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Client visits SSP for supplies & services



Offered drop-in video visit w/ physician if history of HCV



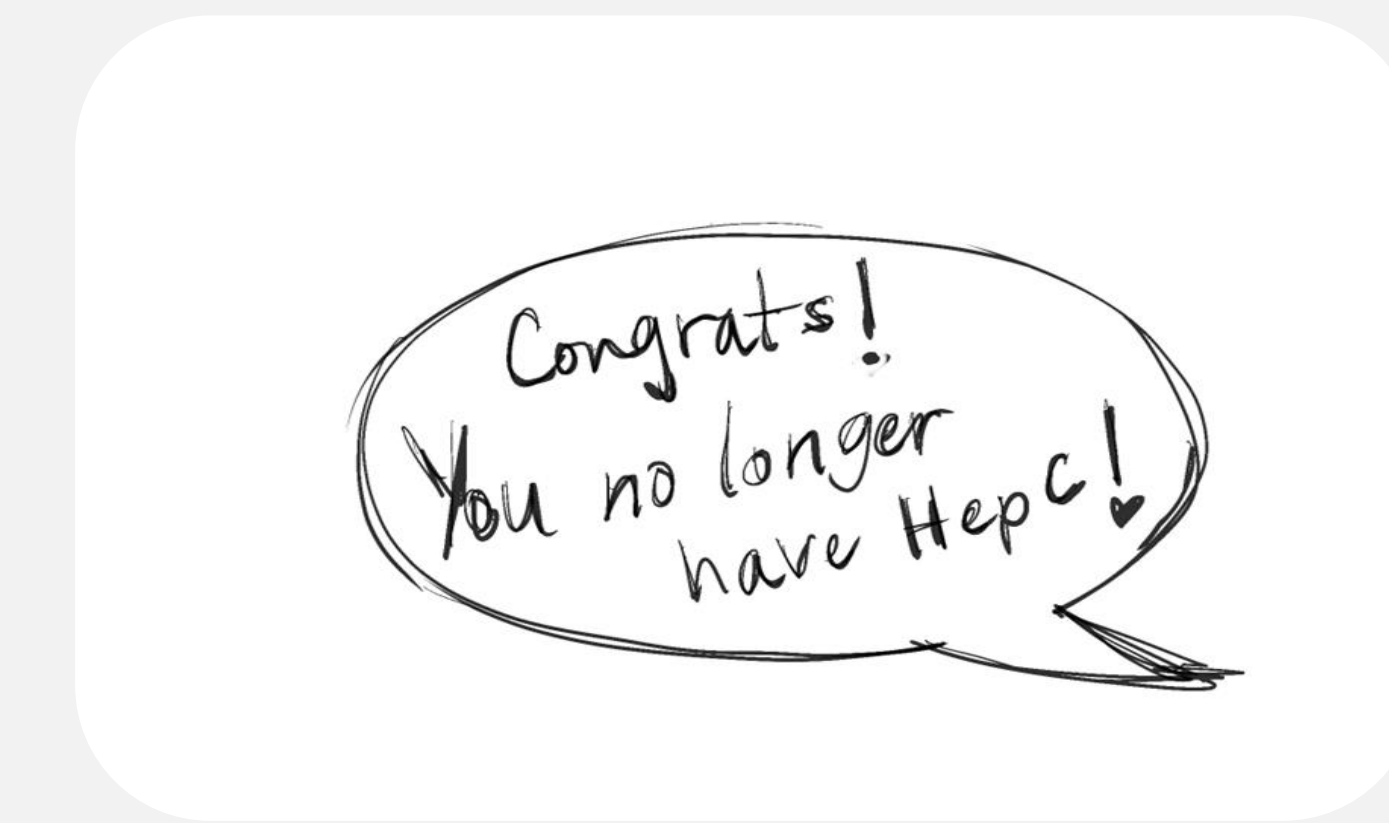
Gets labs drawn & receives gift card for labs



If HCV RNA+, meds delivered to SSP



Client picks up meds from SSP in quantity needed; remainder safely stored at SSP



Meds completed, follow-up SVR4 labs drawn, gift card issued for lab check

Background

Many people who use drugs do not receive needed HCV treatment.

Despite high levels of interest and evidence of effectiveness, HCV treatment through Syringe Service Programs (SSPs) is not common in the United States.

Telehealth-based HCV treatment is an emerging model that allows for costs to be covered by the client's state-sponsored health insurance, minimizing uncompensated care and reliance on grant funding.

We report results from the first 22 months of telehealth-based HCV treatment at SSPs in Colorado, USA.

Intervention/Program

Beginning in November 2022, telehealth consultations for SSP clients with self-reported HCV have been offered at the Harm Reduction Action Center in Denver, CO, along with phlebotomy, incentives, and on-site medication storage.

In December 2023, the program was expanded to include two additional SSPs in Boulder and Pueblo, CO.

Additional services include HIV/HCV/STI screening, bus tickets, monthly vaccine clinics, patient education and navigation, and medication counseling in partnership with SSP staff and clinical pharmacists.

Effectiveness

85

Unique Participants

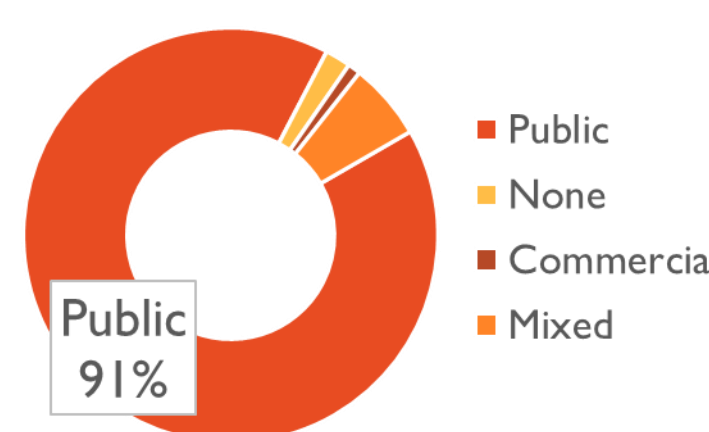
66%

Recent Injection Drug Use

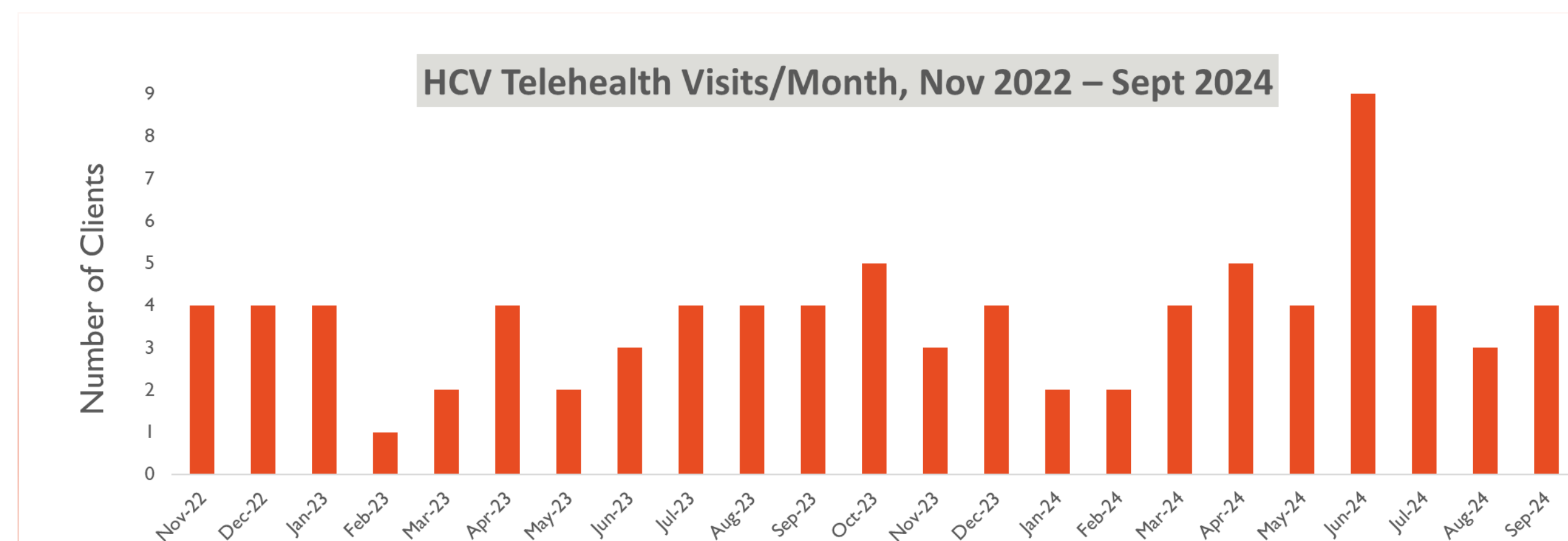
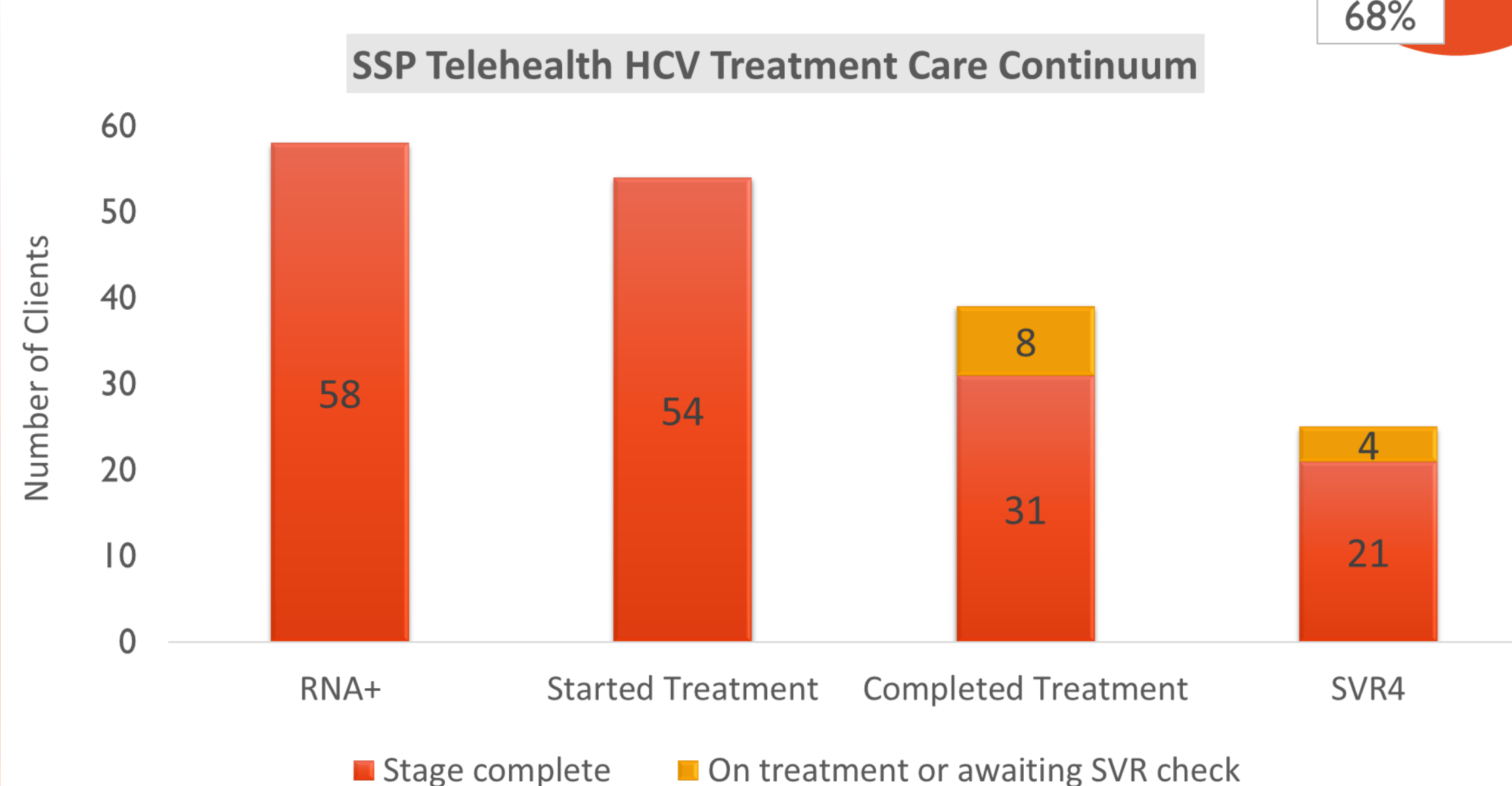
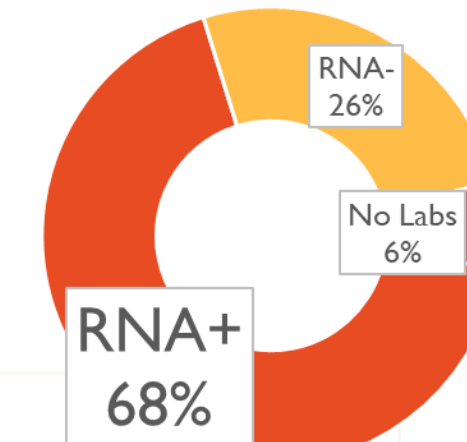
46 years

Median Age IQR 36-52

Insurance Status



HCV RNA Status



Conclusions

SSP-located telehealth-based treatment models serve populations disproportionately impacted by HCV.

This emerging model has successfully served many individuals who otherwise may not have received HCV care.

Drop-in HCV telehealth clinics at SSPs are feasible and financially sustainable. Ensuring a welcoming environment & close partnership with SSP staff at a fixed location contributes to the program's success.

Loss to follow-up persists despite the low-barrier non-clinical setting.

Future Directions

Additional work is needed to address loss to follow-up and could include partnerships with peer navigators or street outreach teams.

Point-of-care HCV RNA testing will facilitate same-day test and treat models and reduce loss to follow-up prior to pre-treatment laboratory work and treatment initiation.

Extending this model to other conditions could be explored to address additional health needs of people who use drugs.

Acknowledgments, Disclosures, & Further Information

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