

## **EMPOWERING PRIMARY AND ADDICTION CARE PROVIDERS TO DIAGNOSE AND CURE HEPATITIS C (HCV) IN RURAL WEST VIRGINIA (WV), USA**

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### **Background:**

WV has ranked 1<sup>st</sup> or 2<sup>nd</sup> for acute HCV incidence for over a decade due to the injection opioid epidemic. Inequitable access to care is the result of persistent stigma, limited transportation options, and few specialists in this largely rural state.

### **Description of model of care:**

We developed the WV Hepatitis Academic Mentoring Partnership (WVHAMP) to empower primary and addiction care providers (PCPs) to manage HCV by training and mentoring them through the cascade of care. PCPs engage with HCV experts via web-based training combined with a customized web-based data system for case-based bidirectional communication. Using an informatics platform available to all partners supports shared decision-making, fosters a learning network for care, and increases self-efficacy and efficiency, while enabling patients to receive care in their community from clinicians they know and trust.

### **Effectiveness:**

Since March 2020, WVHAMP has trained 151 providers and fielded 925 consults. The median age is 40 years (range, 22-79), 501 (54%) are male, and almost all (93.5%) have government insurance (Medicare + Medicaid). The majority (760, 82.2%) have a h/o injection drug use, and 571 (61.7%) are receiving treatment for substance use disorder. Seventeen (1.8%) are HIV coinfecting. Only 44 and 55 have F3 and F4 fibrosis, respectively, reflecting the relatively recent explosion of drug use in WV; 883 (95.5%) are treatment-naïve. Of the 340 patients who have reached the SVR12 timepoint, 336 (98.8%) have been cured by PCPs who have never previously treated HCV, a rate similar to that of specialists (95-99%).

### **Conclusion and next steps:**

WVHAMP-trained providers are improving access to HCV care and microelimination in underserved rural communities with rates of high injection drug use. This model can be readily expanded to underserved urban areas and has been recently adapted to train and support rural PCPs to diagnose and manage HIV.

(299 words)

### **Disclosure of interest statement:**

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