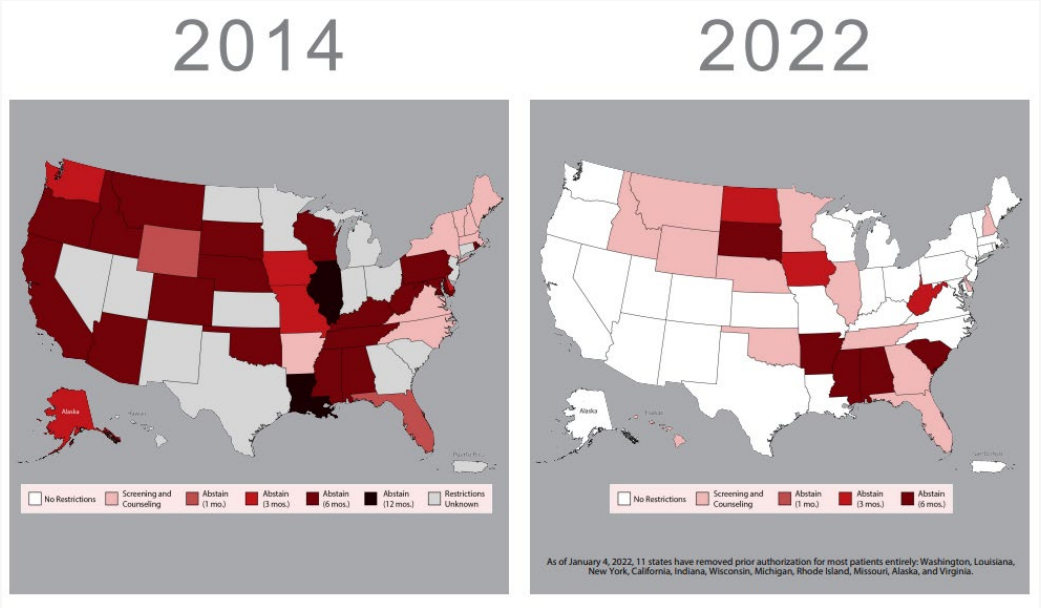
Liver Damage

- The most progress made to date has been in removing this barrier.
- 33 states have either eliminated or reduced their fibrosis restrictions.
- Only two states have restrictions remaining.



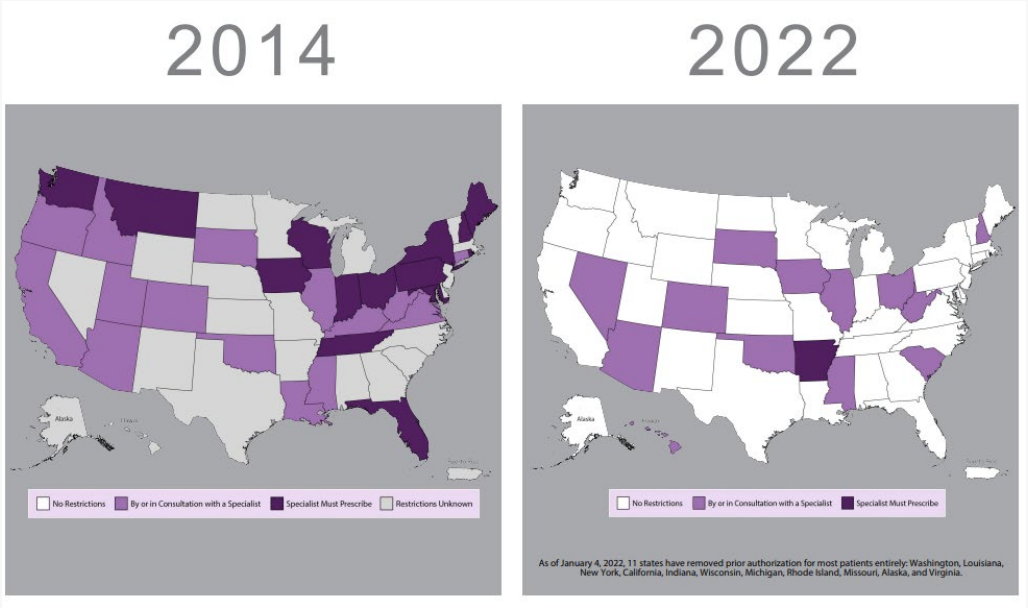
Sobriety

- 29 states have loosened their sobriety restrictions.
- 44 states impose no minimum period of abstinence.
- Period of abstinence required has shortened overall.



Prescriber

- 28 states have scaled back prescriber restrictions.
- 18 states require specialist involvement, only one state requires prescription written by specialist

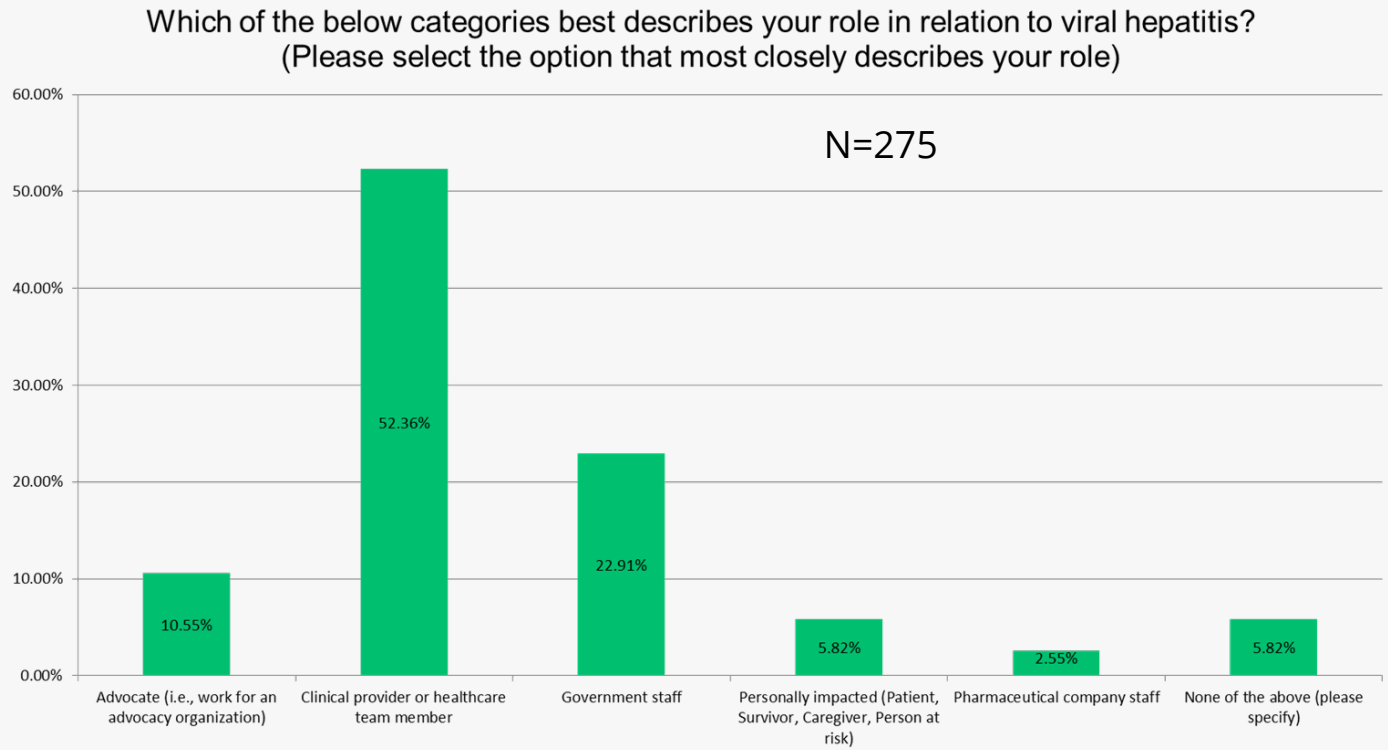


Remaining Barriers to Care

Remaining Barriers to Care

- In addition to those barriers that we already track, additional barriers to care exist, including both substantive and process barriers.
- In Spring 2022, the project team solicited input from stakeholders on ways to improve how we track and report out on state Medicaid programs through a **public listening session**, a **provider steering committee**, and a **public survey**.

Stakeholder Feedback: Public Survey

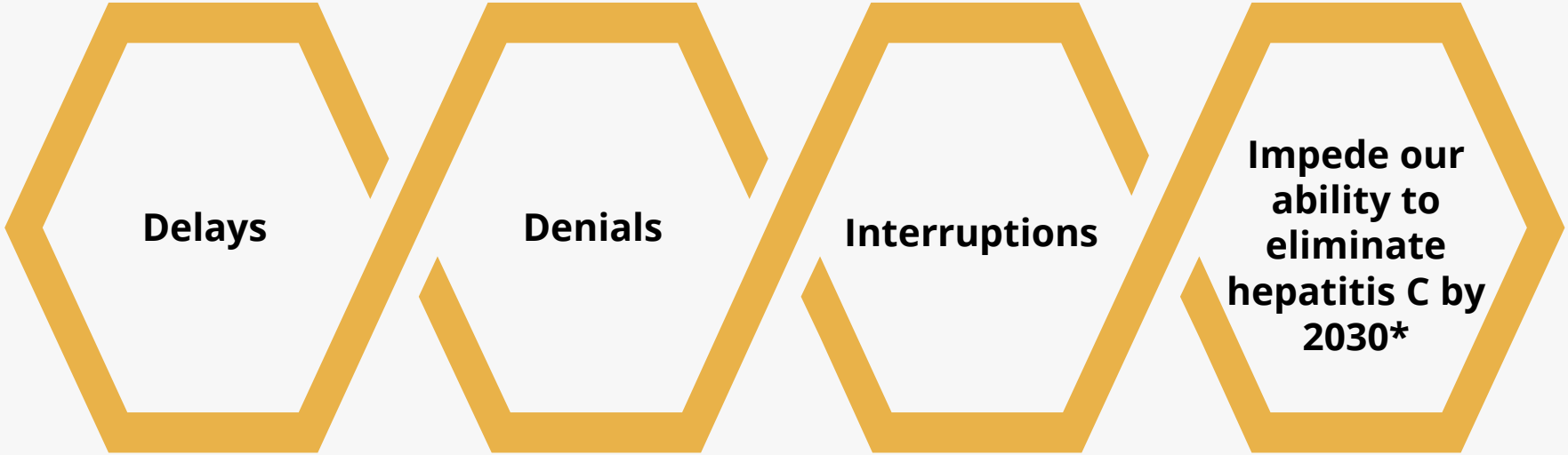


Additional Barriers Identified*

- Prior authorization as a process barrier
- Chronic infection diagnosis
- Time-based laboratory values
- Genotype
- Adherence assessments
- Retreatment restrictions
- Specialty pharmacy & mail-order
- Different criteria preferred vs. non-preferred

*Currently tracking fibrosis, sobriety, prescriber, and managed care parity barriers

Impact of Barriers



*Particularly among communities disproportionately impacted by hepatitis C

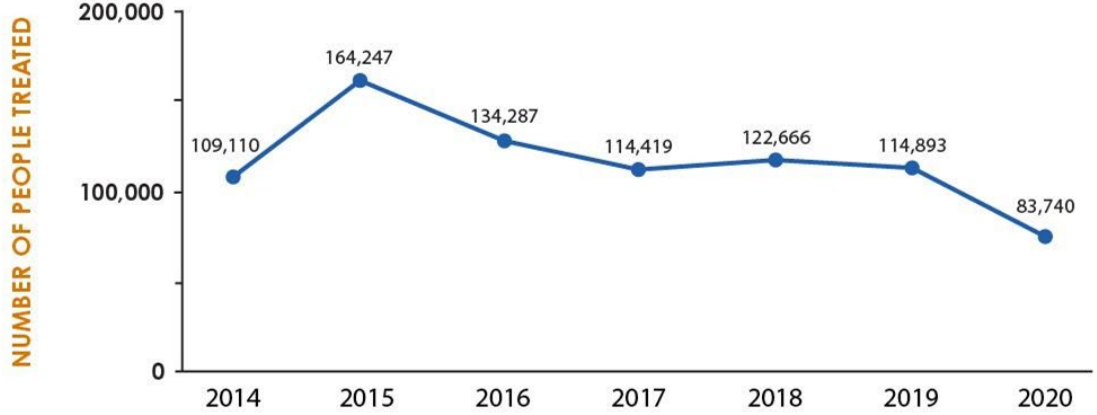
In my state, there is actually investigation into adherence for other medications for the patient. For instance, if a person has picked up their diabetes meds late before, [Medicaid] will deny [hepatitis C] treatment.

The burdens include the wasteful cost of repeat labs and negative impact on patients regarding cost and access to transportation. Genotype results have a long turnaround time, sometimes creating delays.

Some of the specialty pharmacies have requirements to speak with the patient before mailing the medication. It becomes a barrier, and possibly even a delay in treatment.

THE NUMBER OF PEOPLE WHO INITIATED* HEPATITIS C TREATMENT IN THE U.S. DECLINED FROM 2015 TO 2020

COVID-19-related disruptions to hepatitis C testing and treatment likely contributed to the decline in 2020



*Based on national prescription claims data

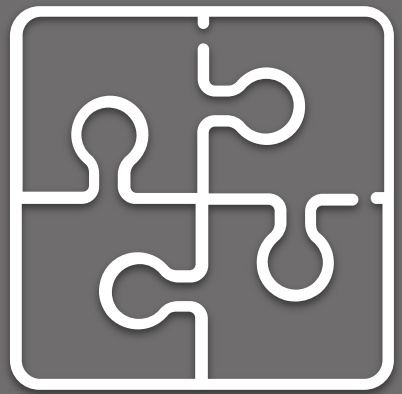
For more information, visit
cdc.gov/nchhstp/newsroom

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

From 2014-2020, an average of **approximately 120,000 people were treated each year**, falling short of the *National Academies of Science and Medicine* estimate that **at least 260,000 people must be treated annually to eliminate hepatitis C by 2030**

Eyasu H Teshale, MD, Henry Roberts, PhD, Neil Gupta, MD, MPH, Ruth Jiles, MS, MPH, PhD, Characteristics of persons treated for hepatitis C using national pharmacy claims data, United States, 2014–2020, *Clinical Infectious Diseases*, 2022;, ciac139, https://doi.org/10.1093/cid/ciac139

Next Steps for *Hepatitis C: State of Medicaid Access*



Next Steps for *Hepatitis C: State of Medicaid Access*

www.stateofhepc.org

Hepatitis C: State of Medicaid Access
Project Team

Adrienne Simmons, PharmD, MS, BCPS, AAHIVP
National Viral Hepatitis Roundtable
adrienne@nvhr.org

Julia Harvey, JD
Center for Health Law and Policy Innovation
jharvey@law.harvard.edu

Suzanne Davies | Daniel Raymond | Robert Greenwald

Senate Bill (SB) 159 (Weiner) HIV Pre-exposure and Post-exposure Prophylaxis (PrEP & PEP) For California Pharmacists

Marisa Ramos, PhD

Office of AIDS Division Chief

April 2022

California Department of PublicHealth

What is Oral PrEP?

- A once-a-day pill (Truvada/Descovy)*
- Can reduce a person's risk of acquiring HIV by up to 99% from sexual contact
- Among individuals who inject drugs there's a 70% reduction in acquisition of HIV
- Provides maximum protection when taken daily for 7 days after engaging in anal sex; 20 days for vaginal sex or injection drug use

* An injectable version of PrEP given once every 8 weeks has also been FDA approved but is not relevant for SB159

What is PEP?

- Regimen to reduce risk of contracting HIV after an exposure
- "Plan B" of HIV
- 72-hour window of efficacy from moment of possible exposure – most effective when started as soon as possible
- Typically consists of Truvada or Descovy (same as used for PrEP) plus another agent (usually an HIV integrase inhibitor)
- Unlike PrEP, PEP is a complete antiretroviral regimen against HIV
- Once prescribed, must be taken for 28 days

SB 159 (Weiner): HIV Prevention/Ending the Epidemic

- SB 159 (State Senator Weiner), signed into law on 10/7/19.
- SB 159 provides authority for a pharmacist to determine if patients meet clinical criteria for PEP or PrEP and allows them to:
  - furnish 30 or 60 days of PrEP once every 2 years; or
  - furnish 28 days of PEP
  - The pharmacist must inform the patient's primary care provider or provide the patient with a similar report that would have gone to their provider.

SB 159 (Weiner): Training Requirements

- Prior to furnishing PEP/PrEP, pharmacists must complete training approved by CA Board of Pharmacy or delivered by an accredited provider.
- Free training is available: https://www.pharmacy.ca.gov/licensees/webinars/hiv_prep_pep.shtml
- Participants must pass quiz with at least a 70% score and maintain record of training for 4 years
- How to find pharmacists furnishing PrEP/PEP: https://www.dca.ca.gov/webapps/pharmacy/services_search.php

What conditions need to be met by the patient to qualify for pharmacist furnished PEP?

- All of the following:
  - The pharmacist screens the patient and determines the exposure occurred within the previous 72 hours
  - The patient meets the clinical criteria for PEP consistent with CDC guidelines
  - No signs or symptoms associated with acute HIV infection reported
  - Provide education: the patient may not waive consultation
  - Provide information to the patient's PCP or a list where the patient may seek care or start PrEP
- PEP initiation should not be delayed for baseline lab testing, but the patient should follow up with a provider for lab testing

What conditions need to be met by the patient to qualify for pharmacist furnished PrEP ?

- All of the following:
  - A negative HIV test in the previous 7 days (negative antigen/antibody test or negative rapid test)
  - No signs or symptoms associated with acute HIV infection reported
  - The patient is not taking any contraindicated medications
  - Provide education: the patient may not waive consultation
  - The patient needs to follow-up with PCP for additional prescriptions
  - Maintain a record of the prescription provided
  - Provide information to the patient's PCP or a list where the patient may seek additional care for PrEP

Summary

- Pharmacists have played an important role in HIV prevention for decades, with access to condoms, sterile syringes and supporting adherence to HIV treatment.
- Pharmacists are uniquely situated to improve access to new prevention tools, PrEP and PEP, especially for patients who are underserved.
- Pharmacists have relationships with prescribers and can support linkage to care for ongoing PrEP prescriptions, HIV testing and lab monitoring.
- Financial assistance PrEP-AP Webpage: https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OAadap.aspx#prep
- Evaluation of implementation starting this year

Contact Information

Marisa Ramos, PhD

Office of AIDS Division Chief

California Department of Public Health

Email: Marisa.Ramos@cdph.ca.gov

Website: https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OAmain.aspx

Leveraging Policy Changes for Sexually Transmitted Infection and Viral Hepatitis Prevention, Testing, and Treatment

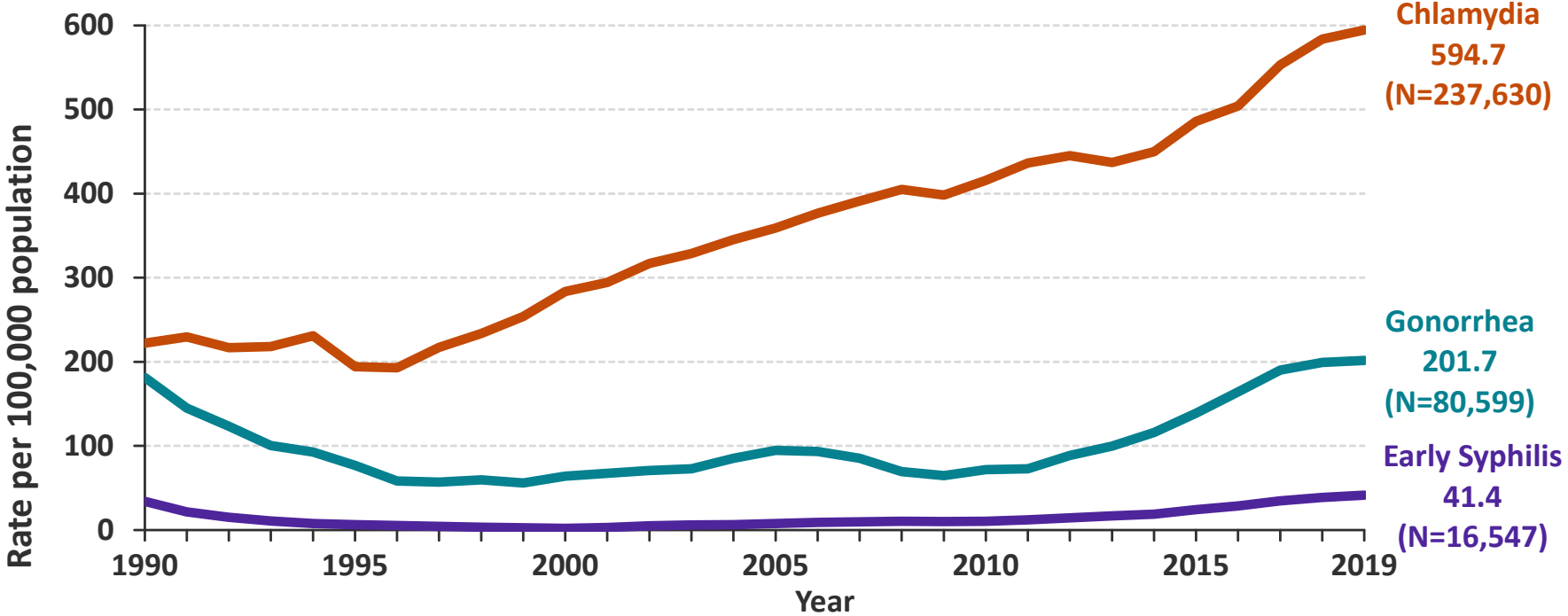
Rachel McLean, MPH

Chief, Policy and Viral Hepatitis Prevention

Sexually Transmitted Diseases (STD) Control Branch

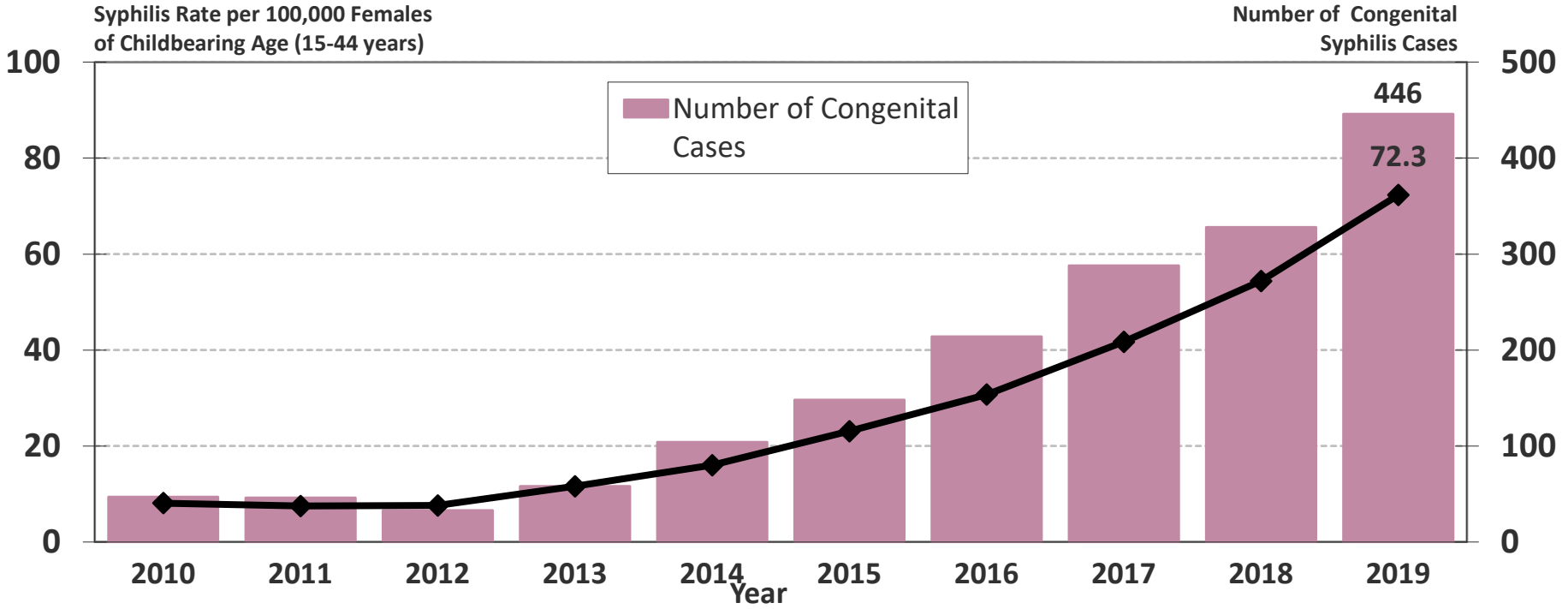
California Department of PublicHealth

Chlamydia, Gonorrhea, and Early Syphilis* Rates Increased from 1990–2019 in California



* Early syphilis includes primary, secondary, and early non-primary non-secondary syphilis. (Revised 11/2020)

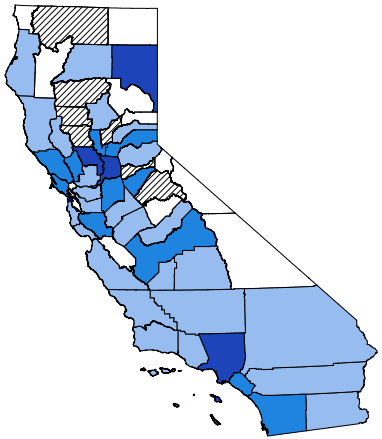
As Syphilis Rates Increased Among Females of Childbearing Age, Congenital Syphilis Cases Increased as well



* Includes primary, secondary, early non-primary non-secondary, and unknown duration or late syphilis. (Revised 11/2020)

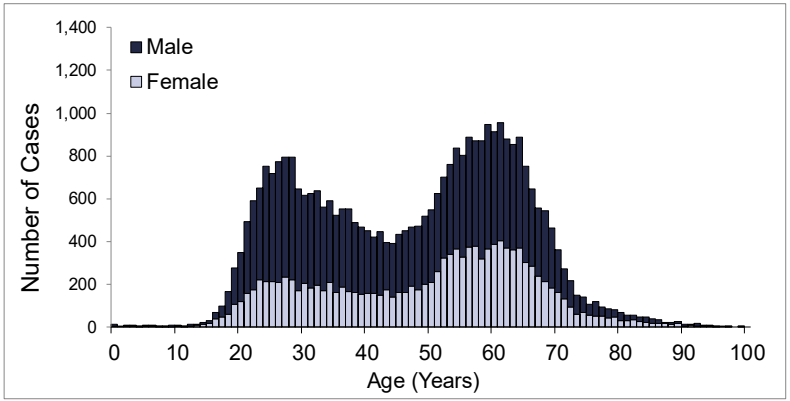
California Bears a Significant Chronic Viral Hepatitis Disease Burden

Geographic Distribution of Newly Reported Chronic Hepatitis B Cases in California, 2016



From 1989 to 2016, the cumulative total of chronic hepatitis B cases newly reported to CDPH was of 287,087.

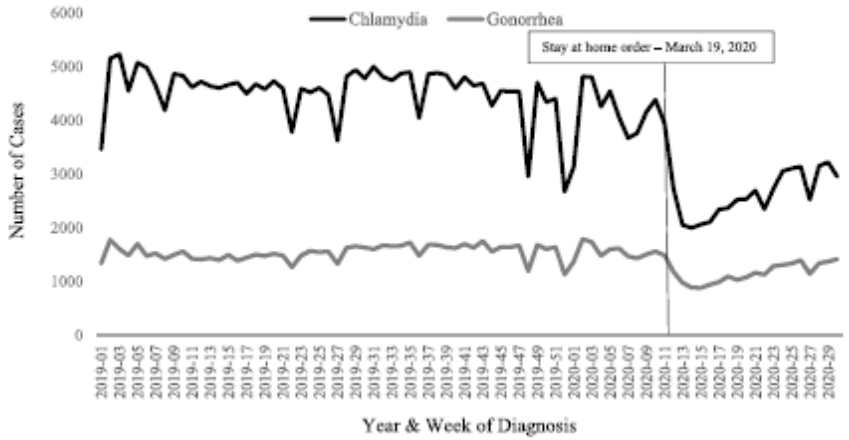
Age Distribution of Newly Reported Chronic Hepatitis C Cases in California, 2018



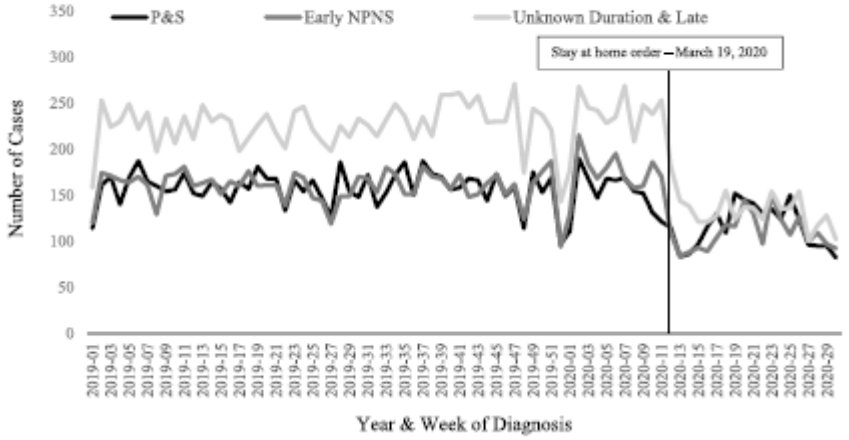
From 1994 to 2018, the cumulative number of chronic hepatitis C cases reported to CDPH was 714,737.

STI Testing Volume Decreased During the COVID Pandemic, Highlighting the Need for Alternative Testing Options

A **Trends in Chlamydia and Gonorrhea Case Reporting**



B **Trends in Syphilis Case Reporting**



Senate Bill (SB) 306 (Pan, Chapter 486, Statutes of 2021)[1]
Assembly Bill (AB) 789 (Low, Chapter 470, Statutes of 2021)[2]

- Effective January 1, 2022, California law now:
  - Requires syphilis screening in pregnancy per CDPH guidelines
  - Offers liability protections for prescribers and pharmacists dispensing expedited partner therapy (EPT) for chlamydia, gonorrhea, etc.
  - Allows trained HIV test counselors to use CLIA-waived STD tests
  - **Requires primary care facilities to screen adults for hepatitis B & C**
  - **Requires health plans to cover at-home tests for STDs**

SB 306 full text: https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB306
AB 789 full text: https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB789

SB 306 Definition of At-Home STD Tests

"A product used for a test recommended by CDC guidelines or USPSTF that has been CLIA-waived, FDA-cleared or -approved, or developed by a laboratory in accordance with established regulations and quality standards, to allow individuals to self-collect specimens for STDs, including HIV, remotely at a location outside of a clinical setting."

CDC=U.S. Centers for Disease Control and Prevention; CLIA=Clinical Laboratory Improvement Amendments of 1988; FDA=U.S. Food and Drug Administration; USPSTF=U.S. Preventive Services Task Force

SB 306 At-Home STD Testing Coverage Requirement

- It's complicated! Specific coverage requirements vary by payer depending on which state agency regulates their products
- Medicaid (Medi-Cal) does not have to reimburse for at-home STD tests until specific billing codes are created:
  - Common Procedural Terminology (CPT) codes **(AMA)**
  - Healthcare Common Procedure Coding System (HCPCS) Codes **(CMS)**

AMA=American Medical Association; CMS=Centers for Medicare and Medicaid Services

Next Steps

- Working on fact sheets summarizing these laws for dissemination to health care providers, payers, local health departments, CBOs
- Monitoring testing companies' efforts to request new CPT and HCPCS codes needed for at-home testing reimbursement
- Exploring options for how to evaluate the impact of these bills

Contact Information

Rachel McLean, MPH

Chief, Policy and Viral Hepatitis Prevention Section

STD Control Branch

California Department of Public Health

Phone: 510-620-3403 *(working remotely)*

Email: Rachel.McLean@cdph.ca.gov

Website: www.cdph.ca.gov/ovhp

Louisiana's HCV Elimination Plan

Presented by: Anthony James, MS, MA, MSHCM
Louisiana Office of Public Health STD/HIV/Hepatitis Program

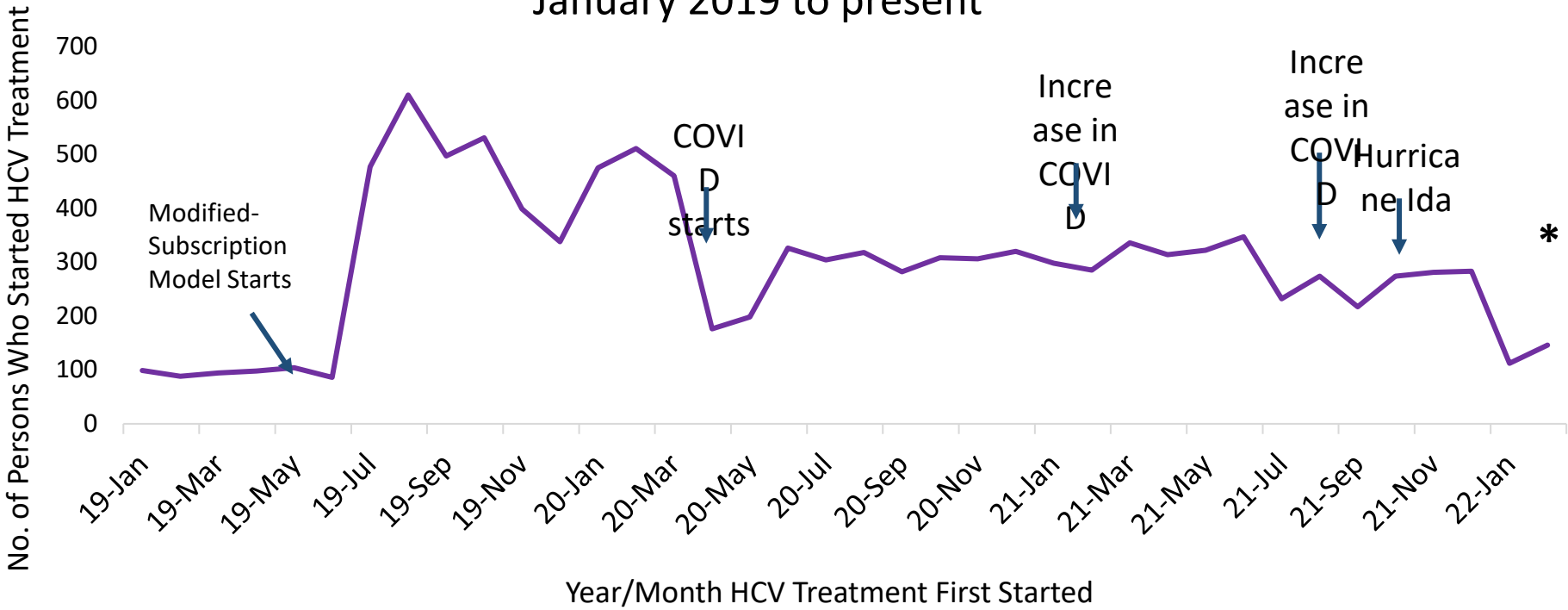
As part of the Big Bet, **10,759** persons have accessed treatment for HCV

That includes **9,302** persons on Medicaid and **1,457** persons who are incarcerated

LOUISIANA DEPARTMENT OF HEALTH
Public Health

Characteristics of People Accessing HCV Treatment Through Medicaid/Corrections on or after 7/15/19						
	Medicaid		Corrections		TOTAL	
	No.	Pct	No.	Pct	No.	Pct
TOTAL	**9,302**	**100%**	**1,457**	**100%**	**10,759**	**100%**
Birth Sex						
Female	3,675	40%	58	4%	3,733	35%
Male	5,627	60%	1,399	96%	7,026	65%
Race/Ethnicity						
American Indian/Alaska Native (AI/AN)	64	1%	1	0%	65	1%
Asian	34	0%	0	0%	34	0%
Black	3,350	36%	879	60%	4,229	40%
Hispanic/Latinx	277	3%	0	0%	277	3%
White	5,462	59%	577	40%	6,039	57%
Other/Unknown	115	-	0	-	115	-
Birth Cohort						
<1945	3	0%	29	2%	32	0%
1945-1965	3,456	37%	653	45%	4,109	38%
1966-1986	4,304	46%	647	44%	4,951	46%
1987+	1,539	17%	128	9%	1,667	15%
Age (in years)						
<18	41	0%	1	0%	42	0%
18-29	719	8%	47	3%	766	7%
30-39	2,268	24%	243	17%	2,511	23%
40-49	1,896	20%	327	22%	2,223	21%
50-59	2,783	30%	425	29%	3,208	30%
60-69	1,586	17%	330	23%	1,916	18%
70+	9	0%	84	6%	93	1%

Number of Persons Who Started Treatment for HCV Through Medicaid/Corrections by Year/Month Treatment First Started - January 2019 to present



* For persons on Medicaid, treatment is calculated using DAA claims data. Due to delays in reporting of claims data, numbers from recent months, are preliminary and are an undercount.

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Public Health

Since July 15th, 2019, for persons on **Medicaid**

9,302 persons have accessed treatment for HCV through Medicaid

9,133 persons have started treatment for HCV through Medicaid for the first time

7,930 persons who have accessed treatment have completed it

6,394 persons have accessed treatment because of Medicaid Expansion

612 providers have written prescriptions for DAAs for the first time

585 persons who did not complete treatment and whose last HCV RNA was positive

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Characteristics of People Who Have Accessed Treatment Through Medicaid On or After 7/15/2019 & People Still In Need of Treatment On Medicaid				
	Accessed Treatment on or after 7/15/2019		RNA Positive, Currently Enrolled, & Not Treated	
	No.	Pct	No.	Pct
TOTAL	**9,302**	**100%**	**15,587**	**100%**
Birth Sex				
Female	3,675	40%	5,801	37%
Male	5,627	60%	9,786	63%
Race/Ethnicity				
American Indian/Alaska Native (AI/AN)	64	1%	85	1%
Asian	34	0%	57	0%
Black	3,350	36%	5,721	37%
Hispanic/Latinx	277	3%	377	2%
White	5,462	59%	9,102	59%
Other/Unknown	115	-	245	-
Age Group				
<18	41	0%	29	0%
18-29	719	8%	1,019	7%
30-39	2,268	24%	3,301	21%
40-49	1,896	20%	2,923	19%
50-59	2,783	30%	3,298	21%
60+	1,595	17%	5,017	32%

LOUISIANA DEPARTMENT OF HEALTH
Public Health

Characteristics of People Who Have Accessed Treatment Through Medicaid On or After 7/15/2019 & People Still In Need of Treatment On Medicaid				
	Accessed Treatment on or after 7/15/2019		RNA Positive, Currently Enrolled, & Not Treated	
	No.	Pct	No.	Pct
TOTAL	**9,302**	**100%**	**15,587**	**100%**
Region				
Region 1: New Orleans	2,885	31%	4,045	26%
Region 2: Baton Rouge	1,487	16%	2,707	17%
Region 3: Houma	672	7%	1,281	8%
Region 4: Lafayette	704	8%	1,297	8%
Region 5: Lake Charles	285	3%	794	5%
Region 6: Alexandria	466	5%	743	5%
Region 7: Shreveport	939	10%	1,230	8%
Region 8: Monroe	443	5%	760	5%
Region 9: Hammond/Slidell	1,375	15%	2,702	17%
Unknown	46	-	28	-
Current Health Plan				
Aetna	1,025	11%	1,309	8%
Amerihealth	1,271	14%	1,504	10%
Fee For Service (FFS)	1,025	11%	5,423	35%
Healthy Blue	1,824	20%	2,210	14%
LA HealthCare Connections	1,938	21%	2,420	16%
United	2,219	24%	2,721	17%

LOUISIANA DEPARTMENT OF HEALTH
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Characteristics of People Who Are HCV RNA Positive, Currently Enrolled on Medicaid with No Evidence of Treatment by Health Plan														
	Aetna		Amerihealth		Fee for Service (FFS)		Healthy Blue		LA HealthCare		United		TOTAL	
TOTAL	**1,309**	**100%**	**1,504**	**100%**	**5,423**	**100%**	**2,210**	**100%**	**2,420**	**100%**	**2,721**	**100%**	**15,587**	**100%**
Birth Sex														
Female	427	33%	611	41%	1,740	32%	813	37%	1,077	45%	1,133	42%	5,801	37%
Male	882	67%	893	59%	3,683	68%	1,397	63%	1,343	55%	1,588	58%	9,786	63%
Race/Ethnicity														
American Indian/Alaska Native	3	0%	11	1%	21	0%	15	1%	12	1%	23	1%	85	1%
Asian	1	0%	2	0%	24	0%	7	0%	9	0%	14	1%	57	0%
Black	350	27%	424	29%	2,896	54%	609	28%	712	30%	730	27%	5,721	37%
Hispanic/Latinx	39	3%	40	3%	93	2%	69	3%	51	2%	85	3%	377	2%
White	887	69%	999	68%	2,315	43%	1,472	68%	1,607	67%	1,822	68%	9,102	59%
Other/Unknown	29	-	28	-	74	-	38	-	29	-	47	-	245	-
Age (in years)														
<18	0	0%	6	0%	0	0%	5	0%	10	0%	8	0%	29	0%
18-29	117	9%	129	9%	91	2%	203	9%	227	9%	252	9%	1,019	7%
30-39	358	27%	440	29%	339	6%	689	31%	657	27%	818	30%	3,301	21%
40-49	320	24%	376	25%	452	8%	552	25%	588	24%	635	23%	2,923	19%
50-59	321	25%	342	23%	909	17%	491	22%	595	25%	640	24%	3,298	21%
60-69	192	15%	211	14%	2,594	48%	268	12%	340	14%	365	13%	3,970	25%
70+	1	0%	0	0%	1,038	19%	2	0%	3	0%	3	0%	1,047	7%

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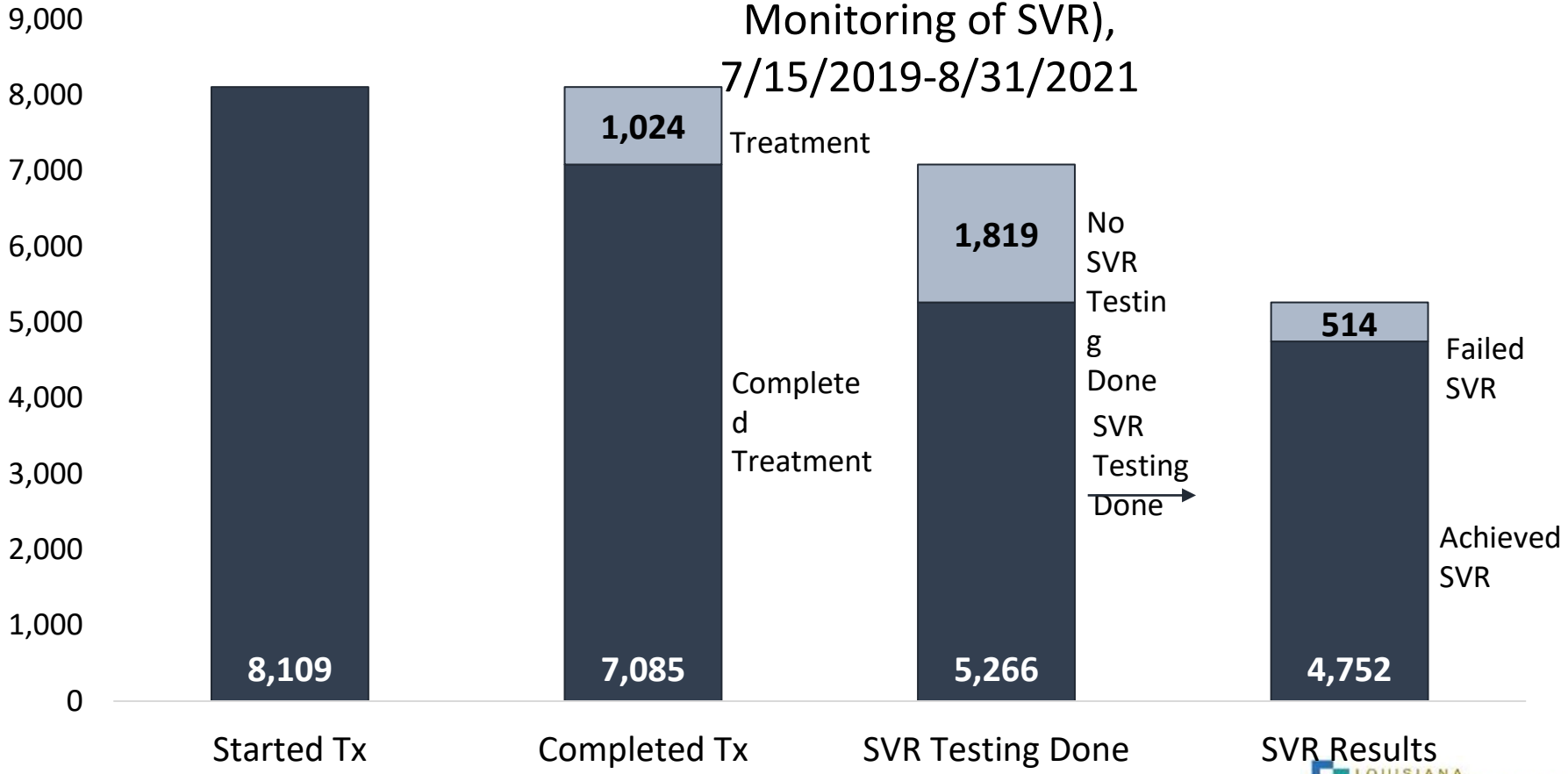
Characteristics of People Who Are HCV RNA Positive, Currently Enrolled on Medicaid with No Evidence of Treatment by Health Plan														
	Aetna		Amerihealth		Fee For Service (FFS)		Healthy Blue		LA HealthCare		United		TOTAL	
TOTAL	**1,309**	**100%**	**1,504**	**100%**	**5,423**	**100%**	**2,210**	**100%**	**2,420**	**100%**	**2,721**	**100%**	**15,587**	**100%**
Region														
Region 1: New Orleans	388	30%	388	26%	1,416	26%	581	26%	589	24%	683	25%	4,045	26%
Region 2: Baton Rouge	231	18%	256	17%	1,068	20%	328	15%	332	14%	492	18%	2,707	17%
Region 3: Houma	106	8%	133	9%	392	7%	196	9%	166	7%	288	11%	1,281	8%
Region 4: Lafayette	125	10%	114	8%	413	8%	192	9%	240	10%	213	8%	1,297	8%
Region 5: Lake Charles	45	3%	57	4%	276	5%	97	4%	222	9%	97	4%	794	5%
Region 6: Alexandria	43	3%	72	5%	297	5%	110	5%	139	6%	82	3%	743	5%
Region 7: Shreveport	78	6%	106	7%	589	11%	123	6%	141	6%	193	7%	1,230	8%
Region 8: Monroe	69	5%	77	5%	255	5%	131	6%	113	5%	115	4%	760	5%
Region 9: Hammond/Slidell	221	17%	298	20%	713	13%	445	20%	475	20%	550	20%	2,702	17%
Unknown	3	-	3	-	4	-	7	-	3	-	8	-	28	-
Time Since Last Lab														
<1 year	420	32%	542	36%	1,632	30%	869	39%	869	36%	1,001	37%	5,333	34%
1 year	218	17%	271	18%	756	14%	376	17%	411	17%	458	17%	2,490	16%
2 years	214	16%	211	14%	665	12%	334	15%	344	14%	426	16%	2,194	14%
3 years	173	13%	180	12%	678	13%	264	12%	313	13%	331	12%	1,939	12%
4 years	138	11%	164	11%	635	12%	184	8%	229	9%	246	9%	1,596	10%
5+ years	146	11%	136	9%	1,057	19%	183	8%	254	10%	259	10%	2,035	13%

Cascade of People Treated in Medicaid (Treatment Completion and Monitoring of SVR), 7/15/2019-8/31/2021



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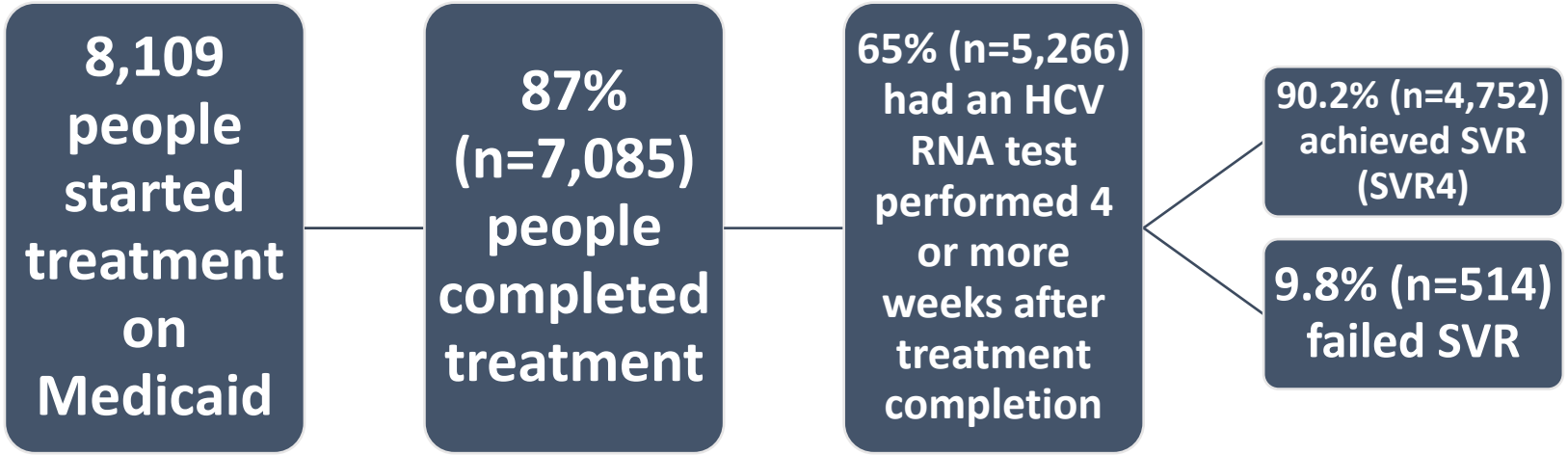
From July 15 2019 – August 31, 2021



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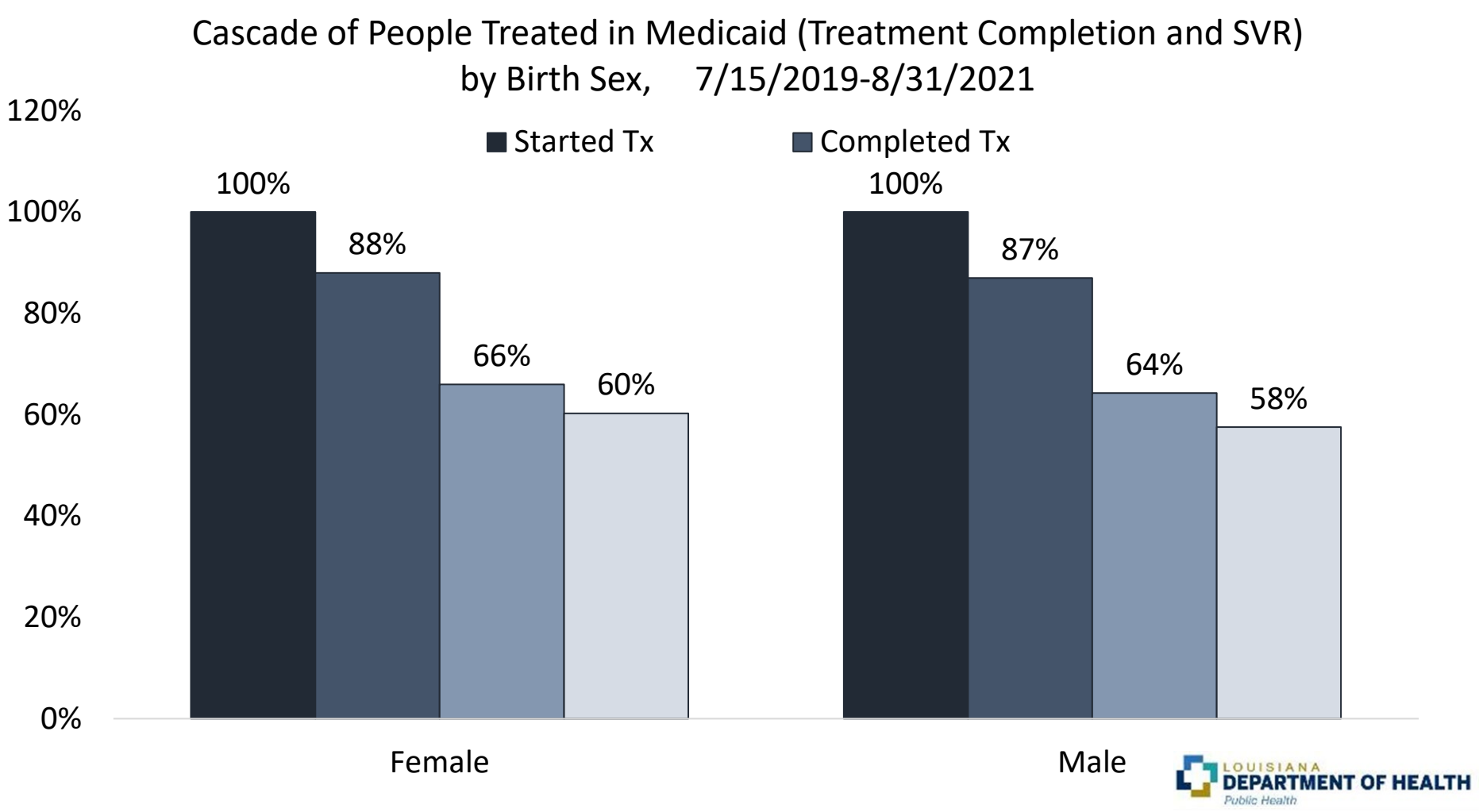
Cascade of People Treated in Medicaid (Treatment Completion and SVR)
by Birth Sex, 7/15/2019-8/31/2021
120%
100%
80%
60%
40%
20%
0%
Started Tx
Completed Tx
100%
88%
66%
60%
100%
87%
64%
58%
Female
Male
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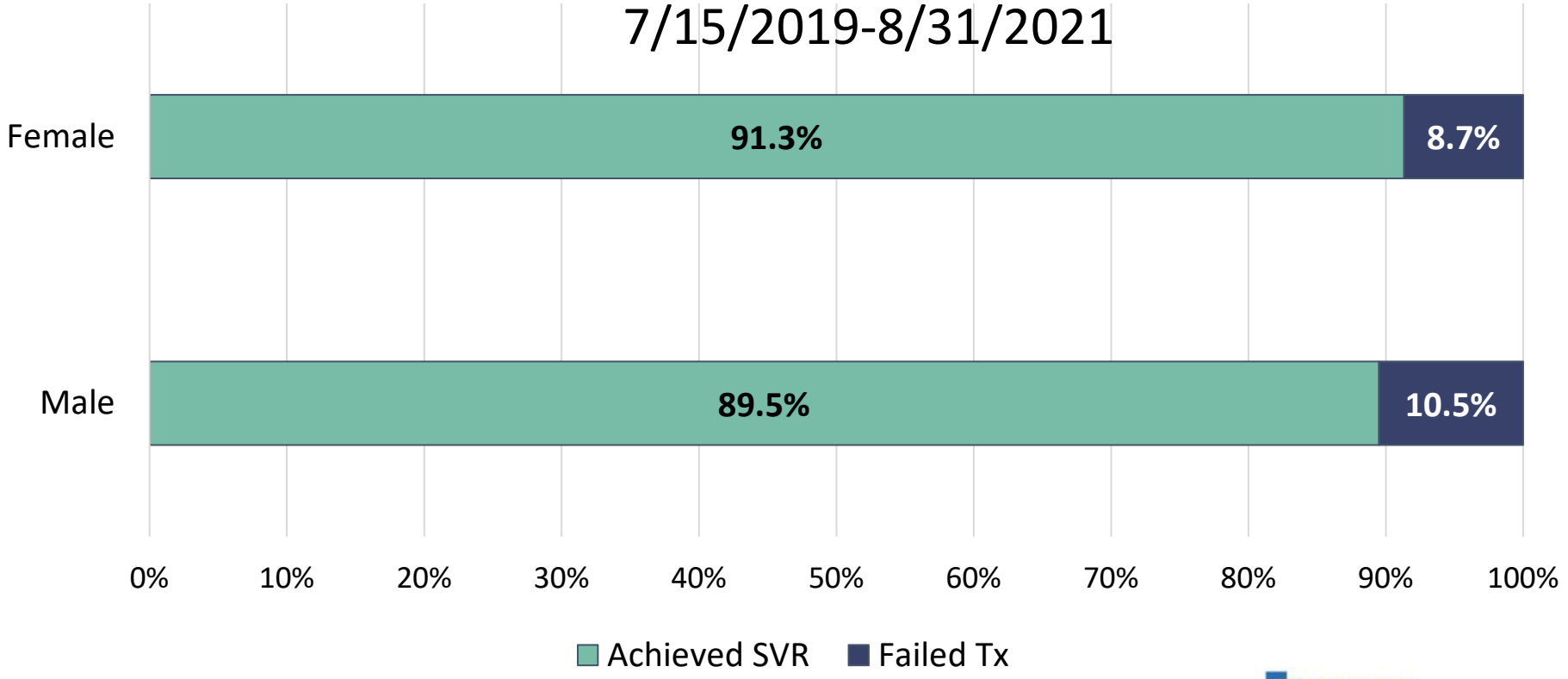
Results of SVR for People Treated for HCV in Medicaid by Birth Sex, 7/15/2019-8/31/2021



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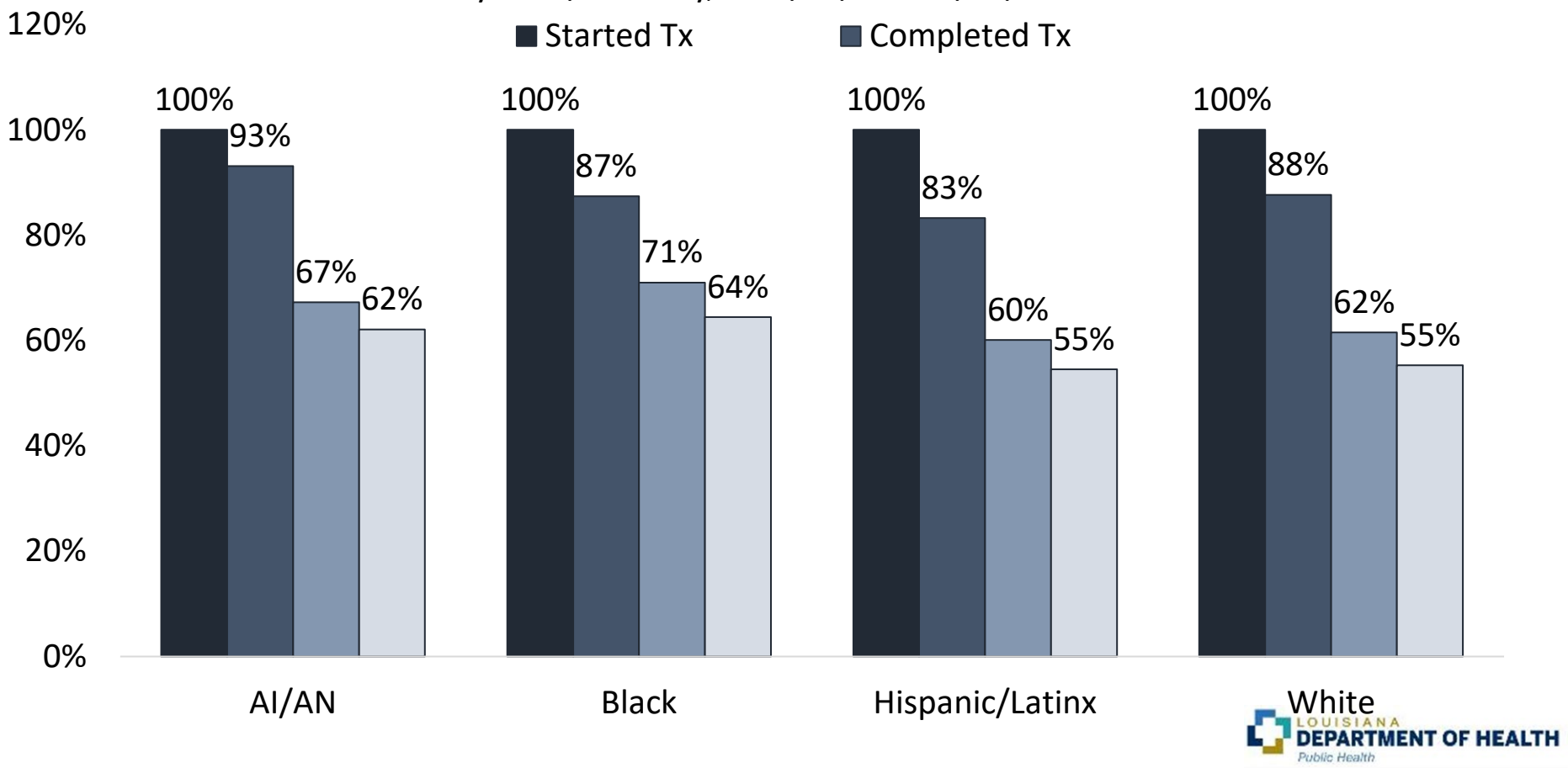
Cascade of People Treated in Medicaid (Treatment Completion and SVR)
by Race/Ethnicity, 7/15/2019-8/31/2021
Started Tx
Completed Tx
120%
100%
80%
60%
40%
20%
0%
100%
93%
67%
62%
100%
87%
71%
64%
100%
83%
60%
55%
100%
88%
62%
55%
AI/AN
Black
Hispanic/Latinx
White
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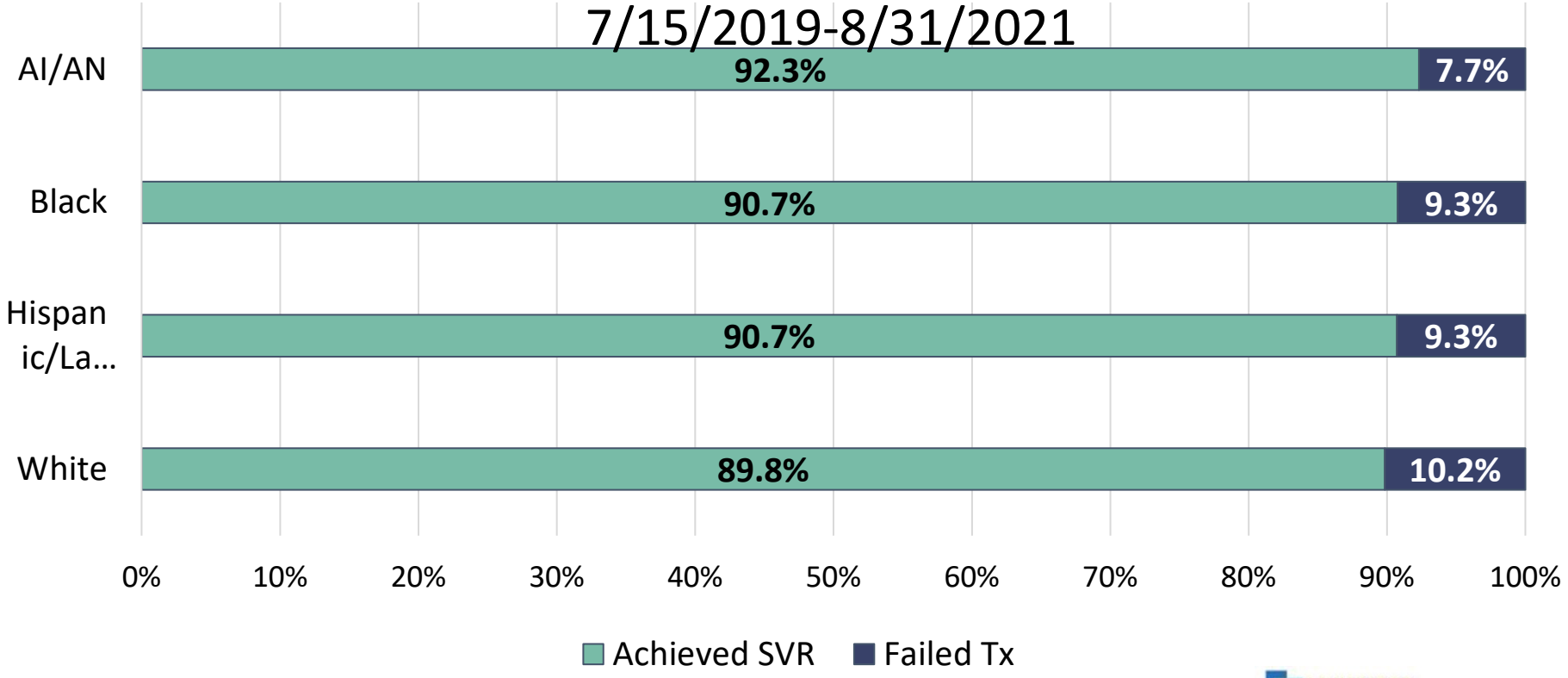
Results of SVR for People Treated for HCV in Medicaid by Race/Ethnicity, 7/15/2019-8/31/2021



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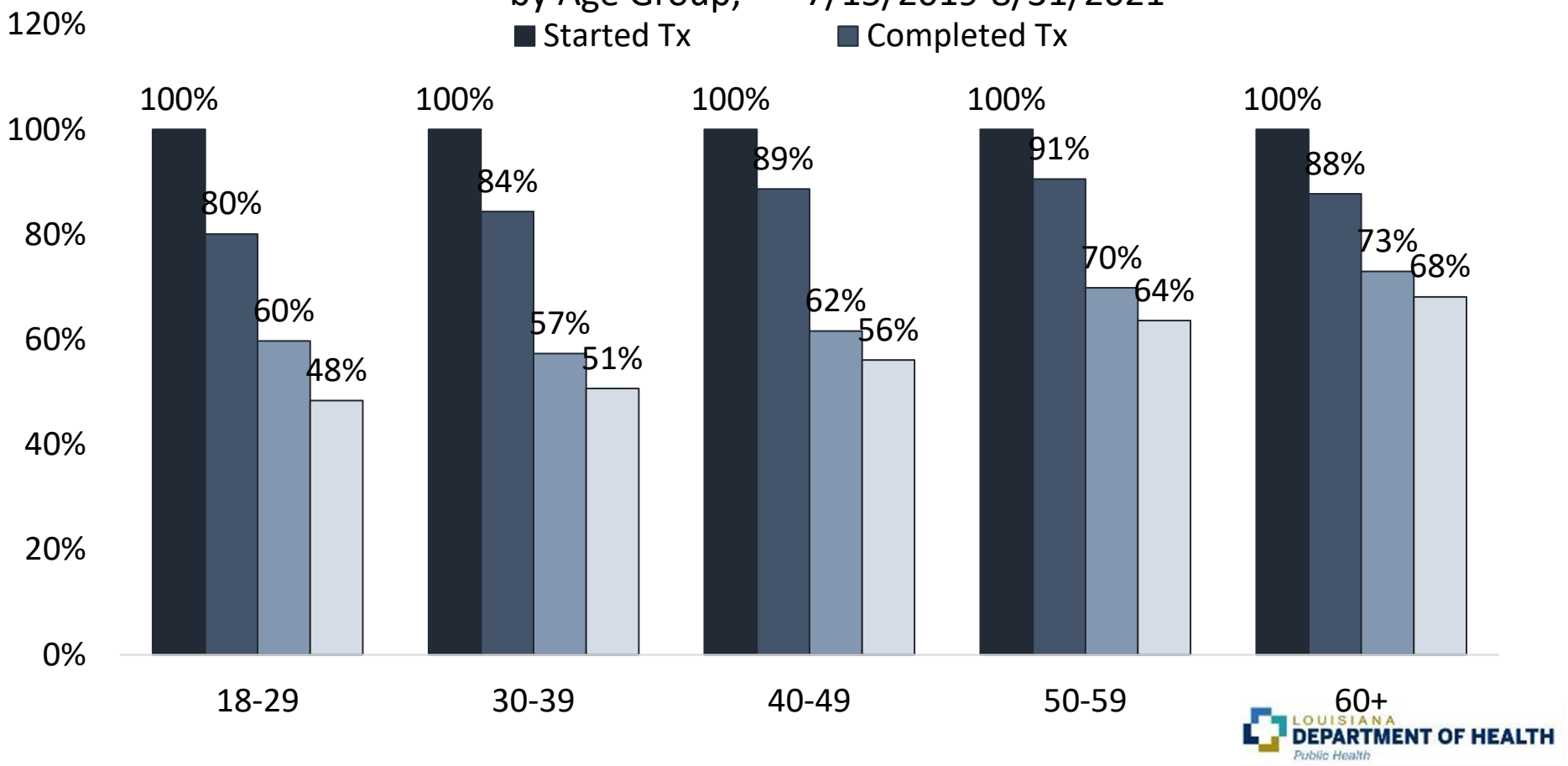
Cascade of People Treated in Medicaid (Treatment Completion and SVR)
by Age Group, 7/15/2019-8/31/2021
Started Tx
Completed Tx
120%
100%
80%
60%
40%
20%
0%
100%
80%
60%
48%
100%
84%
57%
51%
100%
89%
62%
56%
100%
91%
70%
64%
100%
88%
73%
68%
18-29
30-39
40-49
50-59
60+
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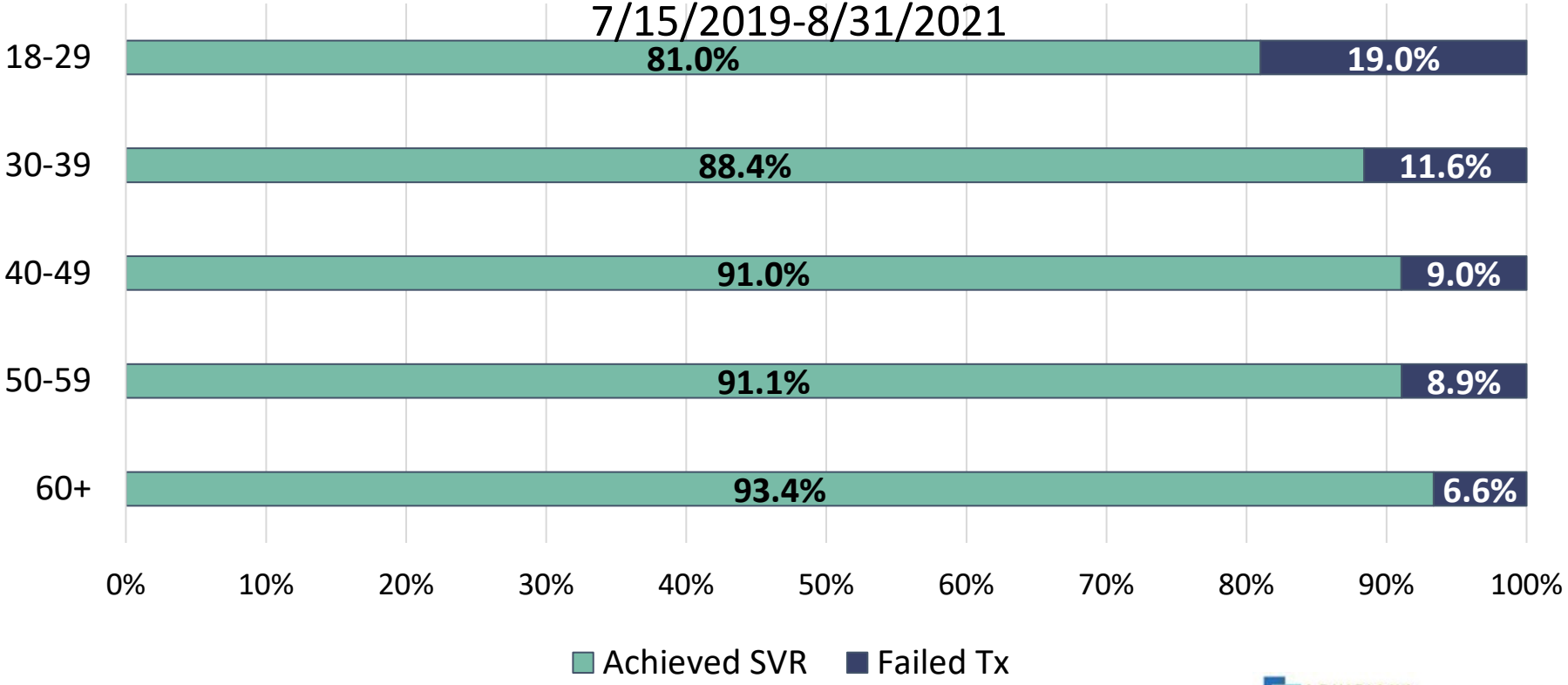
Results of SVR for People Treated for HCV in Medicaid by Age Group, 7/15/2019-8/31/2021



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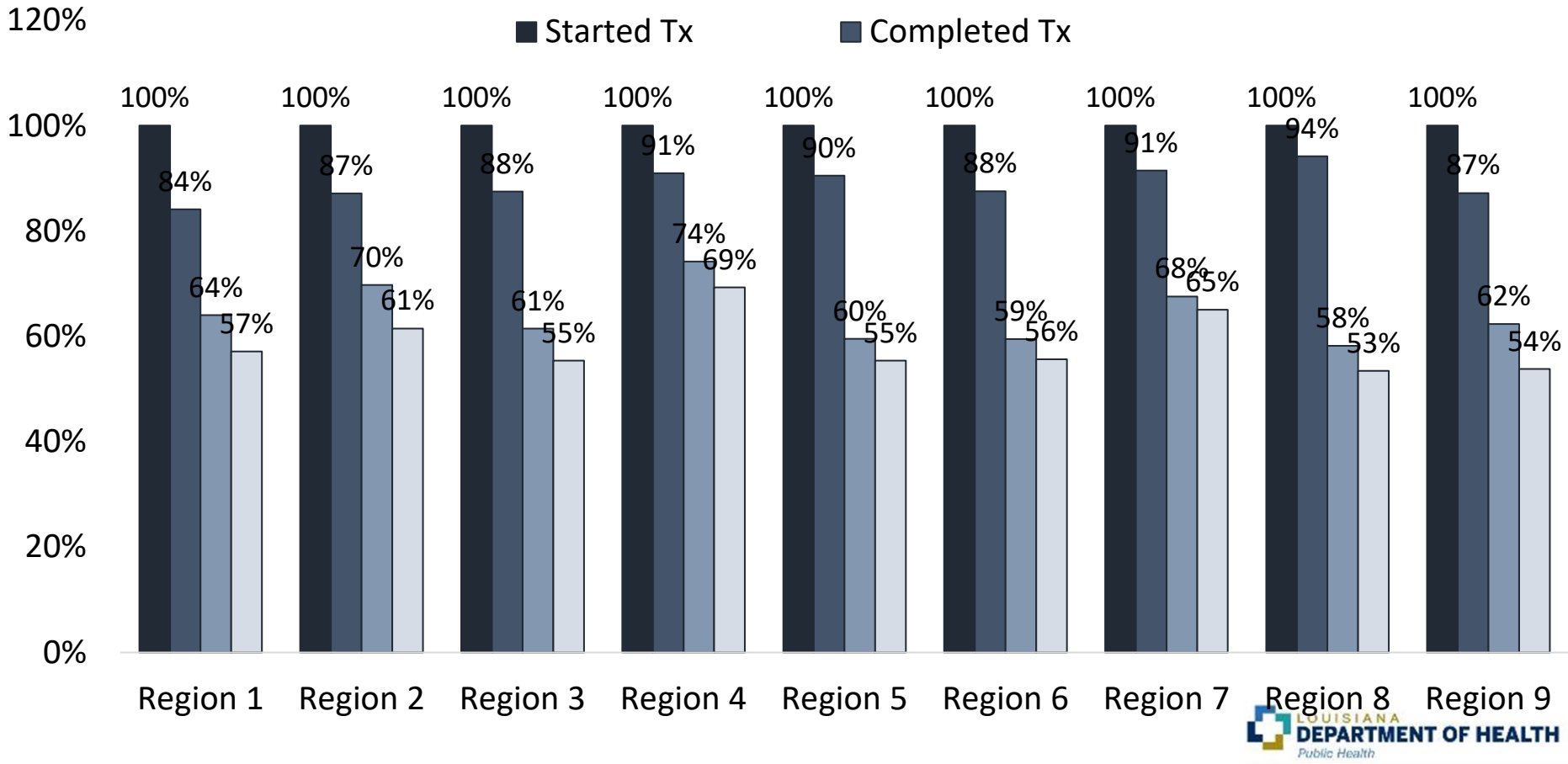
Cascade of People Treated in Medicaid (Treatment Completion and SVR)
by Region, 7/15/2019-8/31/2021
Started Tx
Completed Tx
120%
100%
80%
60%
40%
20%
0%
100%
84%
64%
57%
100%
87%
70%
61%
100%
88%
61%
55%
100%
91%
74%
69%
100%
90%
60%
55%
100%
88%
59%
56%
100%
91%
68%
65%
100%
94%
58%
53%
100%
87%
62%
54%
Region 1
Region 2
Region 3
Region 4
Region 5
Region 6
Region 7
Region 8
Region 9
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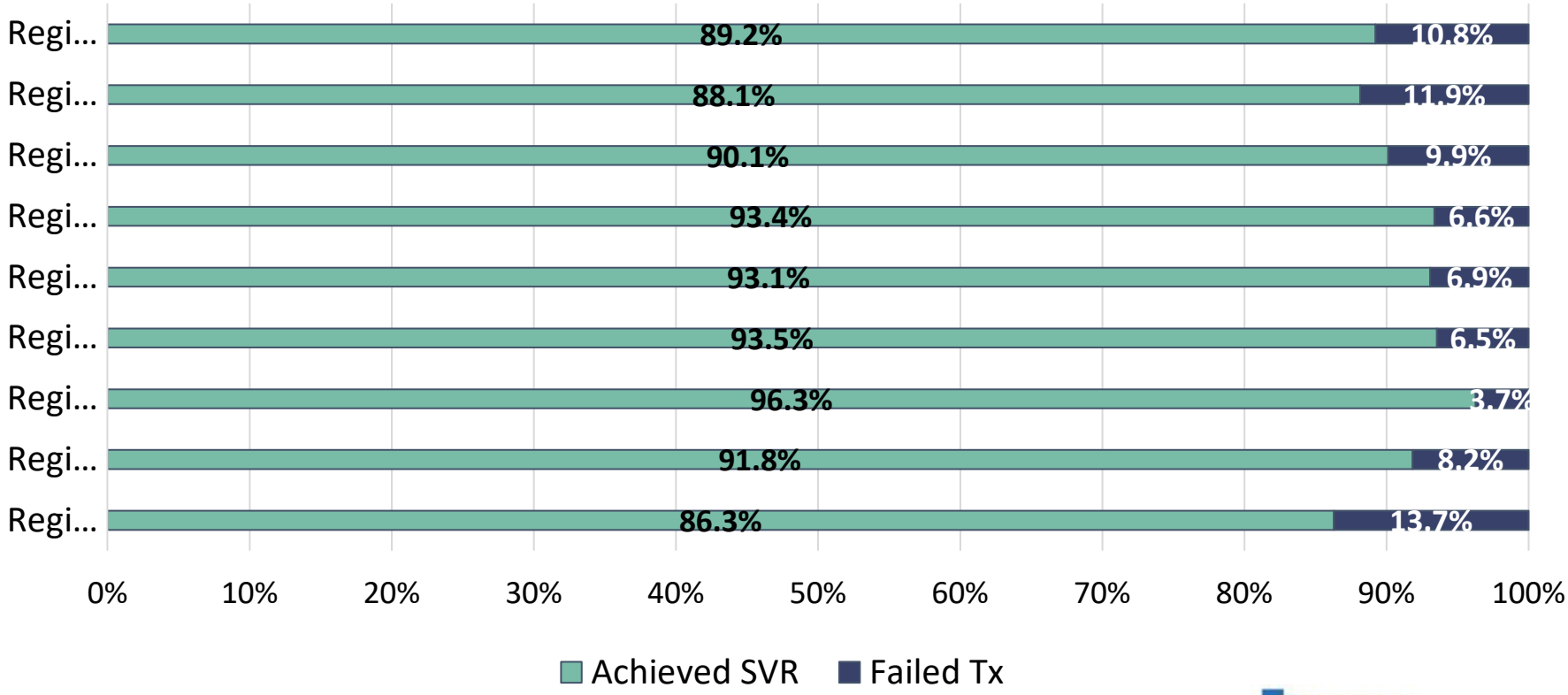
Results of SVR for People Treated for HCV in Medicaid by Region, 7/15/2019-8/31/2021



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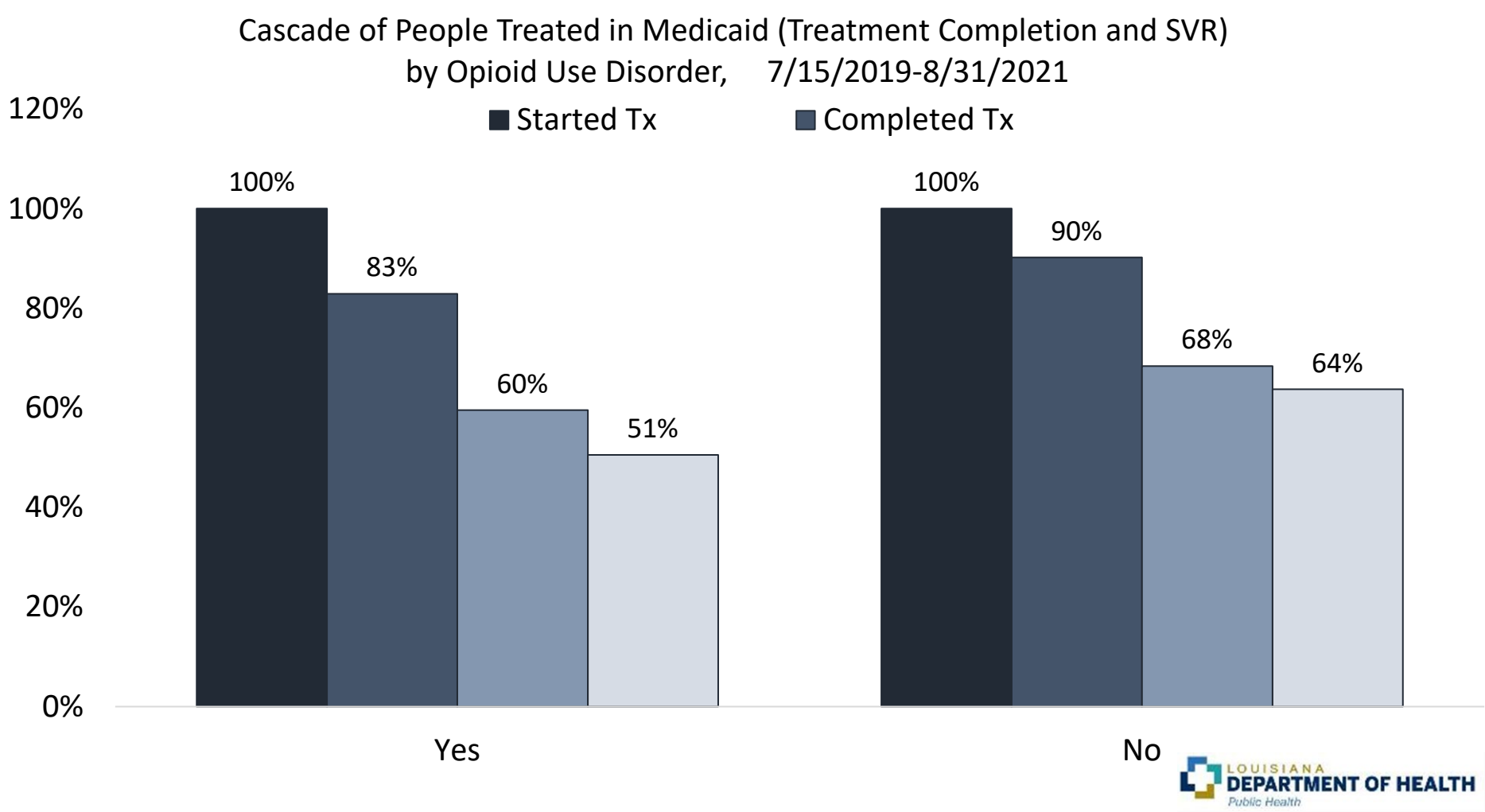
Cascade of People Treated in Medicaid (Treatment Completion and SVR)
by Opioid Use Disorder, 7/15/2019-8/31/2021
Started Tx
Completed Tx
120%
100%
80%
60%
40%
20%
0%
100%
83%
60%
51%
100%
90%
68%
64%
Yes
No
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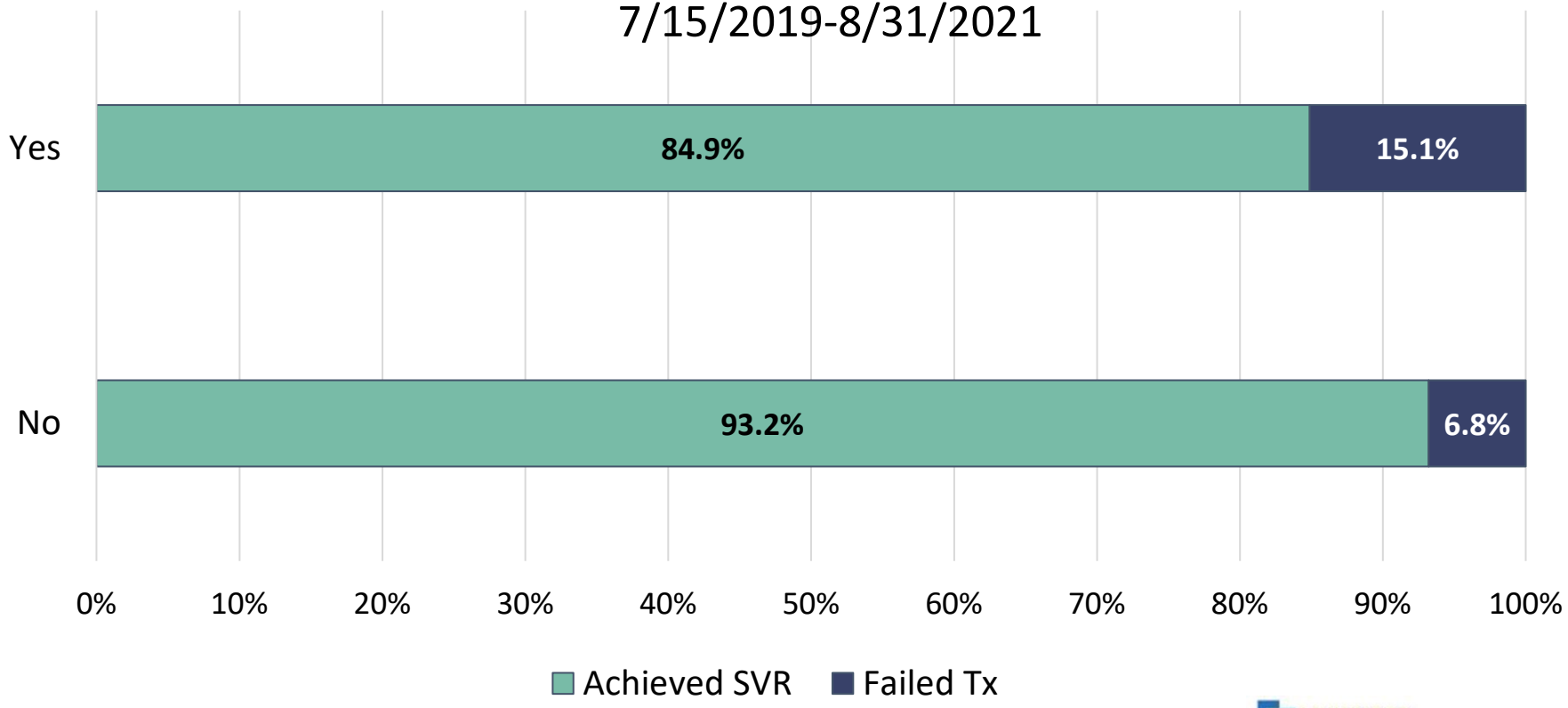
Results of SVR for People Treated for HCV in Medicaid by Opioid Use Disorder, 7/15/2019-8/31/2021



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Number and Percentage of People Treated in Medicaid by Treatment Completion and SVR for Selected Characteristics, 7/15/2019-8/31/2021

	No. Treated	No. Completed	No. w/SVR Testing Done	No. Achieved SVR	Pct. Achieved SVR	Pct. Failed SVR	Pct. Treated	Pct. Completed	Pct. w/SVR Testing Done	Pct. of Treatment Starts who Achieved SVR
TOTAL	**8109**	**7085**	**5266**	**4752**	**90%**	**10%**	**100%**	**87%**	**65%**	**59%**
Birth Sex										
Female	3215	2828	2121	1937	91%	9%	100%	88%	66%	60%
Male	4894	4257	3145	2815	90%	10%	100%	87%	64%	58%
Race/Ethnicity										
AI/AN	58	54	39	36	92%	8%	100%	93%	67%	62%
Black	2983	2607	2118	1922	91%	9%	100%	87%	71%	64%
Hispanic/Latinx	233	194	140	127	91%	9%	100%	83%	60%	55%
White	4720	4137	2904	2609	90%	10%	100%	88%	62%	55%
Age Group										
18-29	643	515	384	311	81%	19%	100%	80%	60%	48%
30-39	1956	1650	1121	991	88%	12%	100%	84%	57%	51%
40-49	1649	1462	1016	925	91%	9%	100%	89%	62%	56%
50-59	2422	2193	1692	1541	91%	9%	100%	91%	70%	64%
60+	1405	1233	1025	957	93%	7%	100%	88%	73%	68%

Number and Percentage of People Treated in Medicaid by Treatment Completion and SVR for Selected Characteristics, 7/15/2019-8/31/2021

	No. Treated	No. Completed	No. w/SVR Testing Done	No. Achieved SVR	Pct. Achieved SVR	Pct. Failed SVR	Pct. Treated	Pct. Completed	Pct. w/SVR Testing Done	Pct. of Treatment Starts who Achieved SVR
TOTAL	**8109**	**7085**	**5266**	**4752**	**90%**	**10%**	**100%**	**87%**	**65%**	**59%**
Region										
Region 1: New Orleans	2534	2131	1622	1447	89%	11%	100%	84%	64%	57%
Region 2: Baton Rouge	1306	1138	911	803	88%	12%	100%	87%	70%	61%
Region 3: Houma	576	504	354	319	90%	10%	100%	88%	61%	55%
Region 4: Lafayette	609	554	452	422	93%	7%	100%	91%	74%	69%
Region 5: Lake Charles	242	219	144	134	93%	7%	100%	90%	60%	55%
Region 6: Alexandria	417	365	248	232	94%	6%	100%	88%	59%	56%
Region 7: Shreveport	832	761	562	541	96%	4%	100%	91%	68%	65%
Region 8: Monroe	378	356	220	202	92%	8%	100%	94%	58%	53%
Region 9: Hammond/Slidell	1171	1021	730	630	86%	14%	100%	87%	62%	54%
Opioid Use Disorder										
Yes	3142	2605	1871	1588	85%	15%	100%	83%	60%	51%
No	4967	4480	3395	3164	93%	7%	100%	90%	68%	64%

Thank you

Anthony James, MS, MA, MSHCM
Deputy Director of Programs
504-568-2784
Anthony.James@la.gov

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The Medicaid Inmate Exclusion Policy: Opportunity for a Change?

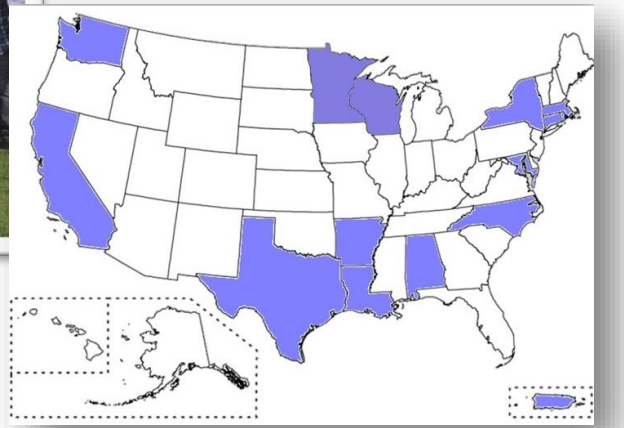
Shira Shavit, MD
Executive Director,
Transitions Clinic Network
Clinical Professor,
University of California, San Francisco

TRANSITIONS CLINIC

Transitions Clinic Network

- *Program Implementation*
- *Research*
- *Policy*

National network of community health centers which ***employ CHWs with histories of incarceration within primary care teams*** to address the health and well-being of people returning from incarceration.



48 primary care clinics in 14 states and Puerto Rico

Image Courtesy of Ray Chavez and CA Prison Health Care Receivership

Health Risks Following Release

Incarceration

↑ Chronic medical conditions, HIV and substance use[1]

↑ Hospitalization[2]

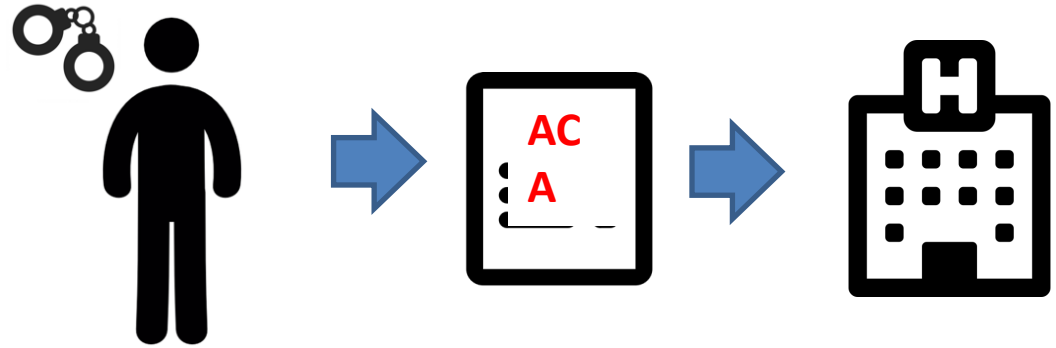
↑ Death[3]

↓

Community

[1]Howell JGIM 2019 Meyer JAMA 2014. [2] EA Wang, et. al. JAMA Internal Medicine, July 2013. [3] IA Binwanger, NEJM 2007; D Rosen, AJPH 2008.

Medicaid Coverage Insufficient for Engagement

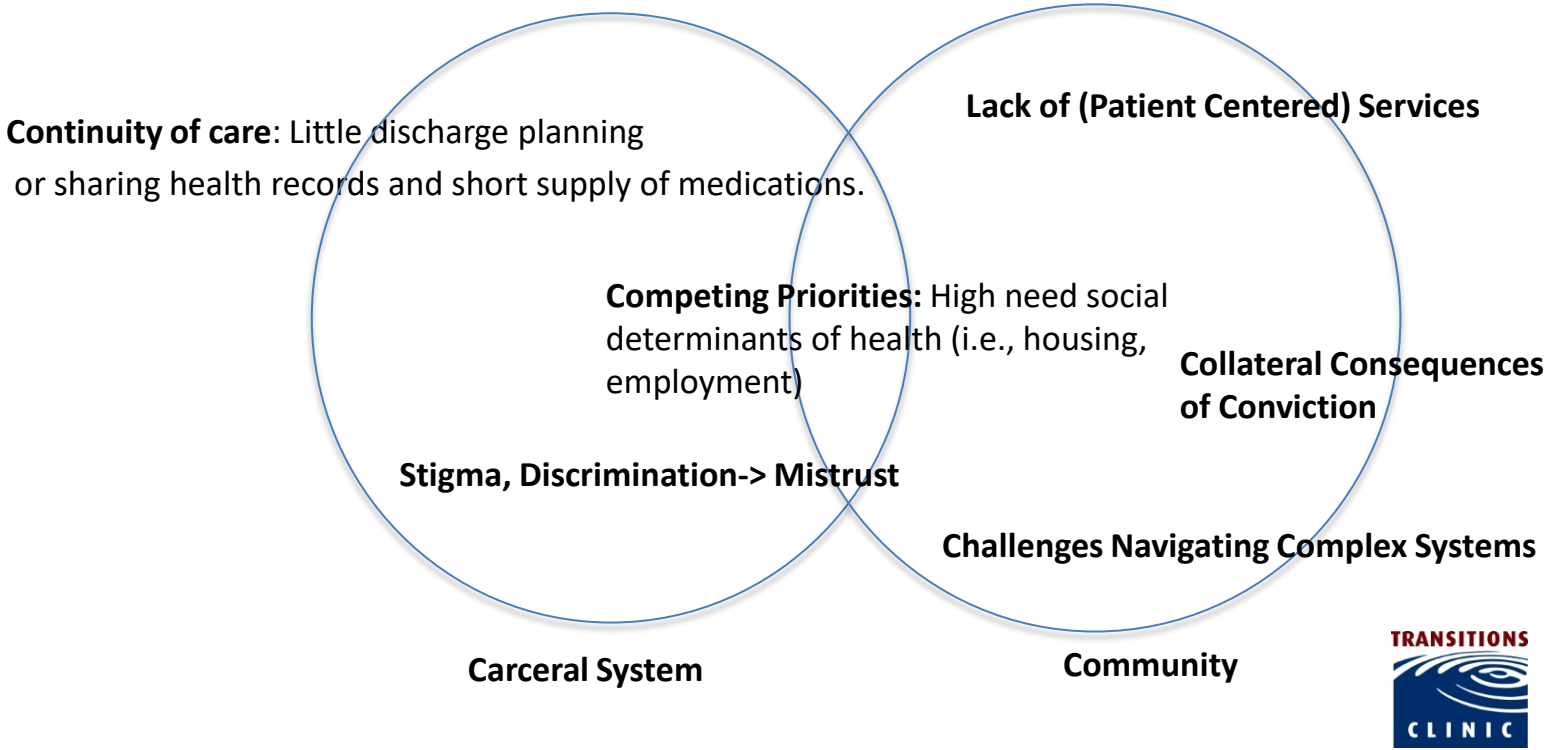


↑ Insurance coverage ≠ ↑ SUD/Mental Health Treatment

Howell et al, Psychiatric Services 2019, Soloner et al, Health Affairs 2016

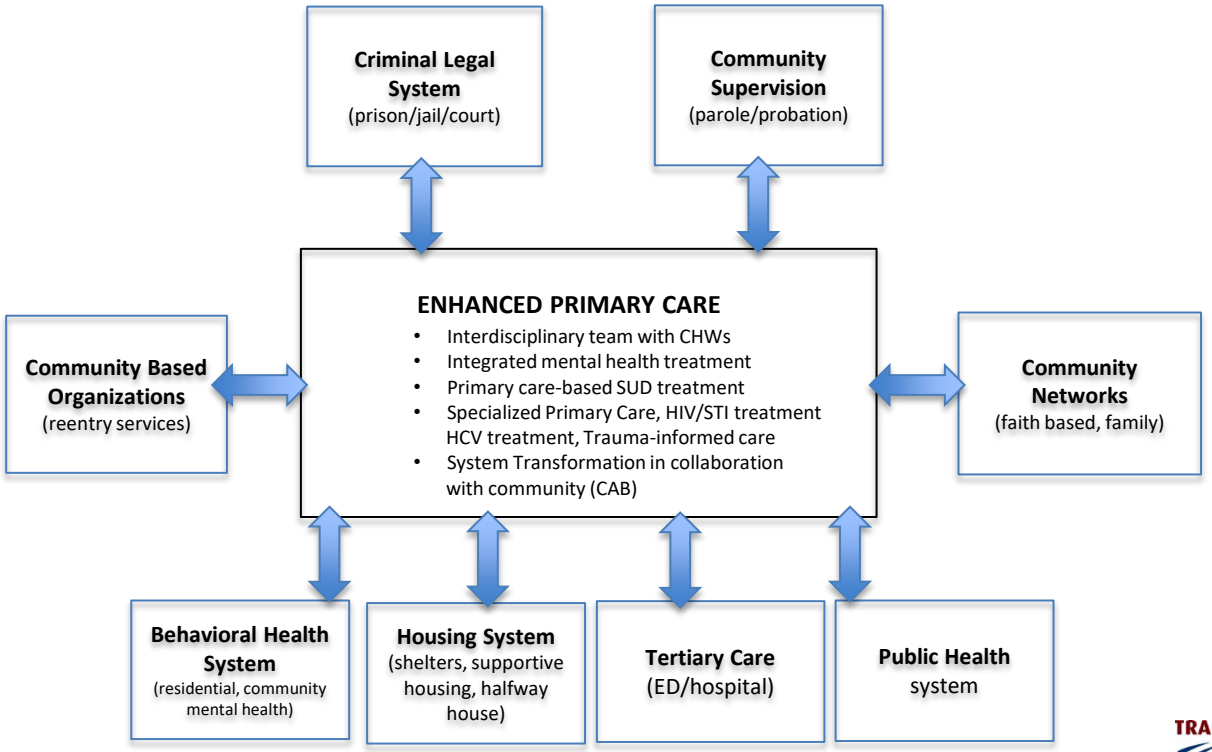
TRANSITIONS CLINIC

Barriers to Care Engagement Post Incarceration



TRANSITIONS CLINIC

TCN Model of Enhanced Care



TRANSITIONS CLINIC

Engaging Individuals Recently Released from Prison into Primary Care: A Randomized Trial

Implemented Using *Community Based Participatory Research Approach*

200
PEOPLE

with chronic medical conditions or age >50 just released from prison

	TRANSITIONS CLINIC Appt in 4 weeks	**PRIMARY CARE CLINIC** Appt in 4 weeks
		
	N=98	**N=102**
ANY Emergency Department visit in 12 month	26%	40%

- **Study participants high rates of primary care engagement.**
- **TCN participants had 50% fewer emergency department visits in 12 months following prison release.**

CHWs with history of incarceration engage people post release into care

E.A. Wang, et. al. AJPH 2012 Jul 19

Engagement Pre-Release

Programmatic Data

Santa Clara Valley Medical Center TCN program	Referral From Jail Health Staff	Referral with From Jail + CHW in reach pre-release
Show rate at scheduled primary care appointment	33%	70%

Contact with CHWs with histories of incarceration pre-release engagement

Data provided by Dr. Ari Kriegsman, Santa Clara Valley Health & Hospital System 2017

Propensity-matched study of enhanced primary care on contact with the criminal justice system among individuals recently released from prison to New Haven

Department of Correction
Medicaid
Department of Public Health
Department of Mental Health & Addiction Services
Court Supportive Services Division

TCN patient (New Haven)

Matched control (released to Hartford)

Days incarcerated

Arrests, new conviction, parole/probation violations

TCN participants spent 25 days fewer in jail @ 12 months and have fewer parole/probation violations.

Investments in Medicaid & Reentry can reduce costs in other sectors.

E.A. Wang, et. al. BMJ Open 2019

Leveraging COVID-19 Pandemic to Bridge Gap

California:

TCN Referral Hub, collaboration with CDCR to provide care coordination to 21 TCN sites and other FQHCs statewide (>5,000 referrals)

CHW led Reentry Healthcare Hotline for incarcerated/recently

released individuals (>1200 calls)

North Carolina:

FIT Connect, collaboration with DPS to make appointments in over 40 FQHCs statewide (> 1,500)

Connecticut: TCN facilitated referrals to statewide network FQHCs

TRANSITIONS CLINIC

Policy Opportunity:
Health Care Transitions from Incarceration

Waive Medicaid Inmate Exclusion

Targeted Services (Enhanced care management, SDOH)

SUPPORT Act (2018)

Medicaid Reentry Act (2021-22)

Section 1115 Demonstrations

TRANSITIONS CLINIC

Carceral System Barriers to Cross Sector Collaboration

- Lack of discharge planning services
- Lack of meaningful health information exchange
- Timely identification and access to patients
- Frequent access to patients
- Geography
- Lack of telehealth services
- Limited access for all types of community service providers
- Siloed nature of carceral system
- Patient mistrust
- Isolation from/lack of community partners

TRANSITIONS CLINIC

Policy Strategies

Access

Expand Medicaid to all states

Continuity

Improve data sharing across criminal justice and health systems

Invest in carceral system pre-release capacity

Incentivize pre-release in-reach/care coordination in carceral systems

Medicaid funding

Adequate supply medications post release

Enhanced care management

Full scope CHWs / Peer services

Address social determinants of health specific to reentry

Incentivize health system participation

Address collateral consequences of incarceration

Removal of barriers to hiring people with criminal records

Research and evaluation funding and supporting structures (ie data linkages)

Data transparency and accountability

Contact Information

Shira Shavit, MD

Shira.shavit@ucsf.edu

415-476-2148

www.transitionsclinic.org