

PEER-FACILITATED TELEMEDICINE HEPATITIS C TREATMENT FOR RURAL PEOPLE WHO USE DRUGS: EARLY EXPERIENCE FROM A RANDOMIZED TRIAL

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Background:

Treating people who use drugs (PWUD) for HCV is essential for achieving HCV elimination. Yet fewer than 10% of PWUD in the United States access HCV treatment due to limitations in healthcare system treatment capacity, particularly in rural communities. Pilot data from PWUD in rural Oregon indicated need for interventions, such as telemedicine, to bypass HCV treatment barriers and peer recovery specialists (peers) as trusted voices to facilitate referrals.

Methods:

We randomized PWUD in rural Oregon to peer-facilitated telemedicine HCV treatment (TeleHCV) versus peer-facilitated referral to local providers, enhanced usual care (EUC). Inclusion criteria were past 90-day injection drug or recreational non-injection opioid use; positive HCV RNA; health insurance eligibility. Exclusion criteria were decompensated cirrhosis, pregnancy, or breastfeeding. The primary outcome was sustained virologic response at 12 weeks post treatment (SVR12); secondary outcomes included HCV treatment initiation. TeleHCV providers developed streamlined treatment and assessment protocols and completed agreements with local payors for coverage and delivery of DAA. Peers supported treatment initiation and adherence and delivered harm reduction supplies (sterile syringes and naloxone kits).

Results:

During the first 9 months of the trial, 63 participants were screened, 34 were eligible, and 29 randomized (15 TeleHCV, 14 EUC). Of those randomized, the majority were male (59%) and White (93%). Participants reported past 30-day use of heroin (63%), methamphetamine (97%), and cocaine (5%). During the trial's first 9 months, 13 of 15 participants (87%) assigned to peer facilitated TeleHCV initiated HCV treatment versus 1 of 14 participants (7%) assigned to EUC. All participants received harm reduction supplies.

Conclusion:

Early trial findings suggest that TeleHCV is feasible and achieves higher treatment initiation rates compared to EUC community referrals. Peer-facilitated TeleHCV advances World Health Organization 2030 HCV elimination goals in rural communities by expanding HCV treatment access directly to PWUD via trusted peers and telemedicine.

Disclosure of Interest Statement:

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