

## **DEVELOPMENT OF A SUCCESSFUL TELEHEALTH MODEL OF COMPREHENSIVE CARE AND PROVIDER TRAINING FOR HEPATITIS C AND OPIOID USE DISORDER IN A HIGH BURDEN REGION**

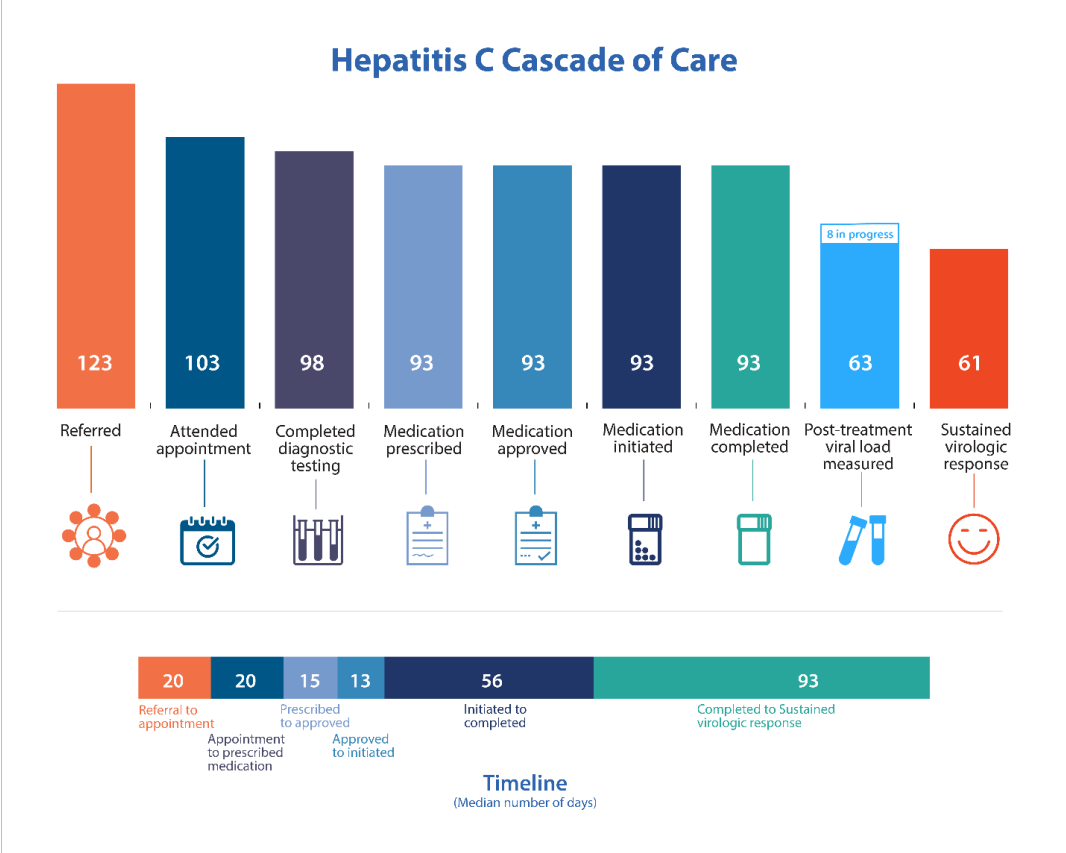
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**Background:** Hepatitis C virus (HCV) and the opioid epidemic disproportionately affect the Appalachian region of the United States, yet access to specialty care for both HCV and substance use is limited by geographic and financial barriers. Interventions are needed to address the HCV-opioid syndemic in this region.

**Description of model of care/interventions:** We developed an innovative, collaborative telehealth model of HCV treatment and provider training in Southwest Virginia. The model features bidirectional referrals from and to comprehensive harm reduction (CHR) programs and office-based opioid therapy (OBOT). Local providers and support staff are trained in HCV management during a one-day workshop with ongoing specialist support. We measured linkage to care, medication initiation and completion, and rates of sustained virologic response (SVR) from patients referred in the first year, June 2018 to May 2019.

**Effectiveness:** 123 people were referred, with 62% receiving medication assisted therapy. 103 (84%) linked to an initial telehealth visit, 93 (76%) completed medication course, and 61 (50%) have achieved SVR. Of the 30 referred people who did not receive treatment, 10 (33%) were treated elsewhere and 5 (18%) were incarcerated. Rates of SVR did not differ based on receipt of MAT. 54 providers and 25 support staff from 34 organizations have completed HCV treatment training. Nine providers (15%) have begun treating patients for HCV independently, with over 60 patients started on treatment.



**Conclusion and Next Steps:** The collaborative nature of this program led to efficient linkage, prescribing, and procurement of medication. The majority of patients were referred from OBOTs and CHR programs demonstrating success of the model in reaching and treating the target population of people who use drugs. Local providers have demonstrated interest in learning how to treat HCV, however only a minority of those trained have begun treating independently. Further investigation is needed to improve independent treatment and ensure access to care.

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