A NOVEL HEPATITIS C MICRO-ELIMINATION MODEL IN A LARGE HEALTHCARE FOR THE HOMELESS ORGANIZATION

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Background: To reach World Health Organization elimination targets, we must rapidly diagnose and treat hepatitis C (HCV) in people who inject drugs (PWIDs). PWIDs are challenging to engage in HCV treatment, due to homelessness or mistrust of traditional healthcare services. The need for multiple provider appointments, high laboratory burden, and system fragmentation all complicate HCV care. To achieve elimination and improve HCV care, we need streamlined care pathways and interventions to treat hard-to-reach PWID populations.

Methods: We designed an integrated, multi-faceted opt-out HCV screening and linkage-to-care program in a healthcare for the homeless services institution in Portland, Oregon. Our aim is 80% HCV elimination by 2024 across 24 transitional housing entities, 2 primary health clinics, and multiple addiction programs, and 80% screening and linkage-to-care in a medically supported withdrawal center. Front-line staff initiate a 1-click universal screening and referral that triggers a multi-reflex novel lab algorithm combining screening, confirmation, and pre-treatment lab workup in a single blood draw. A clinician reviews labs and orders presumptive direct-acting antivirals and insurance authorization is processed. The pharmacist or provider initiates appropriate treatment on the first visit. In our respondent-driven sampling model, patients at housing sites are financially incentivized to receive lab results after screening, and also to engage others to screen.

Results: We identified 10,002 patients eligible for HCV screening that predict 1,231 cases of active HCV and 1,043 cases initiating treatment in the first 12 months. We hypothesize that the 1-click streamlined screening and referral will save health resources, minimize follow-up loss, and improve case finding among hard-to-reach PWID and transitional housing populations.

Conclusions: We developed a unique, streamlined, and integrated model of treating hard-to-reach PWID populations for HCV that could inform broader HCV elimination efforts. If successful, we will maintain ongoing screening and re-infection programs to rapidly respond to incident infections.

Disclosure of Interest Statement: Dr. Seaman has received grant funding for investigator-initiated research from Merck & Co. and program development support from the Gilead FOCUS foundation. All clinical work and data analysis and collection are his own.