INCORPORATING TELEMEDICINE INTO AN URBAN HEPATITIS C PROGRAM DURING COVID-19

<u>Riazi F¹</u>, Giardina M¹, Skovran D¹, Weiss J¹

¹Icahn School Of Medicine At Mount Sinai

Background:

The REACH Program is a primary care program for people who use drugs. During the COVID-19 pandemic, the HCV programs rapidly shifted into models of care incorporating telemedicine.

Description of model of care/intervention:

REACH established a monthly HCV educational session via Zoom for participants at an outpatient substance use treatment program which were held the day before performing onsite rapid HCV antibody and dried blood spot testing. REACH also began telemedicine encounters to patients identified as HCV RNA positive at existing detox/rehab partners that had previously referred patients for care post-discharge. While patients were in detox/rehab, REACH provided an initial telephone intake followed by a telemedicine encounter. After discharge, patients were referred to REACH clinic for an in-person visit.

Effectiveness:

From October 2020 to March 2021, we did 37 antibody tests; 10 had a positive antibody and 5 were viremic. Of those five, three followed up with their primary care provider for treatment, one is in initial workup at REACH, and one is lost to follow-up. For our telemedicine model during the same time frame, we received a total of 15 referrals of which seven had a telemedicine visit. Additionally, one patient attended an initial visit in person. Of those eight patients linked to the REACH program, two were transferred to specialty care due to advanced liver disease and two were lost of follow-up. Of the four patients that continue HCV care at REACH, two have started treatment, one is waiting for medication approval, and one is in initial workup.

Conclusion and next steps:

HCV Telemedicine is a viable model of care for testing and treatment. The REACH program will start implementing a the HCV telemedicine model at a partner Opioid Treatment Program in May 2021, offering telemedicine encounters while the patient is at the OTP or at home.

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