DELIVER CARE: BRINGING MOBILE HCV SERVICES TO THE SAN FRANCISCO COMMUNITY

Price JC[1], Wungjiranirun M[2], Duarte MJ[1], Kanner R[1], Laguardia Y[1], Srisengfa T[1], Camberos R[1], McKinney JE[1], Catalli L[1], Ung D[1], Clark M[1]

[1]University of California, San Francisco [2]Oregon Health & Science University

Background:
Despite the availability of highly effective direct-acting antiviral (DAA) therapies for hepatitis C virus (HCV), people who use illicit drugs or are experiencing homelessness face multiple barriers to accessing HCV treatment. The aim of this project was to assess the feasibility and outcomes of offering low-threshold HCV treatment via telemedicine on a mobile HCV screening van.

Description of model of care/intervention:
In January 2019, we launched a mobile HCV screening van, offering free rapid HCV antibody testing and confirmatory HCV RNA testing at multiple sites in San Francisco. In August 2019, we expanded to offer HCV treatment via telemedicine visits conducted with the patient using a computer on the van. All components of treatment were hosted onboard: pre-treatment and on-treatment labs, medication pickups, and video visits with clinicians. Staff provided individualized appointment reminders, treatment plans, and strategies for safe medication storage.

Effectiveness:
From 8/2019-4/2021, 424 people were screened for HCV at 7 locations, and 62 (15%) tested positive for HCV RNA. Thirty-nine patients elected to seek treatment through the van, and thirty-eight initiated DAA therapy. Median age of treated patients was 56 years, 66% were male, and 61% were non-white. Most had a history of injection drug use (89%) or reported current drug use (79%). All had health insurance, but those needing insurance authorization for treatment waited longer after screening compared to those who did not: mean 95$\pm$108 days vs 49$\pm$28 days. Twenty-nine patients completed treatment: 17 reached SVR12, 8 are awaiting SVR12 date, 1 sadly fatally overdosed, 2 treatments failed and 1 patient was LTFU during COVID-19 after receiving all medication. Four patients remain on treatment, 3 discontinued, and another fatally overdosed.

Conclusion and next steps:
Community-based, mobile, telemedicine HCV treatment is feasible and enables clinicians to treat patients where they are. This model could be adapted in other community-based settings to co-localize HCV treatment with other services.

Disclosure of Interest Statement: ***See example below:***
The conference collaborators recognise the considerable contribution that industry partners make to professional and research activities. We also recognise the need for transparency of disclosure of potential conflicts of interest by acknowledging these relationships in publications and presentations.