

PRISON | MONTPELLIER, FRANCE

# PERSON-CENTRED APPROACH FOR CONTINUITY OF HCV CARE AND TREATMENT AFTER RELEASE

## WHY DID WE ESTABLISH THIS MODEL?



HCV treatment and specialised follow-up care for viral hepatitis were often discontinued after release, leading to untreated diseases, poorer prognoses and on-going transmission.



Treatment discontinuity was particularly problematic for migrants who are entitled to healthcare during detention, but after release access to health services is conditional to being registered with health insurance.



Despite the short eight-week duration of HCV treatment with Direct Acting Antivirals (DAAs), an estimated 15% of patients were released before completing the treatment course.

## WHO ACCESSES OUR SERVICE?



UP TO **50** CLIENTS  
PER WEEK

- All individuals admitted into prison are offered HCV screening and are linked to specialised care if needed, regardless the length of stay/sentence.
- The opportunity to continue HCV treatment after release is offered to all individuals, who are in the process of being released, giving them the remainder of the treatment.

## HOW IS IT FUNDED?



MINISTRY OF HEALTH

**By beginning treatment early, we not only improve outcomes, we also improve treatment adherence.**

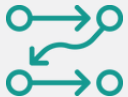
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# WHAT IS THE MODEL?



## SCREENING ON ADMISSION

During the medical check-up on admission to prison, with informed consent, all newcomers undergo an HCV-RNA test performed by a nurse to reduce the number of blood samples taken and therefore increase acceptability.



## LINK TO SPECIALIST CARE

If chronic HCV is found, a medical examination is conducted by an infectious disease doctor, with the participation of a nurse, upon receipt of results without delay (within 1-2 days).



## MEETING WITH PHARMACIST

The patient meets with the pharmacist, who explains what the direct acting antiviral (DAA) treatment is, and how to take it. This is followed by a counselling session with a psychologist.



## DIAGNOSTIC ASSESSMENT

Diagnostic assessment (e.g. FibroScan, blood examination) and follow-up is assured during prison stay.



## TREATMENT ADMINISTRATION

The approach for administering DAAs drugs is discussed and agreed with each patient individually. Different options are available: the medication is provided at the first visit; the patient is dispensed the medication periodically (daily, weekly, etc.) by the nurse at the health unit or in the cell. Testing is undertaken to confirm sustained virological response (SVR) after treatment completion.



## RECORD KEEPING

Patients' medical records are updated on the interoperable prison-community digital health information system, providing health services in the community with the necessary information for treatment and care continuity.

# PREPARATION FOR POST RELEASE



Medical doctor and social worker set up individualised plan for after release care for both addiction and hepatology monitoring.



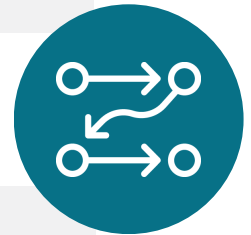
The medical doctor and social worker identify suitable facilities and professionals in the community who can ensure follow-up after release.



Active referral is implemented and the relevant local health services (e.g. community healthcare centres in Montpellier) are informed about the patient.



Contacts are also sought for foreigners returning to their home countries, whenever possible.



The medical doctor and social worker provide the patient with the necessary medications to finish the treatment course and information on how to take it.



The social worker ensures feedback from community health services reaches prison healthcare staff. The same protocol and patient-centred approach is implemented for patients on HIV and HBV treatment as well as for those on opioid agonist treatment (OAT).



# WHO DELIVERS OUR SERVICES?



6  
MEDICAL  
DOCTORS



7  
NURSES  
(INCLUDING 1  
NURSE EDUCATOR)



3  
PSYCHOLOGISTS



2  
PHARMACISTS



1  
SOCIAL WORKER

## CONTINUITY OF CARE



- Approximately 15% of patients who start treatment in prison are released before treatment completion. They benefit from continuity of care through the prison active referral programme.
- The prison multidisciplinary team ensure continuity of care outside the prison after the release. The social worker is engaged in both in prison and community services work, guaranteeing the flow of information and follow up.

## EDUCATION FOR PEOPLE IN PRISON - VIVRE AVEC SON HEPATITE C



- A nurse educator delivers education on hepatitis C risk factors, transmission, testing, treatment and monitoring
- The education is provided for eight weeks (treatment duration) and each week the educator discusses any issues that the individual may have with their treatment, such as side effects.



**The health unit teams have succeeded in preventing and controlling infections such as hepatitis C and HIV within the prison.**



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# IMPLEMENTATION BARRIERS AND SOLUTIONS

## BARRIERS



There were prescription restrictions for DAAs. DAAs could only be prescribed in hospital settings by specialists doctors (e.g. hepatologists).



## SOLUTIONS

In 2017, DAAs prescription restrictions were partially lifted. Specialist doctors were entitled to prescribe DAAs in outpatient settings. Since 2019, physicians have had the ability to prescribe pan-genotypic second-generation DAAs, irrespective of their speciality.

## TOP TIPS FOR IMPLEMENTATION

### 1.

The bridging role of the social worker who works across prison and community services is fundamental to ensure continuity of care outside prison after the release.

### 2.

Interlinked electronic medical records that provide continuity of information in the transition between prison and community health care services are key.

### 3.

Harness intersectoral collaboration to address challenges, including continuity of care and social reintegration.