**ONSITE CASE MANAGEMENT: BRIDGING THE DIVIDE BETWEEN HCV DIAGNOSIS AND TREATMENT FOR PEOPLE WHO INJECT DRUGS**

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**Background**:
Many unique barriers exist for people who inject drugs (PWID) in accessing hepatitis C virus (HCV) care. Services located in office or clinical settings have proven ineffective and inaccessible for this population. Because of these unique barriers, The Hepatitis Education Project (HEP) has created an outreach case management program in order to bring HCV specific case management to places where PWID live and access services.

**Description of model of care**:
HEP utilizes outreach case managers, equipped to assist PWID navigate the HCV continuum of care. These case managers give HCV education and provide testing onsite. Once diagnosed, HCV+ clients can then immediately access insurance and treatment navigation, follow-ups, and referrals to a wide range of other services.

**Effectiveness**:
Since 2013 HEP has partnered with Evergreen Treatment Services (ETS), a methadone clinic where 79% of its patients report a history of injection drug use. In July 2018, HEP placed an onsite case manager at ETS. From July 2017-June 2018, before an outreach case manager frequented this site, 159 antibody (AB) tests were conducted (13.25/month), 55% of which were AB+. Of those, 42% got a confirmatory test and 70% were diagnosed. Of those diagnosed, 38% were linked to care. Since July of 2018, HEP conducted 141 AB tests (15.6/month). Of these tests, 49% were AB+ and of those, 59% had a confirmatory test. 83% of those were diagnosed and 44% were linked to care. Within the first 8 months of having onsite case management, AB and confirmatory tests along with diagnosis and linkage to care rates have all increased.

**Conclusions and next steps**:
Outreach case managers help bridge the divide separating HCV+ PWID from treatment. By providing case management services at locations heavily accessed by the PWID community, linkage to care and ultimately cure rates will increase.

**Disclose of interest**: none