Economic Considerations of Treating HCV in Prisons

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What is the economic challenge?

- 2.2 million incarcerated
- 380,000 HCV
- $94,500/12 week treatment course
- $72,700/12 week treatment course
What is the economic challenge?

$27.7 \text{ billion}
Moving from price to value

- Need to think beyond cost alone
- Goal is to improve the health of populations
- Improving health usually costs money
- What return do we get on our “investment” in HCV therapy?
Incremental cost-effectiveness

\[
\frac{\text{Additional Resources Invested (\$)}}{\text{Additional Benefits Gained (QALY)}}
\]
What value do new HCV therapies provide in prison?
New drugs provide good value

<table>
<thead>
<tr>
<th>Regimen</th>
<th>Lifetime cost ($)</th>
<th>Incremental Cost ($)</th>
<th>Quality adjusted life expectancy (QALY)</th>
<th>Incremental benefit (QALY)</th>
<th>ICER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inmates with sentence &lt;1.5 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No treatment</td>
<td>174,174</td>
<td></td>
<td>13.21</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>PEG/RBV/SOF</td>
<td>228,316</td>
<td>54,142</td>
<td>15.31</td>
<td>2.10</td>
<td>25,700</td>
</tr>
<tr>
<td>Inmates with sentence &gt;1.5 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No treatment</td>
<td>182,596</td>
<td></td>
<td>13.12</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>PEG/RBV/SOF</td>
<td>241,948</td>
<td>$59,352</td>
<td>15.18</td>
<td>2.06</td>
<td>28,800</td>
</tr>
</tbody>
</table>

Similar to common interventions

<table>
<thead>
<tr>
<th>Intervention</th>
<th>ICER ($/QALY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOF tx in prisons</td>
<td>$25,000 - $30,000</td>
</tr>
<tr>
<td>ART for HIV infection</td>
<td>$13,000 - $23,000</td>
</tr>
<tr>
<td>Routine screening for HIV</td>
<td>$113,000</td>
</tr>
</tbody>
</table>
Value ≠ Affordability

$27.7 billion
Can we offset some cost with saving?

- Un-insured
- Medicaid
- Private

Time (yrs): 10 20 30

- Private
- Medicaid
- Medicare
Budget silos are destructive

- Costs accrue to DOC
- Benefits to Medicare, Medicaid, Private insurance
- But DOC is forbidden to share cost with other government insurance programs!
We need to reframe the question:

Who should we treat for HCV?

How should we finance HCV cure?
New ideas for sharing cost

• Need to see that treating in corrections benefits community payers
• Need to remove disincentives to treating in prison
• Focus on providing care where it makes most sense, not passing a hot potato
Thank you

Our group

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• Devra M. Barder, MPH
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