IMPLEMENTATION OF LOW THRESHOLD HCV TREATMENT IN NEW YORK STATE

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Background:
Hepatitis C Virus (HCV) primarily affects People Who Inject Drugs (PWID) in high-income countries. To achieve HCV elimination targets, alternative models of care are required to engage vulnerable populations in treatment, such as low-threshold models. We examined the implementation of low-threshold models for PWID in delivering HCV care.

Approach:
We conducted semi-structured interviews with 16 healthcare providers in New York, USA in 2021-22. Providers were recruited through investigators' contacts and snowball sampling. Providers were identified either because of self-description as "low-threshold" or a clinical focus on marginalized patient populations. Interviews focused on definition and implementation of low-threshold HCV care. Transcripts were analyzed using thematic analysis and were categorized into themes guided by the PRISM-ReAIM implementation model.

Analysis:
Providers implemented low-threshold HCV care by facilitating treatment access, e.g. having walk-in or telemedicine HCV services. Low-threshold care had the added benefit of increasing engagement in primary care services. Adequate staffing was crucial because of extensive care coordination and outreach activities that needed to engage patients in care. Providers recognized the complexities of providing low-threshold HCV care within health systems that had stricter access barriers, such as stricter appointment times, or having security guards to check identification documents. Limited funding and staff availability, and difficulties coordinating with health insurance and pharmacies were identified as major barriers. Patient-facing barriers that affected treatment engagement included pre- and post-treatment lab tests, and basic needs such as housing, transportation, or a safe place to store their HCV medications.

Conclusion:
Low-threshold models of care enhance access to HCV care and primary care by incorporating logistical flexibility and active patient outreach into their care model. To be successful, low-threshold programs need adequate funding for significant outreach activities required to engage their populations. The difficulty of patients' meeting basic needs remains a major challenge for delivering HCV treatment.

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