

HEPATITIS C TREATMENT OUTCOMES UTILIZING THE ECHO MODEL™ IN NEW MEXICO PRISONS

Authors: Thornton, Karla, A.¹; Sedillo, Miranda L.²; Deming, Paulina³; Arora, Sanjeev⁴

Affiliation:

¹ECHO Institute/Project ECHO, School of Medicine, Division of Infectious Disease, Department of Internal Medicine, University of New Mexico Health Sciences Center, Albuquerque, New Mexico

²ECHO Institute/Project ECHO, School of Medicine, University of New Mexico Health Sciences Center, Albuquerque, New Mexico

³ECHO Institute/Project ECHO, School of Medicine, School of Pharmacy, University of New Mexico Health Sciences Center, Albuquerque, New Mexico

⁴ECHO Institute/Project ECHO, School of Medicine, University of New Mexico Health Sciences Center, Albuquerque, New Mexico

Background:

More than 40% of incarcerated persons entering the New Mexico prison system test positive for hepatitis C antibodies – more than double the rate of other reporting states (1). Prison administrators nationwide seek innovative opportunities to help reduce the financial burden of hepatitis C treatment while maintaining high quality care (2). Project ECHO developed an innovative telemedicine model to help mentor healthcare teams to provide specialty care services in their community (3). The New Mexico Corrections Department (NMCD) partnered with Project ECHO in August 2015 to treat New Mexico's incarcerated population.

Methods:

Project ECHO and the NMCD medical team members met weekly during a virtual videoconference, referred to as a teleECHO clinic™. During each teleECHO clinic, Project ECHO faculty provide a brief lecture and discuss patient cases. NMCD utilized the Federal Bureau of Prisons' prioritization guidelines to help identify and prioritize patients for treatment (4).

Results:

From August 2015 through April 2017 78 teleECHO clinics were held. 130 unique patients were discussed and treatment was recommended for . 107 patients. 92 patients started treatment and 81 have completed treatment and due for 12-week post treatment follow-up. Of these 81, 58% were genotype 1 and 40% were genotype 3 The average baseline APRI score was 2.47. The sustained virologic response (SVR) rate for all patients who completed treatment and completed 12-week follow-up was 94.4%

Conclusions:

Incarcerated populations are disproportionately impacted by the HCV epidemic. The ECHO model is an effective way to increase access to best practice HCV care and treatment in the prison setting.

References:

1. Hepatitis C seroprevalence among prison inmates since 2001: Still high but declining. Varan, Aiden K., et al. 2, 2014, Public Health Reports, Vol. 129, pp. 187-195.
2. Coalition of Correctional Health Authorities American Correctional Association. Hepatitis C in correctional settings: Challenges and opportunities. s.l. : American Correctional Association, 2015.
3. Expanding access to hepatitis C virus treatment—Extension for Community Healthcare Outcomes (ECHO) project: Disruptive innovation in specialty care. Arora, Sanjeev, et al. 3, s.l. : Hepatology, 2010, Vol. 52.
4. Federal Bureau of Prisons. Evaluation and management of chronic hepatitis C virus (HCV) infection. 2016.
5. Treating hepatitis C in the prison population is cost-saving. Tan, J A, Joseph, T A and Saab, S. 5, 2008, Hepatology, Vol. 48, pp. 1387-95.
6. Outcomes of treatment for hepatitis C virus infection by primary care providers. Arora, S., et al. 23, s.l. : New England Journal of Medicine, 2011, Vol. 364, pp. 199-207.

Disclosure of Interest:

- Sanjeev Arora, MD, has received financial support for clinical trials from Gilead Pharmaceuticals.
- All authors do not have any conflicts of interests or financial disclosures to report.