

DEVELOPMENT AND EVALUATION OF A HOSPITAL-BASED HEPATITIS C TREATMENT PROGRAM FOR PEOPLE WHO USE DRUGS

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Background:

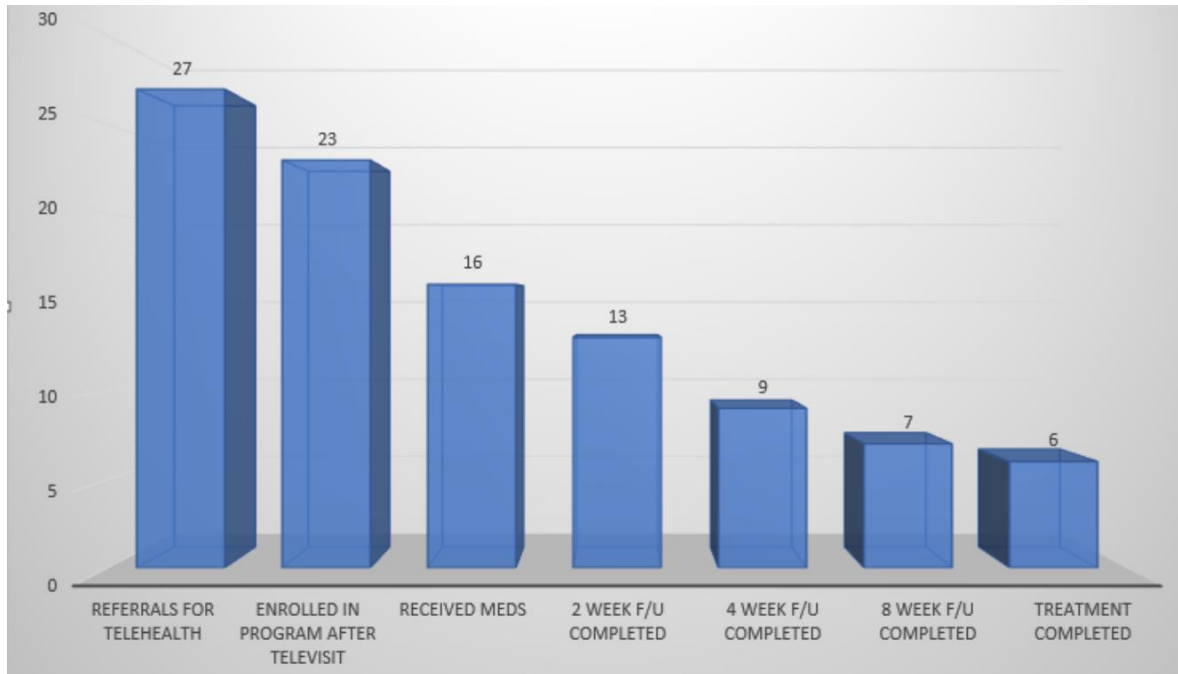
Many barriers exist along the Hepatitis C virus (HCV) care cascade, with notable drop-offs between referral and treatment initiation. People who use drugs (PWUD) face additional barriers to accessing outpatient care that telehealth and hospital-based interventions could eliminate.

Description of model of care/intervention:

This is an innovative project designed to initiate treatment for HCV in PWUD during hospital admissions using a telehealth model. A social worker identifies eligible hospitalized patients, performs a social determinants of health and patient self-efficacy evaluation, and recommends laboratory tests required for treatment initiation. While hospitalized patients complete a telehealth consultation with an internal medicine clinician. Patients start treatment through our program pharmacist, often prior to discharge. Telephonic and community-based outreach, including psychosocial support and incentives for treatment completion, are included to maintain engagement in care.

Effectiveness:

From June 2022 to March 2023, 23 patients were enrolled and completed a telehealth visit for HCV treatment. 6 participants completed treatment (26%), 12 remain on treatment (52%), and 5 are lost to follow-up (21%). Average patient scores in the domain of trust in medical care increased from 2.0 prior to program initiation to 3.3 (scale 1-5). The estimated date of sustained virologic response at 12 weeks for all participants is October 1, 2023.



Conclusion and next steps:

Our hospital-based telehealth program successfully engages PWUD during and after hospitalization who were previously unable to complete HCV treatment. Multidisciplinary teams with psychosocial resources are needed to support those with barriers to engaging in traditional models of HCV treatment delivery.

Disclosure of Interest Statement:

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