DeLIVER Care: Bringing Mobile HCV Services to the San Francisco Community
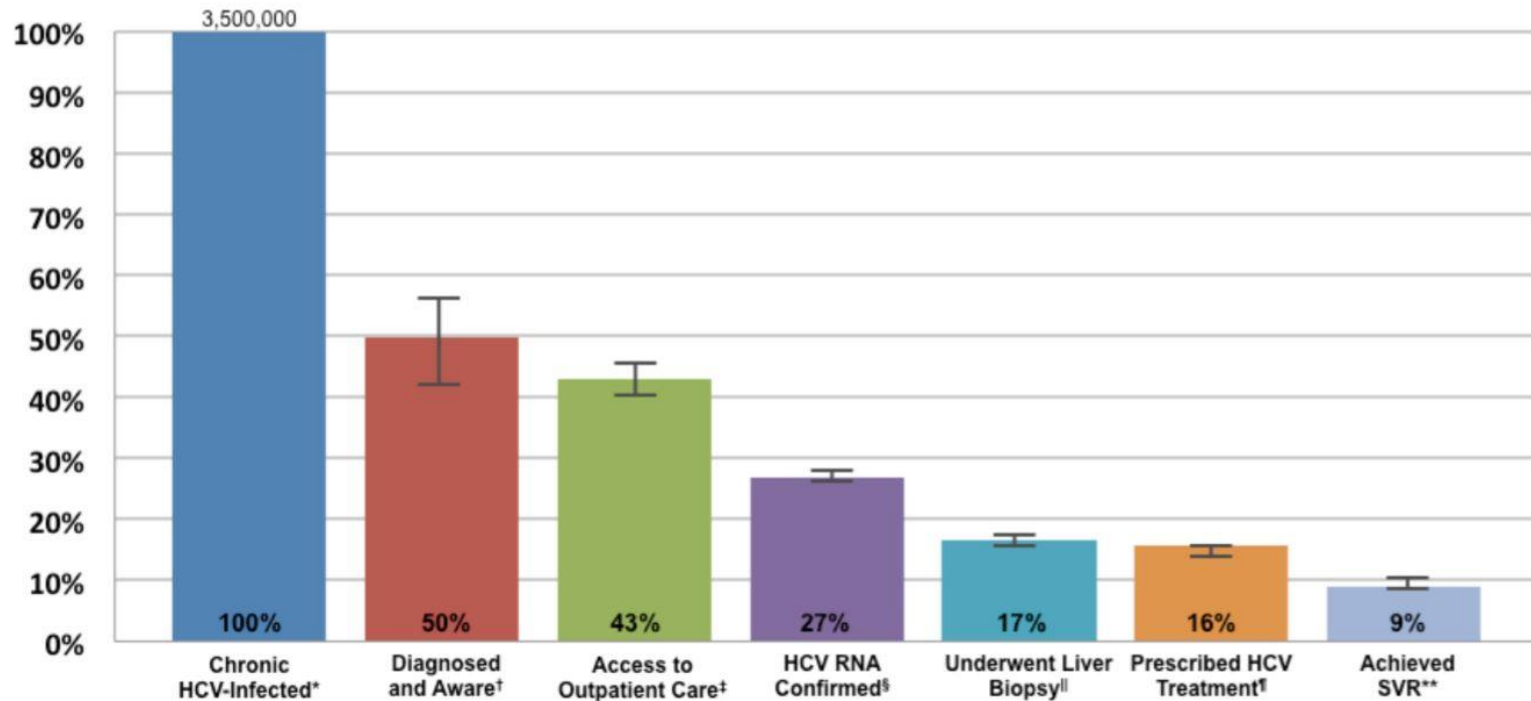
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Background: Why Increase HCV Testing Access

Figure 2. Treatment Cascade for People with Chronic HCV Infection, Prevalence Estimates with 95% CI

| Chronic HCV-Infected*	Diagnosed and Aware†	Access to Outpatient Care‡	HCV RNA Confirmed§	Underwent Liver Biopsy‖	Prescribed HCV Treatment¶	Achieved SVR**
100% (3,500,000)	50%	43%	27%	17%	16%	9%

Source: Yehia, B. R., Schranz, A. J., Umscheid, C. A., & Lo Re, V., 3rd (2014). The treatment cascade for chronic hepatitis C virus infection in the United States: a systematic review and meta-analysis. *PloS one*, *9*(7), e101554. doi:10.1371/journal.pone.0101554
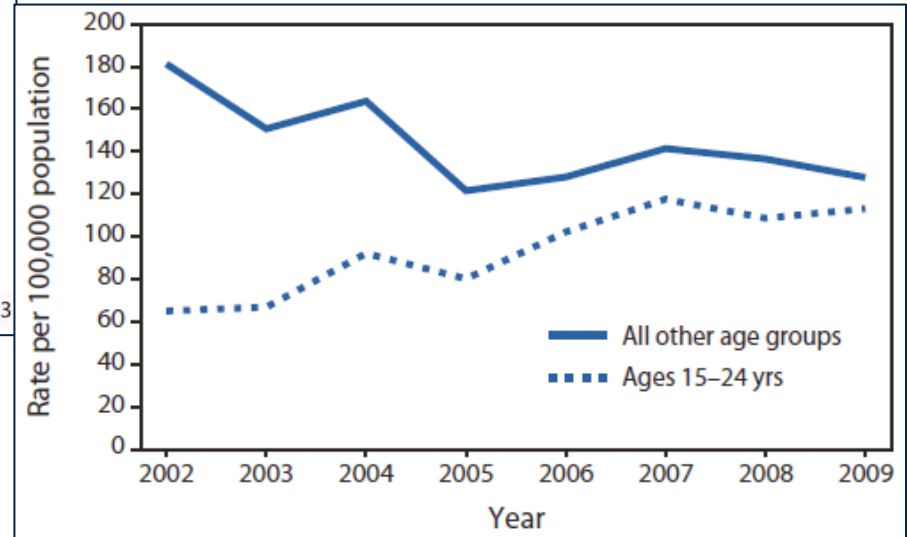
UCSF Health

Background: Focusing on PWID

➤ **HCV incidence is on the rise in the United States**
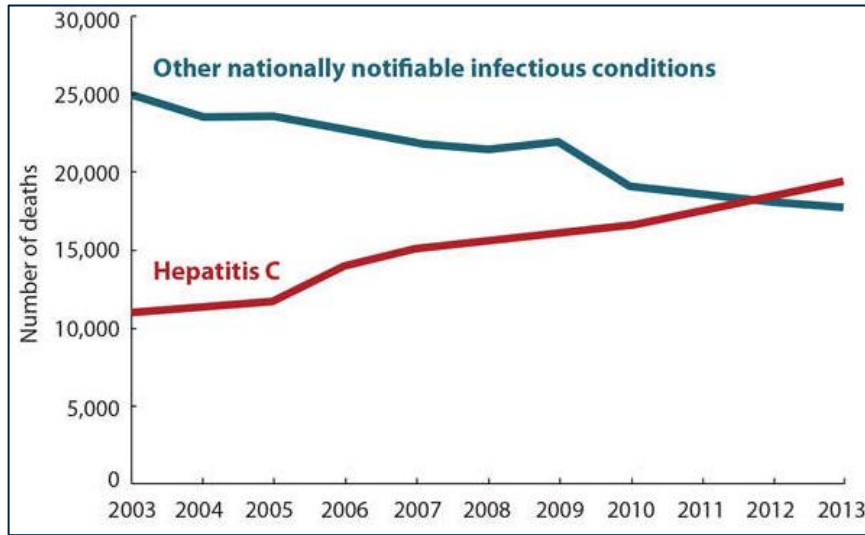
➤ **Age of infection is shifting**

DeLIVER Care Model
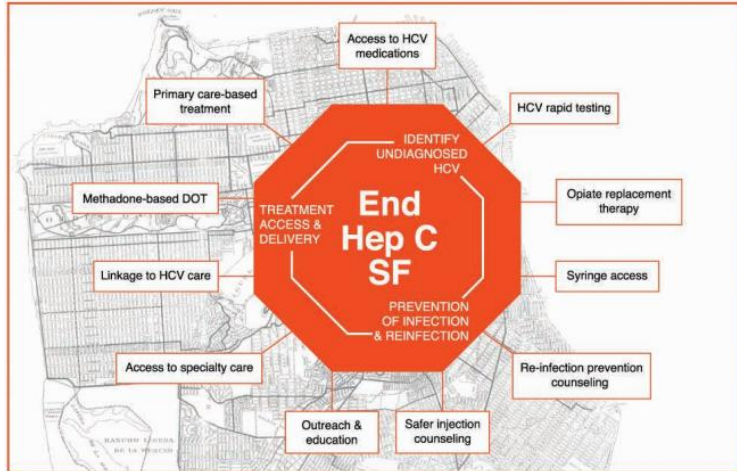
Project aims:

➢ Increase access to HCV testing for people who use drugs

Preparation:

➢ Outfitted a retired campus shuttle

➢ Identified locations

➢ Trained our team

DeLIVER Care Model
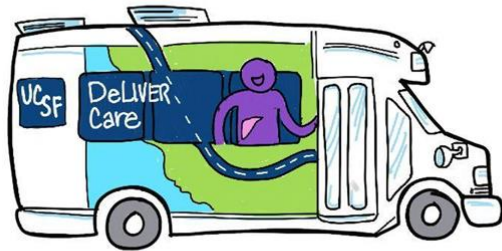

DeLIVER Care goal:

meet patients where they are

A Social-Ecological Model for Physical Activity - Adapted from Heise, L., Ellsberg, M., & Gottemoeller, M. (1999)

DeLIVER Care Model

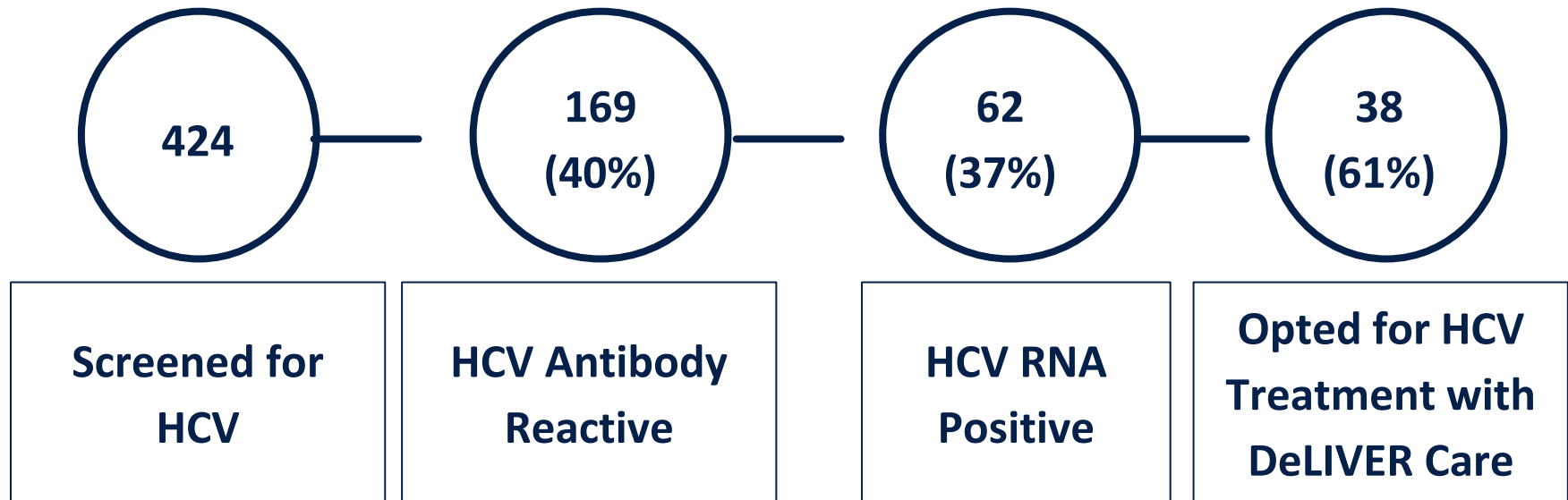# Results: Screening Outcomes

August 2019 - April 2021 offered services @ 7 sites in SF

424	169 (40%)	62 (37%)	38 (61%)
Screened for HCV	HCV Antibody Reactive	HCV RNA Positive	Opted for HCV Treatment with DeLIVER Care

Results: Treatment Patient Demographics

Characteristic	median (IQR) or n (%)
Median age at baseline (IQR)	55.6 (49, 56)
Gender	
Male	24 (63)
Female	12 (32)
Transgender	2 (5)
Race/ethnicity	
Black or African American	11 (29)
Hispanic or Latino	4 (11)
Mixed or Other	8 (21)
White	15 (39)

Results: Drug Use Behaviors

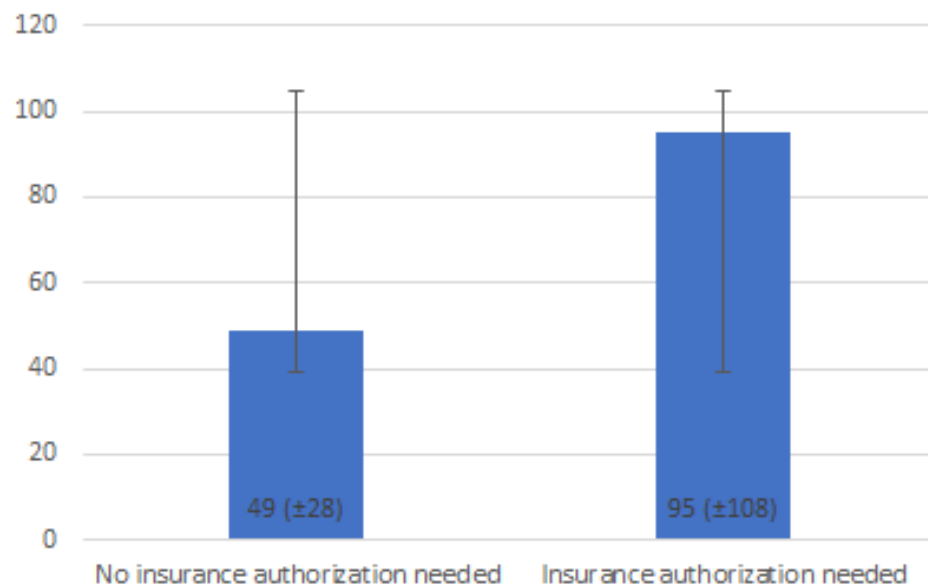| Risk factors for transmission	n (%)
Ever ANY drug use	38 (100)
Ever injection drug use	36 (95)
Ever non-injection drug use	34 (89)
Current ANY drug use	30 (79)
Current injection drug use	17 (45)
Current non-injection drug use	26 (68)

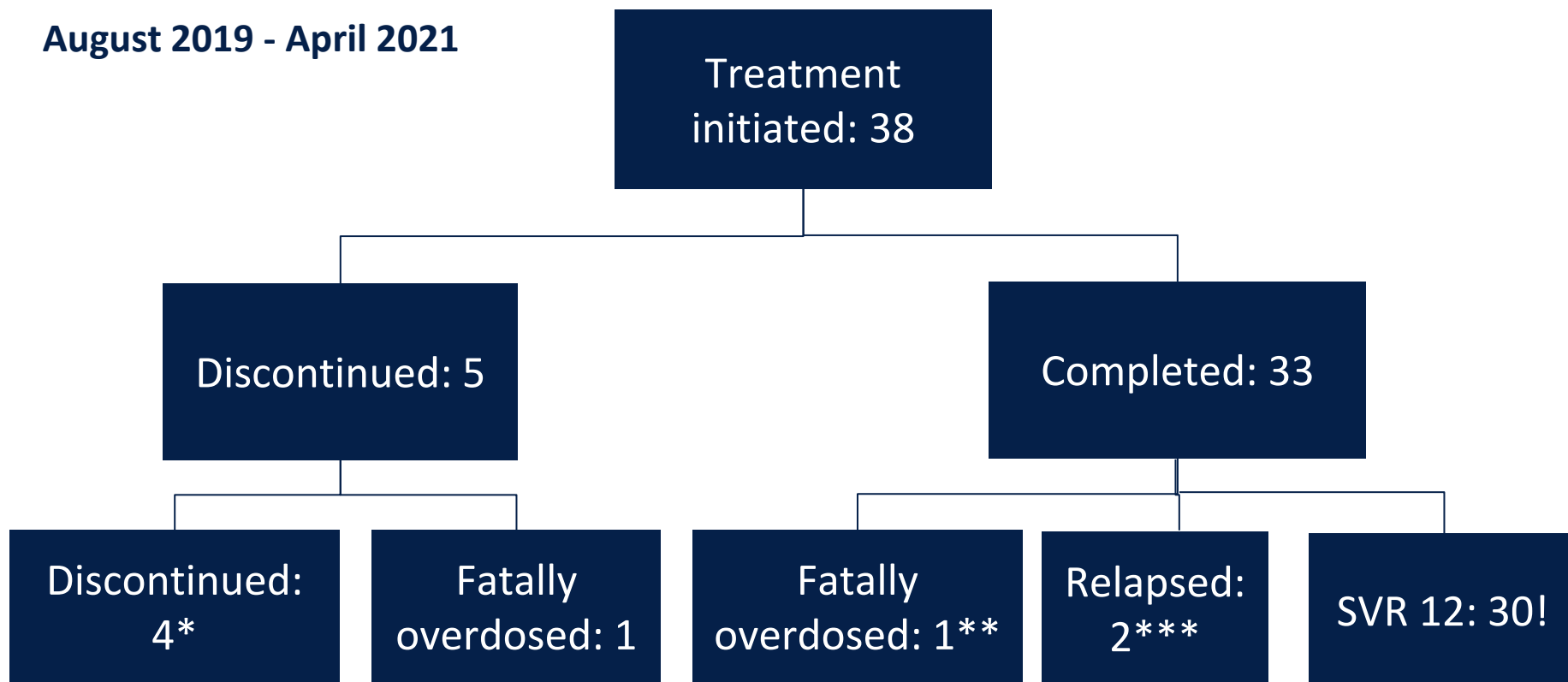# Results: Insurance Status & Treatment Starts

Insurance provider

- Medi-Cal
- Medicare

68%
32%
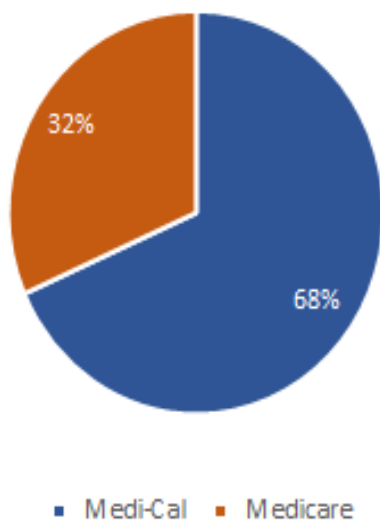
Average time to treatment start (days)

49 (±28) — No insurance authorization needed
95 (±108) — Insurance authorization needed

Results: Treatment outcomes

August 2019 - April 2021

Treatment initiated: 38

Discontinued: 5

Completed: 33

Discontinued: 4*

Fatally overdosed: 1

Fatally overdosed: 1**

Relapsed: 2***

SVR 12: 30!

*3 d/c   < week 2, 1 d/c < week 5 but is suspected to have stopped earlier
**achieved SVR4
***1 patient who relapsed is being retreated now

Discussion

➢ Everyone who opted for treatment on the van currently or previously used drugs in their life

➢ Treatment completion was high (87%)

➢ The 4 patients who discontinued treatment did so within the first few weeks

➢ SVR12 rates are high among those who completed treatment (94% reached SVR4, 91% reached SVR12)

➢ Overdose deaths are high in San Francisco, and we see that in our patient population (5%)

➢ This model works!

Conclusion/Future Directions

➢ Community-based, mobile, telemedicine

   HCV treatment is feasible

➢ Model may be adapted in other

   community-based settings to colocalize

   HCV treatment with other services

Acknowledgements

➢ **UCSF DeLIVER Care team**

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      Laguardia, Tab Srisengfa & Rosaura Camberos

    ○ Manida Wungjiranirum, MD & Maria Duarte, MD

➢ **Our patients**

➢ **Our partner sites**

➢ **Our funders**

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Thank you!