

# Peer-Facilitated Telemedicine Hepatitis C Treatment for Rural People Who Use Drugs:

Early Experience From a  
Randomized Trial

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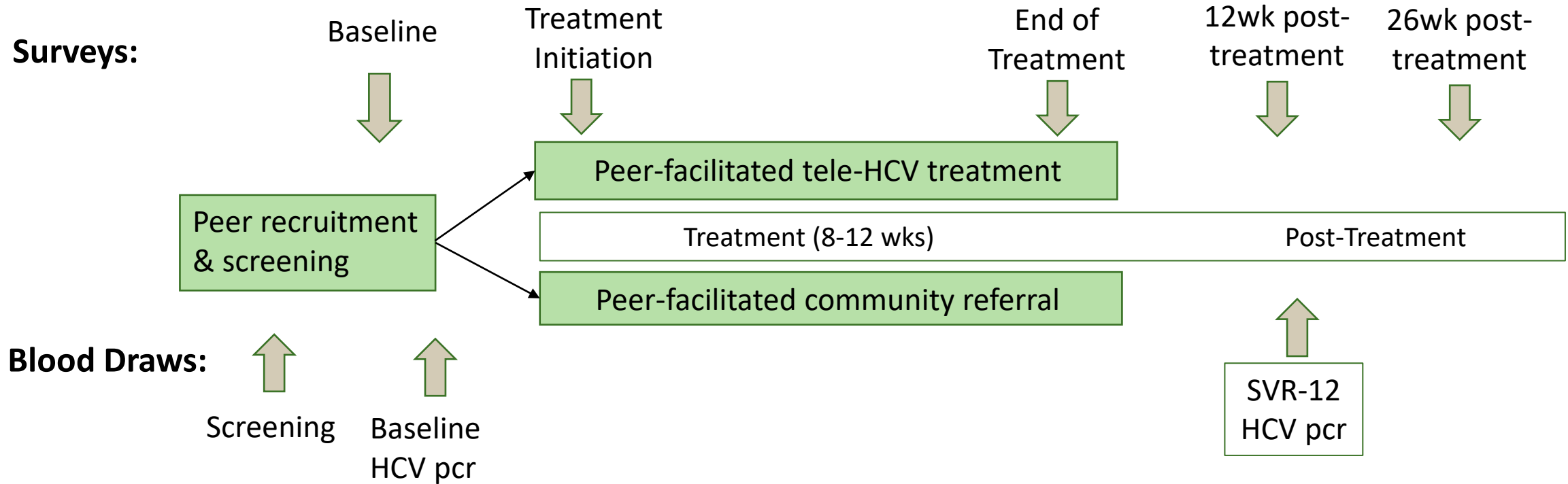
# Study Rationale

- ▶ In a pilot study in rural Oregon, 53% of 144 people who use drugs (PWUD) enrolled were positive for HCV and only 4% reported access to HCV treatment; stigma and transportation limit access
- ▶ High comfort with peer recovery specialists
- ▶ **Solution:** Develop a telemedicine HCV treatment intervention facilitated by rural peer specialists

# Study Overview

- ▶ Participants randomized to:
  - **TeleHCV:** Peer-facilitated telemedicine HCV treatment
  - or **Enhanced Usual Care:** Peer referral to local provider, care manager
- ▶ Criteria
  - **Inclusion:** Injection drug or recreational opioid use in past 90 days, positive HCV viral load, health insurance eligibility
  - **Exclusion:** Decompensated cirrhosis, pregnancy, breastfeeding
- ▶ Outcomes
  - **Primary:** SVR12
  - **Secondary:** HCV treatment initiation and completion, engagement with harm reduction and SUD treatment services, substance use

# Data Collection



# Peer-Facilitated TeleHCV Process

- ▶ Standing, streamlined lab orders<sup>1</sup>, payors & pharmacy agreements
- ▶ Peers support:
  - Rapid HCV testing
  - Insurance enrollment, lab testing, teleHCV appointments
  - Medication pick-up, adherence
  - Harm reduction tools, daily life needs
  - Medication lockers for people without stable housing
- ▶ Peers and TeleHCV providers communicate directly to eliminate inflexible 3<sup>rd</sup> party scheduling
- ▶ TeleHCV provider evaluates client & sends prescription to pharmacy
- ▶ Pharmacy mails DAA medications

<sup>1</sup>Seaman et al Int J Drug Policy 2021

# Preliminary Findings

Study Group	Randomized Participants	Started HCV Meds Within 3 Months	Did not Start HCV Meds	Waiting to Start HCV Meds
Enhanced Usual Care	29	<b>1 (3%)</b>	18 (62%)	9 (31%)
Peer-facilitated TeleHCV	26	<b>18 (69%)</b>	2 (8%)	6 (23%)

- ▶ As of 17 September 2021, 55 randomized (of 70 eligible)
- ▶ 69% of participants assigned to peer-facilitated tele-HCV treatment have initiated HCV meds within 3 months
- ▶ One enhanced usual care participant has initiated HCV meds

# Conclusions

- ▶ Early trial findings suggest that peer-facilitated TeleHCV may be feasible and achieves higher early treatment initiation rates compared to enhanced community referrals
- ▶ Peer-facilitated TeleHCV treatment advances WHO 2030 HCV elimination goals in rural communities by expanding HCV treatment access directly to people who use drugs via peers and telemedicine.

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