



Development and Implementation of an Integrated Model of Sustainable HCV Care Through Telemedicine, Provider Training, and Substance Use Disorder Treatment in a Rural Appalachian Region

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CONFLICT OF INTEREST DISCLOSURE

Disclosure of conflict of interest:

We have received funding for an investigator initiated study from
Gilead Sciences, Inc.





LEARNING OBJECTIVES

1. To understand the importance of Hepatitis C (HCV) treatment among previously undertreated groups such as people with intravenous drug use (IVDU) and uninsured populations
2. To explore the process of identifying stakeholders and building on available resources to develop collaborative, patient-centered care

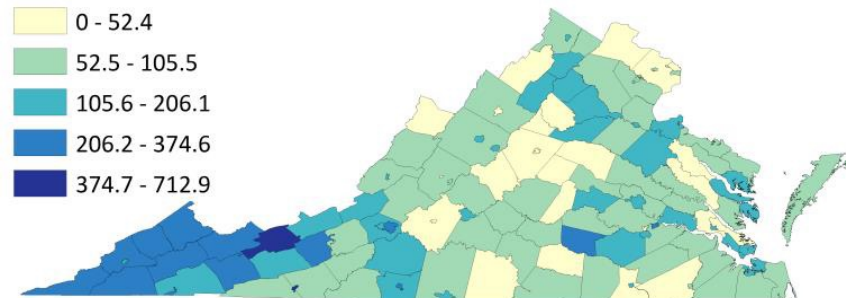


LEARNING OBJECTIVES

3. To highlight the importance of comprehensive care that addresses HCV, substance use disorder and harm reduction in the presence of an ongoing HCV/opioid syndemic
4. To introduce ethnographic case studies as a means to obtain rich qualitative data regarding the patient experience of living with and seeking treatment for HCV.

PREVALENCE

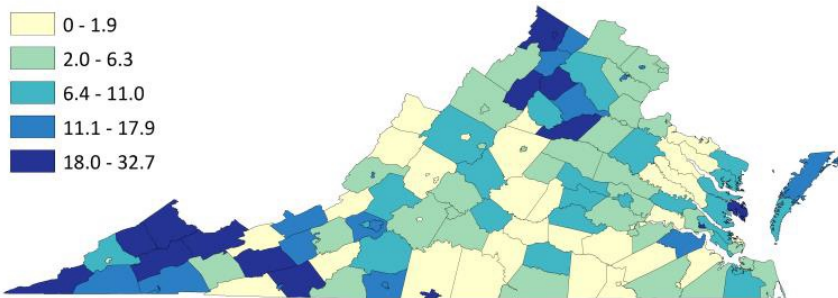
- 4.6 Million people are positive for HCV, with 3.5 million currently infected. 50-90% of IVDU are positive for HCV. ¹
- Although public/private payer restrictions limiting access to those that use drugs or drink alcohol have been lifted¹, many providers have not changed their practice to include these populations.



Reported hepatitis C per 100,000*

APPALACHIAN SPECIFIC

- 2017 study of rural Appalachian people who use drugs showed that while 59% of group contacted a healthcare provider after positive serotest, only 8% reported receiving treatment ²
- Increase in proportion of admissions for opioid abuse, heroin abuse, self reported injection drug use in Appalachian area are in correlation with the increase in HCV infections ³



Fatal prescription opioid overdoses per 100,000, 2014 (OCME).

Barriers:

- Limited knowledge of possibility of cure
- Limited access to care
- Lack of transportation
- Under-insured/ High deductibles

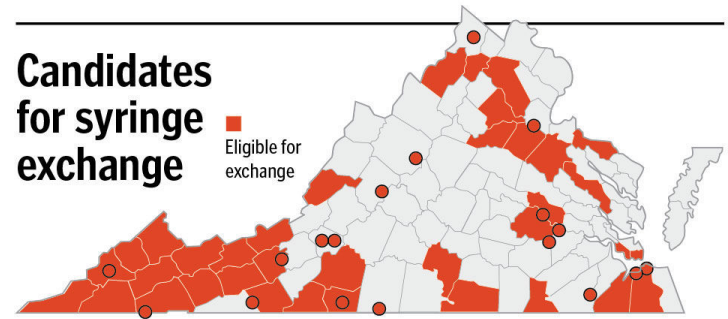


Comprehensive Care

- Addressing the patient as a whole person
- Integrating resources to facilitate access to care by those facing multiple barriers to care
- Includes harm reduction services, substance use recovery services including OBOT, screening for HCV and STDs, family planning including birth control, treatment for HCV and access to primary care providers

PARTNERSHIPS

- Syringe Services Programs (SSP)
- OBOT
- Free Clinics/ FQHCs serving uninsured and underinsured populations
- Virginia Department of Health: primary screening point in Virginia
- Community Health Fairs



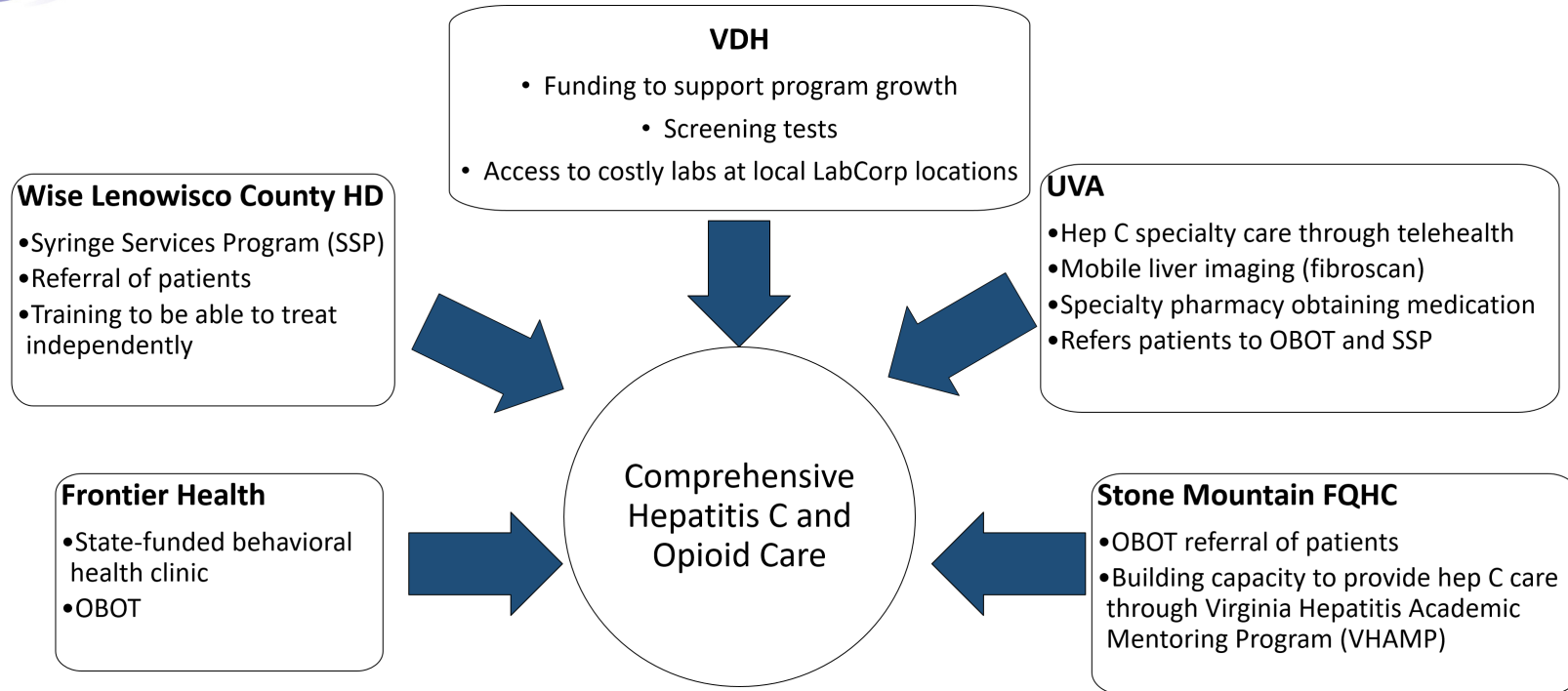
The Virginia Department of Health identified 55 localities with high rates of hepatitis C as candidates to open a syringe exchange. They include Salem, Roanoke and Radford.

The Roanoke Times



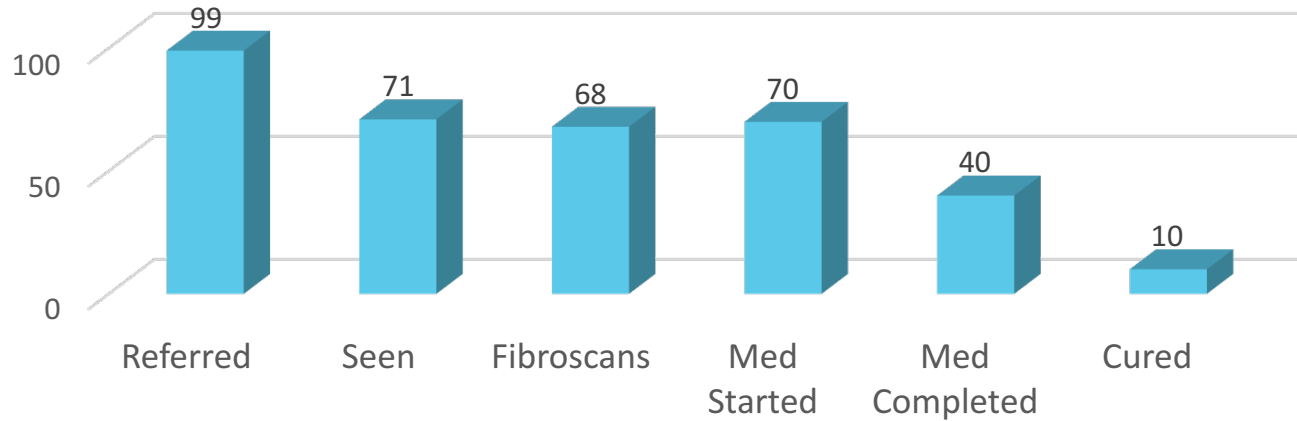


Model of Collaborative Care





UVA HCV Telemedicine Program June 2018-March 2019



No Shows-20 Referred from OBOT- 45 Liver Disease (F4 Fibrosis)- 9

VIRGINIA HEPATITIS ACADEMIC MENTORSHIP PROGRAM (VHAMP)

Original Model

- complete online training
<https://www.hepatitisc.uw.edu/>
- Sit in on 3 appointments with ID specialist
- Conduct 3 appointments with ID specialist in room

Revised Model

- Attend one day training class

Both Models

- Consultation with ID specialist at any time in process
- Participate in monthly case study call
- Report patients seen independently monthly

Goal: Training Practitioners to increase capacity of HCV treatment for ALL patients





PATIENT EXPERIENCES

Interviews with 20 participants to assess their perspective on treatment, how and if life changed once treatment started including access to healthcare, family relationships, friends, substance use, and self value



This part of the study is funded by a CHIME grant from Gilead Sciences. Inc.





CURRENT PATIENT EXPERIENCE



“My mental health has had the biggest change, when someone tells you you have an incurable condition it drains you daily, to be told I was cured was like being handed a miracle”



QUESTIONS





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2. Stephens, D. B., Young, A. M., & Havens, J. R. (2017). Healthcare contact and treatment uptake following hepatitis C virus screening and counseling among rural appalachian people who use drugs. *The International Journal on Drug Policy*, 47, 86–94.
3. Zibbell, J. E., Iqbal, K., Patel, R. C., Suryaprasad, A., Sanders, K. J., Moore-Moravian, L., et al. (2015). Increases in hepatitis C virus infection related to injection drug use among persons aged. *MMWR. Morbidity and Mortality Weekly Report*, 64(17), 453–458.