

HEPATITIS C TREATMENT AMONG PEOPLE PRESCRIBED METHADONE MAINTENANCE AT A U.S. OPIOID TREATMENT PROGRAM DURING COVID-19 VIA TELEHEALTH AND SIMPLIFIED CARE PATHWAY

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Background

- The COVID-19 pandemic has disrupted healthcare delivery. People with opioid use disorder (OUD), at heightened risk for COVID-19, face challenges accessing OUD and hepatitis C virus (HCV) treatment given reduced in-person visits.
- U.S. HCV treatment dropped by over 30% at the pandemic's start and has not recovered.
- Co-located HCV and methadone treatment plus harm reduction (HR) facilitate prevention and cascade to cure.

Setting

- Rhode Island (RI)'s only non-profit methadone program, herein termed Opioid Treatment Program (OTP), started their embedded HCV clinic in 2014.
- With eight sites around the state, the largest in Providence (the capital) is an under-resourced clinic caring for a marginalized patient population with high rates of homelessness, poverty and incarceration.



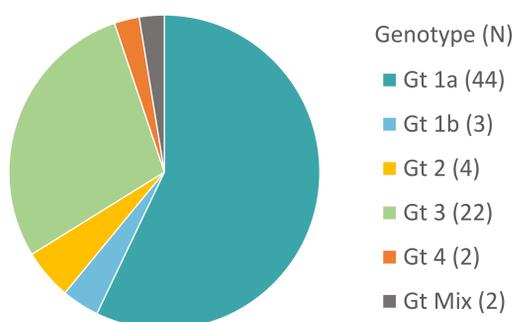
Model

- From March 1, 2020-February 28, 2022, our program adapted to loss of in-person HCV visits.
- Already in place was the physician-nurse navigator-pharmacist team and single, universal, opt-out blood draw upon OTP entry, repeated annually (HCV antibody with reflexive RNA/genotype, HIV, hepatitis A/B, liver panel, CBC, creatinine, PT/INR, treponema) with APRI/FIB-4 calculations.
- In-person HCV medical visits moved to telephone-health. On-treatment labs were stopped. A free HR vending machine moved on-site.

Methods

- We conducted a retrospective chart review of all patients treated for HCV from March 1, 2020 to February 28, 2022 to determine sustained virological response (SVR) under COVID-19 restrictions.

HCV Genotype



Clinic Photos



Physician – nurse navigator – pharmacist team



On-site free harm reduction vending machine

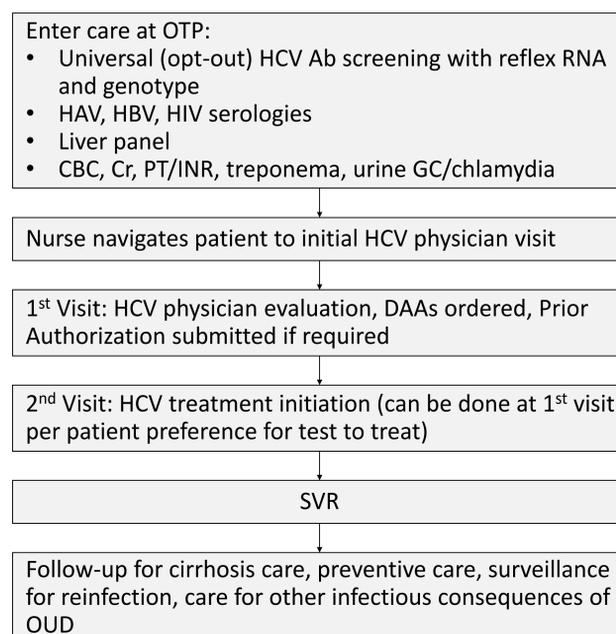


- Machine includes:
- Safer injection kits
 - Naloxone
 - Fentanyl test strip kits
 - Condoms / safer sex kits
 - Wound care kits
 - Hygiene kits

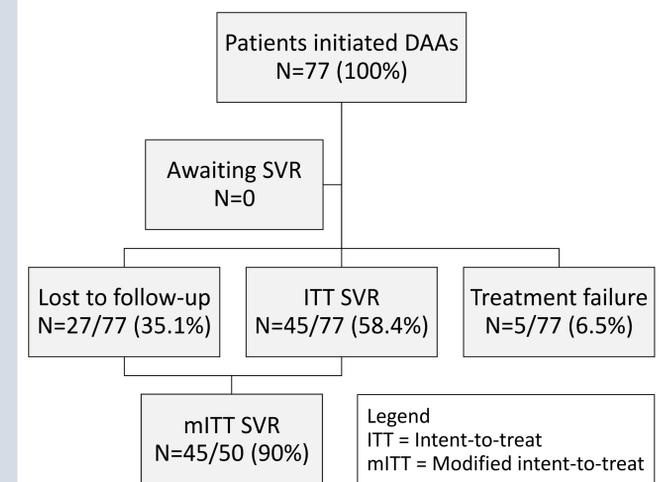
Results

Total treated	77
Mean age at treatment initiation	43 (26 - 64)
Female	23 (30%)
Male	54 (70%)
Cirrhosis	9 (11%)
Insurance (Payer)	
Public	72 (93%)
Medicaid	69 (89%)
Medicare	3 (4%)
Private	5 (7%)
Telephonic treatment initiation	68 (88%)
In-person treatment initiation	9 (12%)
Total number of retreatments	5
Retreatment post treatment failure	1
Retreatment post reinfection	4
Treatment regimen	
Glecaprevir/pibrentasvir 8 weeks	68
Sofosbuvir/velpatasvir 12 weeks	5
Ledipasvir/sofosbuvir 12 weeks	1
Ledipasvir/sofosbuvir 24 weeks	2
Sofosbuvir/velpatasvir/voxilaprevir 12 weeks	1

Simplified Co-located Test to Treat



DAA Treatment Outcomes



Conclusions

- At a co-located HCV/OTP/HR program, telephone contact enabled continued HCV treatment under COVID-19.
- Based on our experience with eight years of providing on-site HCV treatment, we anticipate that over time many of the 27 individuals lost to follow-up will return to care or follow up with outside clinicians and we will be able to obtain SVR results.
- While Prior Authorizations for DAAs have been lifted for RI Medicaid recipients, Prior Authorizations remain for patients with private health insurance and Medicare, limiting ready DAA access.
- Challenges included OTP staff attrition and suspension of on-site phlebotomy, requiring patients to access off-site laboratories for baseline and SVR bloodwork.
- Patient inability to access telephones continues as a barrier to expand capacity.

Acknowledgement and Contact

- We thank the many patients engaged in medical care with our team.
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