

# ELECTRONIC HEALTH ENGAGEMENT IMPROVES HEPATITIS C CARE CASCADE IN PWID



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## BACKGROUND

- There are multiple challenges in the hepatitis C [HCV] care cascade.
- Electronic health engagement could emerge as a tool in linking patients to the HCV care cascade.
- There is an emerging epidemic of people who inject drugs (PWID), contract HCV and then fail to seek treatment for this curable illness. One challenge in testing PWID, particularly in community settings, is linkage to care and treatment following a positive test.
- Interventions that seek to improve the HCV care continuum should take into account a comprehensive and multidisciplinary approach, including electronic health engagement.

## AIMS

- To link individuals that are HCV RNA positive to care and utilize our online patient database management system (PDMS) with Substance Abuse Treatment Centers to fulfill the linkage portion [LTC].

## METHODS

- Longitudinal prospective cohort study with HCV screening at methadone clinics, Sober Living Homes, and drug rehabilitation centers and utilization of a secure HIPPA compliant online patient database management system (PDMS) ([www.linkagetocare.com](http://www.linkagetocare.com))
- A Linkage to Care Specialist (LTCS) is notified immediately when a patient's diagnosis is confirmed via lab
- The LTC Protocol initiates with education provided by the LTCS and ends with initial appointment with a medical provider.
- Linkage To Care Protocol:
  - LTCS accompany provider to provide diagnosis to patient
  - Register patient and confirm registration data; confirm lab results and provide HCV education.
  - Education consists of HCV diagnosis and disease state, transmission prevention, treatment options, health and lifestyle concerns and other co-morbidity conditions.
  - Develop an individualized Link to Provider plan based upon unique factors specific to each patient, using quality of care measures.
  - Solidify the link by scheduling the patient an initial HCV evaluation appointment with the provider outlined in the patient's Link to Provider Plan.

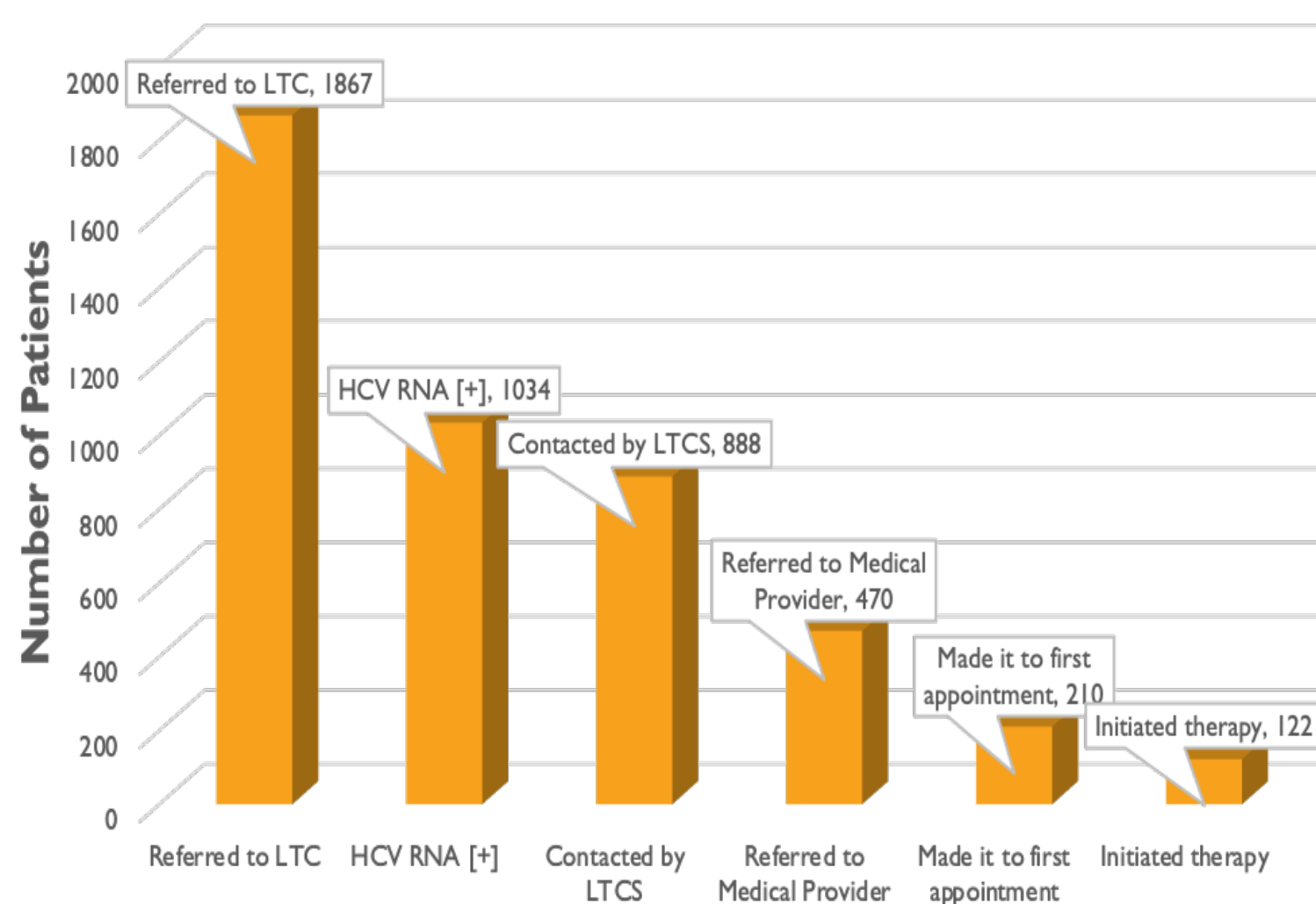
## RESULTS

January 2017 – January 2020

- 1867 patients were referred to LTC; 52% self-referred and 48% referred from 40 facilities in 29 states.
- 51% were uninsured; 66% were between the ages of 21-40; 57% males.
- 1012 (54%) of patients were from sober living homes, 470 (25%) from treatment facilities and 133 (7%) from medical clinics.
- 1034 HCV RNA positive patients.
- Patients were connected with an LTCS within 2 days after referral and were contacted twice before scheduling their first appointment.

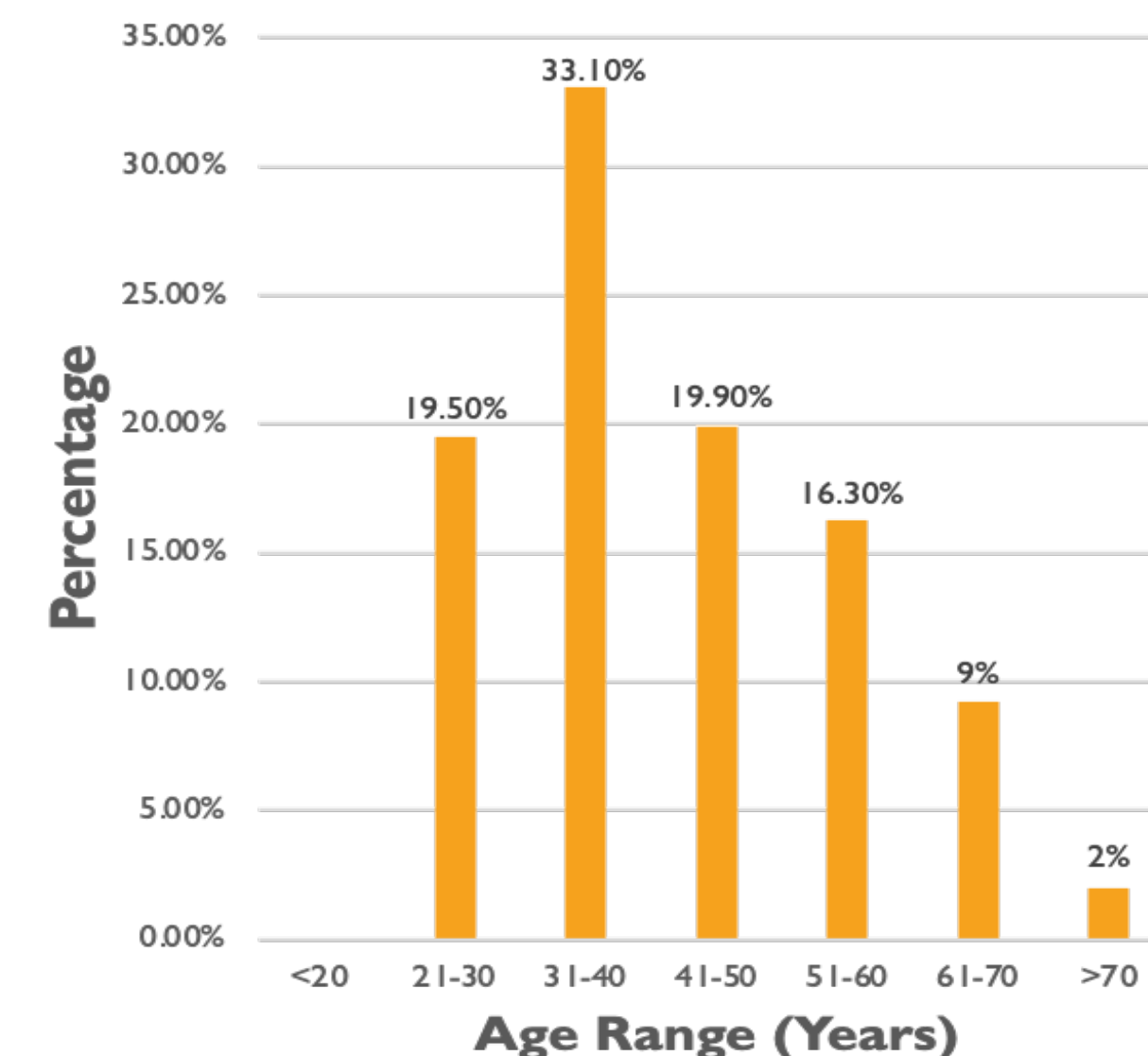
## LTC PROTOCOL RESULTS

LTC Cascade of Care for HCV Patients



- 888 (86%) initiated LTC protocol starting with education.
- 470 (53%) referred to a medical provider.
- 418 (47%) awaiting further records and LTCS has not made an appointment to see a medical provider.
- 210 (37%) patients made it to the first appointment.
- 122 initiated therapy; 49% were completing evaluation; 51% finished therapy or achieved SVR12; 91% were seen in office vs. 9% through telemedicine.

## Age Distribution



## CONCLUSIONS

- High prevalence of HCV in PWID treatment centers.
- 86% of patients have initiated LTC protocol starting with education about HCV.
- 37% of patients have attended first medical appointment with provider.
- HCV screening among this population in these clinical settings should be considered as a standard protocol.
- LTC among this population, starting with education can lead to medical care.

## BEST PRACTICE MODEL:

- HCV screening among the PWID population can be normalized and routinized
- LTC among this population starting with HCV education can lead to medical care
- Patient Database Management System [PDMS] provides an opportunity to assist these treatment centers and HCV patients who can engage through an electronic portal that assists with HCV education and linkage to care navigation