

EXPERIENCE AND OUTCOMES OF A HIGH VOLUME HOMELESS HEALTH CENTER-BASED HCV TREATMENT PROGRAM IN BOSTON

Authors:

Beiser ME¹, Ingemi M¹, Smith K¹

¹Institute for Research, Quality, and Policy in Homeless Health Care, Boston Health Care for the Homeless Program, Boston, MA

Background

Boston Health Care for the Homeless Program (BHCHP), an urban federally-qualified health center serving ~11,000 homeless and formerly homeless individuals per year, notes a 23% prevalence of hepatitis C (HCV). A needs assessment survey identified strong interest and confidence of BHCHP patients to complete HCV treatment, and a preference to receive treatment in their primary care home. Since 2014, BHCHP has provided HCV treatment by expert primary care clinicians. The model is heavily reliant on a nurse and care coordinator to enable insurance access and support adherence. Early findings described an overall cure rate of 97%. Since then the BHCHP HCV program has treated over 500 individuals, >75% of whom have a history of opioid use disorder.

Description of model of care/intervention:

The BHCHP HCV Team model is innovative in its ability to assess and treat a large volume of vulnerable individuals at high risk for transmission of HCV infection. The program is predicated on low barrier to treatment, single point of communication for patients and referring providers, collaboration across HIV counseling and testing outreach and buprenorphine treatment programming, absence of requirements related to sobriety, fibrosis stage or specialist evaluation, streamlined treatment assessment, prior authorization expertise, and flexible adherence support, including directly-observed therapy, weekly pillboxes or monthly dispensing with weekly phone follow-up.

Effectiveness:

A follow-up study to the initial outcomes study is underway, focusing on the first 300 individuals treated. Chart reviews are currently underway, but data to be presented will include rates of completion (roughly 91%), treatment failure (roughly 2%), and reinfection (30 identified over variable duration of follow up).

Conclusion and next steps:

The BHCHP HCV Team will continue in its role as a well-integrated program at BHCHP with the goal of elimination of HCV in the BHCHP patient population, including aggressive retreatment of reinfected individuals.

Disclosure of Interest Statement:

The authors have no real or perceived conflicts of interest to disclose.