

HCV MICROELIMINATION – IMPLEMENTATION OF THE INTERNIST-ADDICTION MEDICINE-HEPATOLOGY COLOCALIATION (IAHC) MODEL

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Background: 2.5 million people in the United States are living with hepatitis C (HCV) with 80% of new infections occurring among People Who Inject Drugs (PWID). Rates of acute HCV among people age 18-29 have increased 400%². Despite being disproportionately affected by HCV, treatment uptake among this population remains low. In order to achieve the World Health Organization's target to eliminate HCV by 2030 improved screening, linkage to care and treatment among PWID is essential. This study describes the internist- addiction medicine-hepatology colocalization model (IAHC), an integrated, co-located program in which an internist-addiction medicine specialist evaluated opiate dependent patients for HCV infection in the hepatology clinic.

Methods: Our clinic-site applied the IAHC model to target PWIDs with HCV by partnering with community substance abuse clinics. Each site was educated on HCV screening and IAHC based social workers rotated among the referral sites on a weekly basis. Upon receipt of a positive HCV antibody test, education was provided to the patients. The social work team collected the referrals, scheduled patients within thirty days and delivered the appointments directly to the referral sites the following week. Social worker remained in close contact with patients and provided weekly reminders and called the day prior to the appointment. Upon being seen in the hepatology clinic, a co-located model was utilized. Patients underwent HCV evaluation and medication-assisted treatment for opiate dependency was offered if the patients were not already on therapy.

Results: 230 PWID were evaluated for HCV. 138 completed therapy, of whom 136 achieved SVR(98.6%). 59 remain on treatment. 64 initiated MAT in conjunction with DAAs.

Conclusion: The IAHC model of care is an effective strategy for HCV micro-elimination resulting in improved treatment uptake among PWID and high SVR rates. Early treatment of HCV can also result in increased treatment uptake for opiate dependency.

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