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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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.
• 4.6 Million people are positive for HCV, with 3.5 million currently infected. 50-90% of IVDU are positive for HCV. 

• Although public/private payer restrictions limiting access to those that use drugs or drink alcohol have been lifted, many providers have not changed their practice to include these populations.

Reported hepatitis C per 100,000*
• 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.

• 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.

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
- 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
Model of Collaborative Care

**VDH**
- Funding to support program growth
- Screening tests
- Access to costly labs at local LabCorp locations

**Wise Lenowisco County HD**
- Syringe Services Program (SSP)
- Referral of patients
- Training to be able to treat independently

**UVA**
- Hep C specialty care through telehealth
- Mobile liver imaging (fibroscan)
- Specialty pharmacy obtaining medication
- Refers patients to OBOT and SSP

**Frontier Health**
- State-funded behavioral health clinic
- OBOT

**Stone Mountain FQHC**
- OBOT referral of patients
- Building capacity to provide hep C care through Virginia Hepatitis Academic Mentoring Program (VHAMP)
No Shows - 20
Referred from OBOT - 45
Liver Disease (F4 Fibrosis) - 9
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<thead>
<tr>
<th>Original Model</th>
<th>Both Models</th>
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<tr>
<td><strong>•</strong> complete online training <a href="https://www.hepatitisc.uw.edu/">https://www.hepatitisc.uw.edu/</a></td>
<td><strong>•</strong> Consultation with ID specialist at any time in process</td>
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<td><strong>•</strong> Sit in on 3 appointments with ID specialist</td>
<td><strong>•</strong> Participate in monthly case study call</td>
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<td><strong>•</strong> Conduct 3 appointments with ID specialist in room</td>
<td><strong>•</strong> Report patients seen independently monthly</td>
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<td><strong>Revised Model</strong></td>
<td><strong>Goal: Training Practitioners to increase capacity of HCV treatment for ALL patients</strong></td>
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<td><strong>•</strong> Attend one day training class</td>
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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

Quality of Life surveys

Qualitative Interviews at 3 points in continuum

Follow patients throughout treatment to evaluate experience

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

