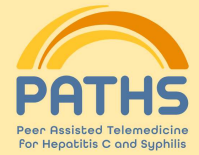


Peer-Assisted Telemedicine for Hepatitis C and Syphilis (PATHS)



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Background

- In the United States, rural people who use drugs (PWUD) face heightened barriers to hepatitis C virus (HCV) treatment.¹
- A pragmatic randomized trial of peer-assisted telemedicine HCV treatment in rural Oregon demonstrated improved rates of HCV cure compared to peer-facilitated referral to local care.^{2,3}
- Peer-Assisted Telemedicine for Hepatitis C and Syphilis (PATHS) has broadly implemented this intervention to widen the reach of services throughout the state of Oregon.⁴

Model of Care

Unique Elements of the Model

Reduced delays

- Standing, streamlined lab orders so peers can bring participants directly to lab
- Same-day, on-demand, “walk-in,” TeleHCV clinician visits

Reduced barriers for people who are unhoused or lack resources

- Peers provide technology and facilitate TeleHCV visits
- Medication lockers if no stable housing

Proactive in-the-community support from peers

- Assistance with medication pick-up, reminders, adherence support
- Calling, texting, going out to locate participants to maintain contact
- Assistance with harm reduction tools, daily life needs

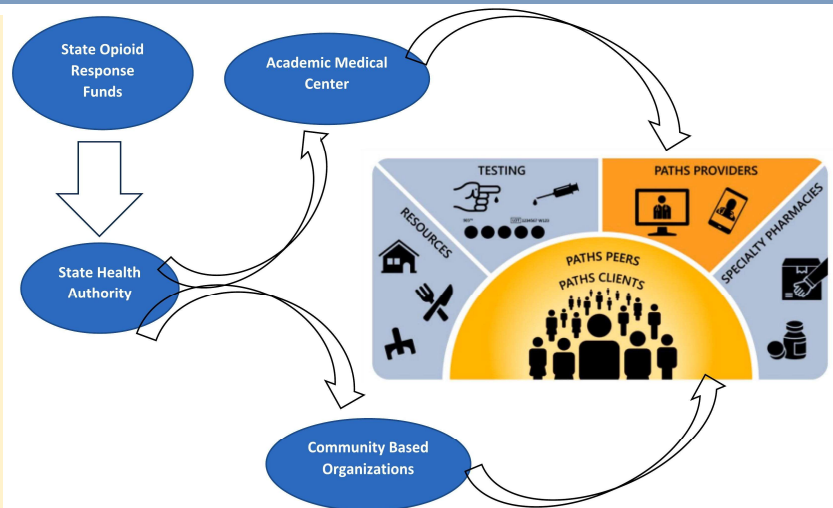


Figure: Federally allocated State Opioid Response funds go to the state health authority, who funds the academic medical center to support PATHS providers and staff. The state health authority also funds community-based organizations to hire peers.⁴

Effectiveness

PATHS HCV Care Cascade 2021-2024

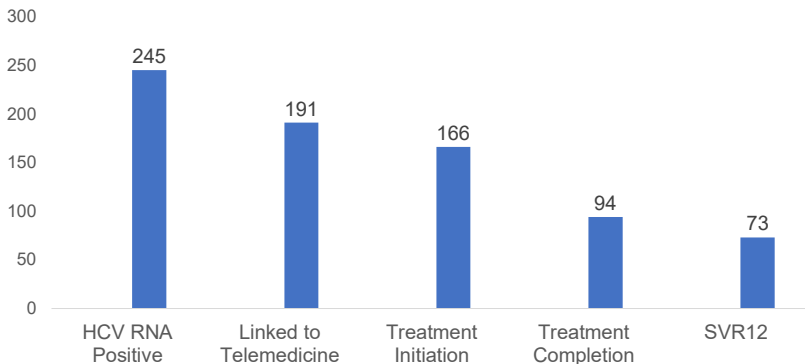


Figure: HCV care cascade for PATHS from March 2021 to September 2024. 15 participants are completing treatment, and 5 participants completed treatment within the past 12 weeks.

16 community-based organizations partner with PATHS

18 of Oregon's 36 counties participate in PATHS

120 Peers trained statewide

78% of HCV+ participants link to telemedicine

87% of linked participants initiate treatment

65% of treatment initiators are on therapy or completing

82% of treatment completers due for SVR12 are cured

4 positive SVR12 (treatment failure or re-infection)

3 treatment initiations per site, range 0-38

Conclusions and Next Steps

- PATHS implements peer-assisted telemedicine for hepatitis C with real-world effectiveness similar to a randomized trial.
- Next steps: developing and testing expanded interventions (medications for opioid use, HIV PrEP), dried blood spot testing to replace phlebotomy, scaling beyond Oregon.

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