Correctional Association OF NEW YORK

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CORRECTIONAL ASSOCIATION OF NY 2013 SUMMARY OF HIV AND HEPATITIS C CARE IN NYS PRISONS

The prison population in the Department of Corrections and Community Supervision (DOCCS) suffers from very high rates of HIV and hepatitis C (HCV), and the Department has difficulty identifying all those individuals in its custody who are infected with these illnesses and/or engaging these persons in care. Moreover, the quality of care seems to vary significantly throughout DOCCS, in part due to limited medical resources at some facilities and apparent limitations in the training, skill, and/or commitment of some medical staff to provide timely and effective care to every patient. At some prisons, patients infected with HIV and/or HCV are closely monitored, are receiving timely and appropriate care, and seem to have few complaints about the care they are receiving. In contrast, at other facilities, there is less access to care due to understaffing, patients have much more limited access to specialty care and other services, and patients express significant dissatisfaction with the quality of care they are receiving.

The DOH Oversight Law, which mandates that the Department of Health assess the quality of HIV and HCV care in state prisons, presents an important opportunity both to improve healthcare inside our state prisons and to assist in the integration of the incarcerated population and those released from prison into the emerging community healthcare systems being developed through initiatives under the NYS Medicaid Redesign Team and the federal Affordable Care Act.

Main Findings

HIV and HCV Prevalence, Identification and Testing

- **High prevalence of HIV exists in DOCCS, and the Department fails to identify half of the HIV-infected persons in the prisons.** We estimate there were 3,080 HIV-infected persons in DOCCS, but in 2012, only 1,300 were known to the Department, representing only 45% of the HIV-infected population.
- **DOCCS, DOH and CJI HIV testing program is not effective.** Of the 10,154 persons tested in 2011, only 23 individuals were identified as HIV-infected.
- **High prevalence of HCV exits in DOCCS and less than 75% those infected are known to DOCCS.** CA estimates 6,000 to 6,600 persons are HCV-infected in DOCCS but in 2012, the Department identified only 4,504 HCV-infected patients, of whom 2,935 (65%) were chronically infected.
- **HCV testing by DOCCS identifies a limited number of HCV-infected patients.** Of the 17,781 persons tested in 2011, only 487 people were found to be HCV-infected, a rate of 2.7%. Overall, 10% of men and 17% of women in our prisons have HCV.

Routine Medical Care

- **Funding for DOCCS medical staffing has been reduced by 16% and other medical resources by 17% during past three fiscal years, rates much greater than the population decline.**
- **High vacancy rates exist for doctors, nurses and pharmacists and great variability exists in staffing ratios at state prisons.** In 2012, 28% of physician and 18% of nurse positions were vacant. This has resulted in great variability in the ratio of clinic providers to patients, ranging from as high as one provider for every 1,156 patients to a system-wide ratio of 1:450. Nurse-patient ratios range from 1:185 to less than 1:100.
- **Overall, about half of DOCCS patients rate prison healthcare in CA surveys as poor and only 11% rate it as good, and significant variability exists in the care provided at state prisons.** Common complaints are

that providers act in a disrespectful and uncaring manner toward patients, fail to believe patients reporting medical problems, provide ibuprofen for any ailments, and do not respect confidentiality.

- **DOCCS' budget for medication has declined by 6.3% during the last three years, and a majority of patients on medication report experiencing periodic problems with getting their medications.**
- **Many DOCCS patients raise concerns about timely access to specialist services and appropriate follow-up to specialists' recommendations.**
- **Challenges exist in performing adequate discharge planning and continuity of care for DOCCS patients with chronic conditions.** Except for HIV-infected patients receiving assistance with discharge planning from CJI providers, no adequate system exists to ensure patients leaving prisons will receive adequate care in the community.

Chronic Care for HIV- and HCV-infected DOCCS Patients

- **Great variability exists in the percentage of patients identified as HIV-infected among DOCCS facilities.** Although 2.27% of DOCCS' population was known to be HIV-infected in 2012, the rate varied significantly among the prisons, with facility infection rates as low as 0.5% to rates as high as 4.6%.
- **Great variability exists in the use of infectious disease (ID) specialists among DOCCS prisons.** Some hubs use IDs at a rate five times less than in other hubs. At the most extreme, Sing Sing and Bedford Hills CFs refer patients to ID specialists at a rate **16 times** the rate at Riverview and Cape Vincent CFs.
- **CA surveyed HIV-infected patients raise positive aspects of care and some concerns.** Many CA-surveyed HIV-infected patients seemed stable and did not express significant concerns about their HIV care. Issues that did arise were the failure to have their viral loads monitored frequently, limitations on access to ID specialists, and delays in getting medications.
- **Incarcerated women have higher HIV infection rates than men and experience great variability in care in state prisons.** In 2012, the CA estimates there were 240 HIV-infected women, representing 10% of the female population, but only 97 HIV-infected women were identified. Variability in patients on treatment and access to ID specialists also exist in women's prisons.
- **DOCCS recently improved its procedures for evaluating HCV patients for treatment and approved the use of the new triple HCV treatment regimens.** The CA commends DOCCS for using Fibrosure and ultrasound to identify candidates for HCV therapy and approving the protease inhibitor HCV treatment regimens, which are substantially more effective than prior treatment.
- **Great variability exists in how aggressive prisons are in evaluating HCV patients for treatment.** HCV infection rates at prisons range from 4% to 17%. Variability also exists in the percentage of HCV patients identified as chronically infected, ranging from 56% to 80%. Similarly, great variability exists in the use of liver biopsies, with high utilization prisons performing this test at a rate **nine times** greater than the rate at those prisons that less frequently order this procedure.
- **Limited treatment of HCV-infected patients occurs in DOCCS.** During years 2009 through 2011, the number of patients initiating HCV therapy dropped significantly, from 322 in 2009, 317 in 2010 to 198 in 2011. As of April 2012, there were only 89 patients on therapy at only 35 of DOCCS' 60 facilities. Several large prisons, such as Auburn, Bedford Hills, Bare Hill, Green Haven and Eastern, were treating no patients or only one individual when we visited the prison or as documented in 2012 DOCCS data.
- **CA surveyed HCV-infected patients raised concerns about HCV care.** Many of these surveyed patients were unclear whether they were chronically infected, the status of their liver function and liver damage, and their eligibility for treatment. Several reported they wanted treatment but were not being prescribed the medication even though they had been told they were eligible for therapy.
- **Incarcerated women have higher rates of HCV infections than men, and few women are receiving HCV therapy.** The CA estimates that 17% of the female prison population is HCV-infected, but DOCCS has identified only 53% of these women with this disease. In 2012, only 11 women were receiving treatment, representing just 4% of the known HCV-infected women population.
- **Discharge planning is greatly augmented for HIV-infected patients due to CJI services, but almost no such planning occurs for discharged HCV-infected patients unless they are currently on HCV therapy.**

AIDS Institute (AI) Activities Related to DOCCS

- **AI's Criminal Justice Initiative (CJI) contractors provide important support services for HIV-infected DOCCS patients, but not all patients are receiving their services.** CJI contractors provide five services: prevention education; training of peer educators; counseling and testing; support services for infected and affected individuals; and HIV/AIDS specific transitional planning. However, 20-30% of the prisons do not receive HIV peer training, HIV counseling and testing, or HIV support services.
- **CJI contractors provide valuable HIV prevention services for the general prison population and train HIV peer educators, but they are not consistently integrated into HIV education in the prisons.**
- **AI's Positive Pathways Project is designed to increase the number of HIV-infected persons identified by DOCCS and to encourage the prison population to get HIV tested and enter care while in prison.** This program includes providing support to HIV-infected persons released from prison.
- **The AI's HCV continuity of care program for DOCCS patients receiving HCV therapy at the time of their release is effective, but few HCV-infected DOCCS patients are on treatment when discharged.**

AIDS Institute Monitoring under the DOH Oversight Law

- **AI monitoring under the DOH Oversight Law should be adequately funded and expanded to more prisons.** AI reviewed only four prisons this year and none last year.
- **AI failed to provide adequate notice to the public or to properly engage them in its review process.**
- **The CA commends AI for including a medical records review by an independent agency in its review process, but the review instruments are not comprehensive and the AI review should include assessment of system-wide DOCCS data to identify potential barriers to effective HIV and HCV care.**
- **DOH Oversight can be a valuable and important tool to the state in improving continuity of care for patients leaving DOCCS and in developing and implementing initiatives to include formerly incarcerated persons in the new healthcare systems being developed through NYS Medicaid Redesign and the federal Affordable Care Act.**

Prevention Programs for HIV and HCV

- **DOCCS and AI need to enhance HIV and HCV prevention efforts in the prisons through peer education and include harm reduction education and use of prophylactic devices, such as condoms.**
- **DOCCS and AI should endorse proposed legislation (S3566A/A05340) which would mandate a comprehensive HIV/HCV prevention program at all prisons.**

Main Recommendations

Recommendations for the Department of Corrections and Community Supervision

- **Substantially increase the percentage of the HIV and HCV population identified as HIV/HCV-infected** by analyzing the effectiveness of current testing programs, publicly reporting annual assessments of the number of HIV and HCV tests at each prison, implementing programs that are more effective at reaching persons most at risk for HIV and HCV, and that improve care and discharge planning for infected persons.
- **Enhance the role played by peers, contractors, and supplemental programs**, including integrating and increasing the role of HIV/HCV peer educators and expanding the AI Positive Pathways Project.
- **Implement an HIV and HCV prevention program based on education and harm-reduction techniques**, and support current legislation (S3566A/A05340) to that end.
- **Increase funding for prison healthcare** for both personal and non-personal services, including an enhancement of pay scales for nurses and pharmacists.
- **Enhance medical staffing** by filling all vacant positions expeditiously, developing consistent staffing patterns across DOCCS prisons, and augmenting medical staff training.
- **Improve routine medical care** by ensuring, for both sick-call nurses and clinic providers: access to care, timeliness of services, timely follow-up, confidentiality, respectful and caring interactions with patients, and quality medical care that meets community standards.
- **Develop a chronic disease care system to improve care** by assigning a regular clinic provider to each chronically ill patient, utilizing a chronic care coordinator, and improving recordkeeping for chronic care.

- **Expand the DOCCS pharmacy system to include every prison** by enhancing the pay scale for pharmacists, hiring additional pharmacists, distributing prescriptions to prisons without a pharmacy through the DOCCS Central Pharmacy program.
- **Enhance DOCCS discharge planning to ensure continuity of care upon release** by developing a plan to enroll all chronically ill patients in Medicaid prior to release, and ensuring all chronically ill patients are discharged with records that describe their medical condition, course of treatment, and treatment plan.
- **Improve HIV care for all HIV-infected patients** by publishing new DOCCS HIV Practice Guidelines, enhancing HIV identification at prisons with currently low rates, increasing treatment at prisons with currently low treatment rates, and ensuring timely access to ID specialists.
- **Enhance discharge planning for HIV-infected patients** by ensuring that all HIV-infected patients being discharged receive discharge planning and leave prison with medical records, HIV drugs and a care plan.
- **Enhance the identification and treatment of HIV-infected women** by expanding the population tested, increasing the role of peer educators in outreach, improving HIV education, and incorporating trauma-informed principles in all healthcare outreach and HIV care.
- **Improve HCV care for all HCV-infected patients** by expanding HCV treatment, introducing new therapies as they are developed, enhancing identification and testing for chronic HCV infections, evaluating HCV-infected patients who were previously treated for re-treatment with new HCV therapies, and reporting data on the number of persons who were evaluated for, offered, or initiated HCV therapy.
- **Enhance discharge planning for all HCV-infected patients** by providing a medical summary of DOCCS care, information on community HCV treatment resources, and arrangements for continuity of care for those who need active treatment and/or monitoring following their release from prison.
- **Enhance the identification and care of HCV-infected women** by evaluating all HCV-infected women for chronic infections and eligibility for HCV treatment, increasing the number of HCV-infected women offered HCV therapy, incorporating trauma-informed principles in all healthcare outreach and HCV care, and improving discharge planning for HCV-infected women returning home.

Recommendations for NYS Department of Health and the AIDS Institute

- **Improve HIV testing program in NYS prisons** by conducting and publicizing an HIV epidemiology study of persons in DOCCS, expanding data obtained from incarcerated patients seeking HIV testing, assessing the effectiveness of HIV testing in DOCCS, and utilizing HIV peer educators in the DOH testing program.
- **Enhance the AI Criminal Justice Initiative** by ensuring all CJI contractor services are provided at each prison; working with DOCCS to expand opportunities for CJI peer training program graduates in more prison programs; enhancing the effectiveness of HIV counseling, testing and identification of HIV-infected patients; expanding the type and number of prison programs that include CJI education on HIV and HCV; and enhancing CJI discharge planning and publicly reporting on this program's effectiveness.
- **Expand the Positive Pathways Project** by deploying the project at more facilities, publicizing the curriculums for staff trainings, and encouraging DOCCS and CJI to adopt project materials and activities.
- **Enhance the scope and effectiveness of the AI HCV Continuity of Care Program** by annually assessing the effectiveness of the program and implementing measures to increase utilization of the service and improve continuity of care outcomes for those who use it.
- **Enhance the AI monitoring of the DOH Oversight Law for HIV/HCV care** by securing adequate state funding for monitoring duties; annually reviewing at least 20% of the prison population; providing adequate notice to the public prior to initiating the review and addressing concerns raised by public input; enhancing the indicators used in the chart reviews; including system-wide and facility-specific data analyses of important care indicators, such as staffing, testing, infection rates, monitoring activities, access to specialists, and treatment rates and outcomes; assessing continuity of care for patients leaving DOCCS; and engaging in the state efforts to include current and formerly incarcerated persons in the expanded healthcare systems being developed by NYS Medicaid Redesign and the Affordable Care Act.
- **Expand HIV and HCV prevention and harm reduction programs** by supporting prevention legislation (S3566A/A05340), expanding the CJI curriculum to include harm-reduction measures, and continuing to urge DOCCS to expand access to condoms.