WORKING TO ELIMINATE HEPATITIS C (HCV) IN WEST VIRGINIA (WV)

Feinberg J¹, Baus A², Calkins A², Moser S³, Sutphin R⁴.

¹West Virginia University School of Medicine, ²West Virginia University School of Public Health, ³WVHAMP and US-HAMP, ⁴West Virginia Rural Health Association

Background:

WV has an extraordinary HCV burden stemming from injection opioids. While WV Medicaid requires that primary care providers (PCPs) treat HCV under specialist guidance, few specialists are available especially in rural areas. Due to long wait times, lack of public transportation and pervasive stigma against people who inject drugs (PWID), it is difficult to access direct-acting antivirals necessary for elimination.

Description of model of care/intervention:

The WV Hepatitis Academic Mentoring Partnership (WVHAMP) provides intensive training and ongoing guidance to PCPs in underserved rural areas, permitting patients to be seen locally by providers they know and trust. We adopted the Kentucky model (KHAMP), expanding it to include a web-based database, outcome data and monthly case discussions. WVHAMP is supported by the WV Rural Health Association, in partnership with the WV Bureau for Public Health and WV Medicaid. Web-based training consists of an initial 8-hour session followed by a 4-hour session 6 months later. Monthly evening webinars provide case discussions. PCPs enter core metrics into an internet-accessible, secure REDCap registry. Faculty review the data and approve the requested regimen or request additional information. Turnaround time is <24 hours. The database captures the back-and-forth between Scholars and faculty as issues are discussed and resolved. Viral loads are captured on a follow-up form; PCPs choose an outcome that is confirmed by faculty.

Effectiveness:

Despite the COVID-19 pandemic, we have trained 70 Scholars and 21 have submitted 212 initial consults in the first 14 months; to date 46/48 (96%) patients have achieved SVR12.

Conclusion and next steps:

With appropriate training, support and real-time guidance, rural PCPs who have never previously treated HCV can achieve the same SVR12 rate as specialists. We are working on extending this model to other states (US-HAMP), as it is applicable to both rural areas and underserved urban communities.

Disclosure of Interest Statement:

WVHAMP receives support from AbbVie, Gilead and WV state health agencies.