Hepatitis C Testing in Prisons
Nebraska Department of Correctional Services

2015 NHCN Meeting – Boston, Massachusetts
Speaker: Jude Dean, RN, BSN, MS – Nebraska DHHS Hepatitis Coordinator
Nebraska Department of Correctional Services (NDCS)

www.corrections.nebraska.gov
NDCS Administration

- Scott R. Frakes, Director, Appointed: February 2, 2015
- Previously Deputy Director of Prisons for the Washington State Department of Corrections
Nebraska Department of Correctional Services (NDCS)

- NDCS does the following related to Hepatitis C
  - Tests On entry
  - Tests On exit – with consent
- Confirms Hepatitis C testing
- Treats all inmates (unless contraindication for doing so)
- But before we get started........
Who is this guy?
Well Warren…..?

- Nebraska
  - Population 1.88 million NOT (2:1)
    - Omaha 434,343
    - Lincoln 268,768
    - ~1/2 of total on East Side
    - But on the West side…..

Cattle & Calves
6,300,000
So how did Nebraska do that......

Well... a long long time ago, where the cornhuskers grow.....
1st – Introduce Legislative Bill 154
Champion #1

Ernie Chambers
- Civil rights activist
- Referred to as the "angriest black man in Nebraska,
- Self proclaimed "defender of the downtrodden"
Champion #2

- Dwite Pedersen
  - Substance Abuse Counselor
  - Conservative
  - Catholic – Counselor & Administrator at Boys Town
  - Now works with: Project Relate
  - Google: Dwite + Pederson + Project Relate
Champion #3

- Ray Aguilar
  - 1st Hispanic State Senator
  - Member of Catholic Church
  - Self-Employed, owned a cleaning business
To make it a Law – Approved by governor 5/25/2001

- How did it happen?
  - We have a **UNICAMERAL**
  - It is **NON PARTISAN**
  - Only need champions on 1 side
  - We don’t have a Senate and a House (1867-1934)

- What was it called?
  - An Act relating to correctional services; to adopt the **Nebraska Correctional Health Care Services Act**
The Law is put into Nebraska Statute – Chapter 83

- Chapter 83 - State Institutions
  - 83-4,160 Medical treatment protocols (MTP)
  - 83-4,161 Communicable diseases; MTP
  - 83-4,162 Drugs; MTP
  - 83-4,163 Surgical procedures; MTP
  - 83-4,164 Peer review & quality assurance program
All medical treatment protocols developed, approved, and implemented by the department shall be based upon a community standard of health care.

When applicable, these medical treatment protocols shall emphasize the need to maintain the continuity of any previously prescribed drugs, devices, or biologicals and treatment regimens that inmates are subject to when they enter the custody of the department.
The medical director shall establish a mechanism for the periodic systematic review of all existing medical treatment protocols.

All deviations from the approved medical treatment protocols shall be thoroughly documented by the department’s health care staff and shall be systematically reviewed by the department’s peer review and quality assurance panel.
83-4,161. Communicable diseases

- .... In developing and implementing medical treatment protocols for clinics for the detection and treatment of communicable diseases, the **medical director shall ensure** that the medical treatment **protocols include**:

- (1) Provisions allowing **for the routine immunization** against communicable diseases of all inmates upon entering the custody of the department;
(2) Provisions requiring each inmate to be screened for communicable diseases, including
   (a) human immunodeficiency virus,
   (b) hepatitis A virus,
   (c) hepatitis B virus,
   (d) hepatitis C virus,
   (e) tuberculosis, and (f) sexually transmitted diseases, when the inmate enters into the custody of the department;
(3) Provisions requiring each inmate to be screened for
(a) human immunodeficiency virus, unless previously tested positive,
(b) hepatitis B virus, unless previously tested positive,
(c) hepatitis C virus, unless previously tested positive,
(d) tuberculosis, unless tested within the immediately preceding year or previously tested positive, and (e) sexually transmitted diseases, when the inmate leaves the custody of the department. No such screening shall be conducted without inmate consent;
(4) Provisions requiring any inmate in the custody of the department found to be infected with any of the diseases referenced in subdivision (2) of this section, when medically indicated, to be immediately referred to an infectious disease specialist for appropriate treatment;
83-4,161. Communicable diseases

- (5) Provisions describing in detail those circumstances when it is medically desirable, because of risk to other noninfected inmates, to segregate, on an individual basis, any inmate found to be infected with the human immunodeficiency virus and also describing those circumstances when there is no longer a perceived medical need to continue the segregation of such an inmate;
83-4,161. Communicable diseases

(6) Provisions requiring that all health care staff who provide health care services be screened for communicable diseases, including

(a) human immunodeficiency virus,
(b) hepatitis A virus,
(c) hepatitis B virus, and
(d) hepatitis C virus,
upon their entry into the employment of the department, and that all health care staff also be screened annually for tuberculosis; and
83-4,161. Communicable diseases

(7) Provisions allowing for employees of the department who come into immediate personal contact with the inmates to be immunized for hepatitis B virus.
The medical director shall develop and implement medical treatment protocols regarding the use of drugs, devices, or biologicals for the treatment of inmates and shall ensure that those protocols are consistent with a community standard of health care. In developing these protocols, the medical director shall ensure that the medical treatment protocols include:

- (1) Provisions requiring that only the relevant health care staff is involved in determining the number and dosages of the drugs, devices, or biologicals to be received by inmates under their care;
(2) Provisions establishing a system for monitoring the administration of drugs, devices, or biologicals to ensure that all prescribed drugs, devices, or biologicals are made available to the inmates; and

(3) Provisions establishing a system for monitoring and removing expired drugs, devices, or biologicals within the department's medication inventory which conforms with the requirements of section 71-2413.
Community Standard of Care

This is Dr. Kohl’s Goal for all Nebraska inmates. So you have to have a CHAMPION inside too.
NDCS Administration

- **Randy Kohl, MD, FAAFP**
- Deputy Director Health Services
  Appointed: 2001
- Family Physician for 20+ years
- Instrumental with integration of correctional health care service
- Created the Health Services Department
Nebraska State Penitentiary (NSP) Medical Services

- **Licensure**
  - 12-bed Long Term Care Facility
  - 24 hour coverage
  - Clinic Hours: *Monday - Friday*. 0700-1500 hours
NSP Medical Services – Staffing Medical

- 1 Physician
- 1 Psychiatrist/NP
- 2 Physician Assistants
- 1 DON
- 1 Nurse Supervisor
- 9 Registered Nurses
  - 7 Oncology Nursing Society certified,
  - 6 Advanced Cardiac Life Support certified,
  - 1 Sexual Assault Nurse Examiner, and
  - 2 Certified Correctional Health Care Professionals
- 5 Licensed Practical Nurses
NSP Medical Services – Staffing Dental / Ophthalmology

- Dental
  - 1 Dentist
  - 1 Dental Assistant

- Ophthalmology
  - Contract Optometrist
  - Eye Technician
NSP Medical Services – Staffing Contract Specialists

- Infectious Disease***
- Internal Medicine
- Neurologist
- Audiology services and Orthopedic services
- Physical Therapy
NSP Medical Services – Staffing Distinctions / Digital

- Distinctions
  - 2 Hemodialysis in-house chairs
  - Chemotherapy
  - IV administration and PICC (Peripherally Inserted Central Catheter) monitoring
  - Hospice Care

- Digital Radiology Services
  - Radiology Technician (Shared with DEC & OCC)
NSP Medical Services available at Medical Clinic

- Minor Procedures and outpatient wound care
- Monthly TB testing
- 12 lead EKGS
- Chronic Care Clinics and Patient Teaching
  - Cardiac and Hypertension
  - Diabetes
  - Neurology
  - Pulmonary
  - Tuberculosis
  - **Hepatitis C**
  - HIV
  - General
  - Oncology
Contract Specialist
Infectious Disease***

- Steven Rademacher, MD,
- Consultants in Infectious Disease
- Graduated from UNMC in 1990
NDCS - Locations and Inmates (n. 5248)

- Community Corrections Center – Lincoln (372)
- Community Corrections Center – Omaha (165)
- Diagnostic & Evaluation Center – Lincoln (540)
- Lincoln Correctional Center (504)
- Nebraska Correctional Center for Women – York (Recharge Road) (330)
- Nebraska Correctional Youth Facility – Omaha (73)
- Nebraska State Penitentiary – Lincoln (1310)
- Omaha Correctional Center (759)
- Tecumseh State Correctional Institution (1014)
- Work Ethic Camp – McCook (181)
NDCS - Locations and Inmates (n. 163) Moved to County Level Corrections

- Buffalo (2)
- Dawson (26)
- Hall (78)
- Phelps (17)
- Platte (35)
- Saline (5)

Would not move inmates with major medical needs
NDCS - Data

- Total Hepatitis Inmates
  - 436 Inmates have HCV antibody (SVR included)
  - 5248 inmates = 8.3% of population
  - >15% of new Hepatitis C cases reported to Nebraska Electronic Disease Surveillance System (NEDSS) in 2013 from NDCS
NDCS – HCV Treatment

- 33 inmates received Sovaldi® (sofosbuvir)
  - 8 currently undergoing treatment
- $27,272.00 / 28 days of treatment
  - Would love to get 340b Pricing
- To be continued….
  - Attained SVR?
  - Unable to complete?
  - A lot more ?????
Douglas County Corrections Project

- 300 inmates opt-in 30 days prior to discharge
- STD, HIV, Hepatitis Education
- Rapid test – back to cell
- Call back later for phlebotomy – confirmatory
- Link to NOAH for care – treatment at UNMC
What You Should Do? Corrections

- Find your Viral Hepatitis Prevention Coordinator
  - We are funny people – Kathy from Kentucky
  - We want to highlight corrections but it goes wrong – Ashley from Wyoming
- GOOGLE: CDC Hepatitis – get list – get them in
  - We are on your side
  - We want you to succeed
What You Should Do? VHPCs

- Find your Medical People in Corrections
  - Introduce yourself
  - Set up a meeting

- AUDIENCE Input: Help me out here Corrections
  - How would I get a hold of you?
  - Ideas?
What You Should NOT Do! Corrections

- NOT Find your Viral Hepatitis Prevention Coordinator
  - They can do damage – and not even know it.
  - They can’t speak to what we don’t know
  - They can’t highlight and support all the work you are already doing
  - They can’t say – I’ve spoke to them; powerful at DHHS
What You Should NOT Do! VHPCs

- NOT Find your Corrections person

- Talk to Corrections 1st when asked for your opinion.

- Especially when:
  - There is a change in administration (e.g. governor)
  - You may think your contribution is needed but Corrections would say “We Got This”
This is why I do this....

- There was a picture of my lovely family (cannot publish with foster kiddos)