

FIELD-BASED RNA TESTING TO SIMPLIFY HCV TREATMENT FOR HIGH BARRIER PATIENTS

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Background:

People who use drugs (PWUD) continue to experience significant barriers to hepatitis C (HCV) care in the United States, particularly with linkage to treatment following exposure awareness. Delays between antibody screening and RNA results lead to high loss to follow-up, especially among individuals who are unsheltered, uninsured, or previously incarcerated. To close this gap, VEN Centers implemented point-of-care (POC) RNA testing in the field to support same-day diagnosis and faster care progression.

Methods:

From April 1 to June 13, 2025, VEN integrated Cepheid GeneXpert POC RNA testing into its mobile outreach strategy across Arizona. Testing was performed at unsheltered encampments, recovery centers, carceral reentry programs, home visits, and within mobile units. Individuals testing RNA positive were directly linked to medication coordination without the need for a follow-up visit. For treatment naïve patients with state Medicaid, prescriptions were able to be submitted the same day due to no prior authorization requirements. POC testing allowed providers to focus care on those with active infection while confirming cure or spontaneous clearance for others in real time.

Results:

A total of 126 individuals received Cepheid RNA testing.

- 55 (43.7%) were RNA positive and eligible for treatment.
- 71 (56.3%) were RNA negative, including 20 who had previously completed treatment and were confirmed SVR.
- 85 patients (67.5%) were covered by Medicaid
 - ~85% of this group were eligible for immediate treatment without prior authorization.
- Cepheid results allowed for prescription submission an average of 48 hours earlier than with standard lab processing.
- All uninsured individuals were linked to treatment access pathways at the time of testing.

Conclusion:

Field-based RNA testing allowed VEN to consolidate HCV diagnosis and treatment planning into a single encounter. This approach improved efficiency, reduced loss to follow up, and created a scalable framework for reaching high-barrier populations with HCV treatment. It represents a practical and replicable model for treating PWUD in non-traditional settings.

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Figure 1

