Research capsule

Will a peer-led telehealth model of care significantly increase rural hepatitis C treatment initiation?

Participants: 203 adults in rural Oregon (USA) who were HCV positive and who had injected drugs or recently used non-prescribed opioids.

Intervention: Peers helped with navigating insurance approvals, attending telemedicine appointments, medication delivery and storage, adherence support, and accessing needed social services (e.g. housing). A clinical team provided same-day telemedicine appointments and discussions with peers on patient concerns.

Comparator: Peer-assisted referral to local providers (enhanced usual care).

Peer Supported Telemedicine	**85%** initiated treatment (RR = 6.7, 95% CI 4.0 to 11.3, p<0.001).	**63%** viral clearance (RR = 4.1, 95% CI 2.5 to 6.5, p <0.001).	**46%** treatment completion
Enhanced Usual Care	**13%** initiated treatment	**16%** viral clearance	**9%** treatment completion

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