~~Title:~~ NURSE PRACTITIONER-LED MOBILE HEALTH UNITS WORKING TOWARDS ELIMINATION OF HEPATITIS C VIRUS IN RURAL AND URBAN SOUTH CAROLINA – A CALL TO ACTION

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Background:
People who inject drugs (PWID) are the primary drivers of hepatitis C (HCV) transmission, yet most in rural and urban South Carolina (SC) have limited access to HCV treatment. New models of care are needed to address the needs of populations with limited access to HCV treatment. This project is a collaboration between nurse practitioner (NP) led mobile health units (MHUs), a large healthcare system, and community-based organizations (CBOs) to diagnose and treat HCV in rural, substance use and/or homeless populations.

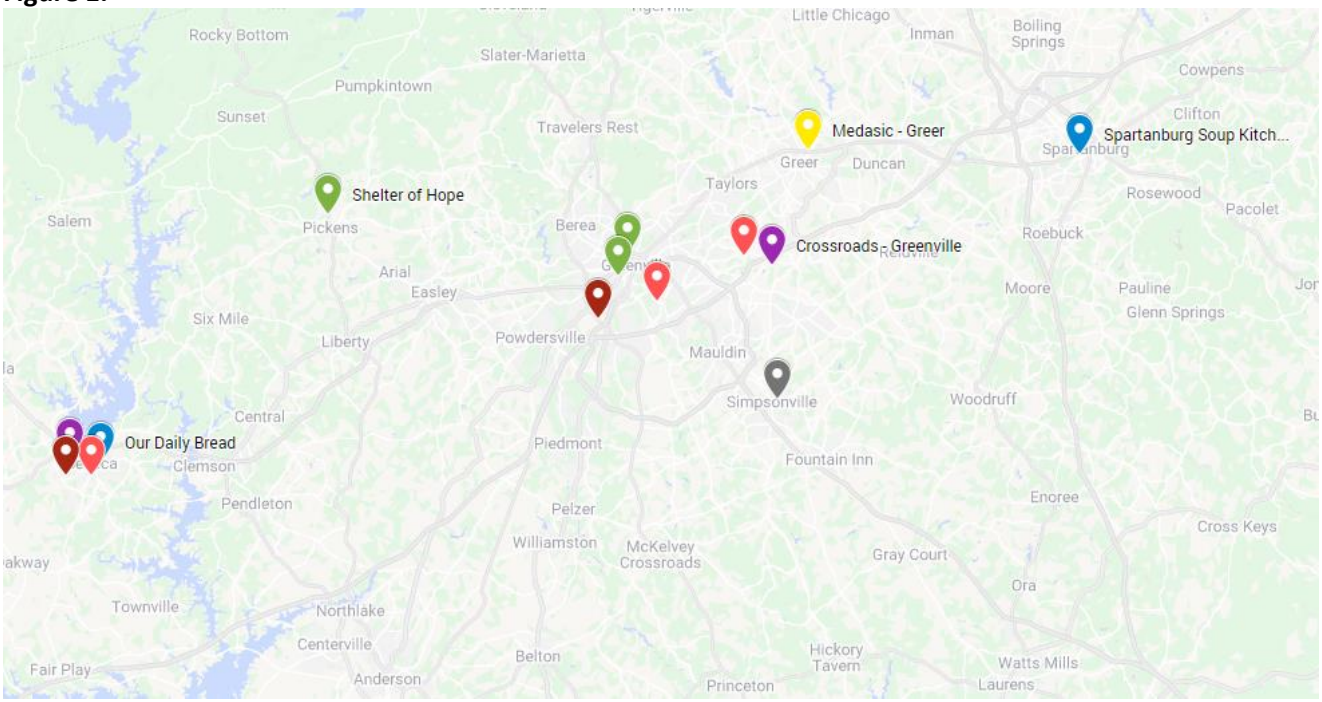
Methods:
A team of NPs working out of MHUs identify and partner with CBOS (e.g.,, methadone, substance use, food insecurity and homeless programs) who serve clients in need of HCV treatment. The team provides point-of-care (POC) HCV Antibody (Ab) screening; in-person and telehealth HCV evaluation and treatment; and care coordination.

Results:
Overall, 325 were screened, 85 were HCV Ab+ and 22 initiated direct-acting antiviral (DAA) treatment. Patient characteristics: mean age 49; 50% male; 60% white; 25% history of injection drug use. Many treatment initiation barriers were identified: HCV- and Medicaid-related stigma; low HCV education; lack of POC viral load; excessive paperwork; poor access to syringe service programs (SSPs), medications for opioid use disorder (MOUD), transportation, and broadband; payers restrictions and requirements; complex coordination with payers, labs, and pharmacies; and lack of Medicaid expansion.

Conclusion:
NP-led MHUs are a promising approach for HCV treatment in SC. However, patient, provider and health system-level barriers must be overcome in order to eliminate HCV. Approval of POC viral load tests; ability to dispense complete DAA course; legalization of SSPs ; increased availability of MOUD, peers and care coordinators; and improved transportation and broadband access are urgently needed. Next steps include offering HIV PrEP and MOUD at MHUs and ensuring that opioid settlement dollars are directed towards HCV elimination.

Disclosure of Interest Statement:
No potential competing interests were reported by the authors.

Figure 1.



Green	Homeless Services	3 sites
Pink	Behavioral Health Services	3 sites
Purple	Methadone Clinic	2 sites
Blue	Soup Kitchen	2 sites
Yellow	Suboxone Clinic	1 site
Red	Food Pantry	2 sites
Gray	Law Enforcement	1 site