



DEVELOPMENT OF A SUCCESSFUL TELEHEALTH MODEL OF COMPREHENSIVE CARE AND PROVIDER TRAINING FOR HEPATITIS C AND OPIOID USE DISORDER IN A HIGH BURDEN REGION

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DISCLOSURE OF CONFLICT OF INTEREST

We have received funding for an investigator-designed evaluation of the telehealth program from Gilead Sciences, Inc. Dr. McManus reports stock ownership in Gilead Sciences, Inc. Dr. Dillingham provides consulting services to Warm Health Technologies, Inc on activities unrelated to this work.

The logo for Virginia HEPC is a red, rounded shape with the text "Virginia HEPC" in white. "Virginia" is in a smaller font above "HEPC", which is in a larger, bold font.

Virginia
HEPC

Hepatitis C Education &
Patient Connection



ACKNOWLEDGEMENT OF COMMUNITY

I want to begin by acknowledging and thanking the people who inject drugs, who have been released from incarceration, and who live in rural areas with limited access to health care who have generously participated in this research

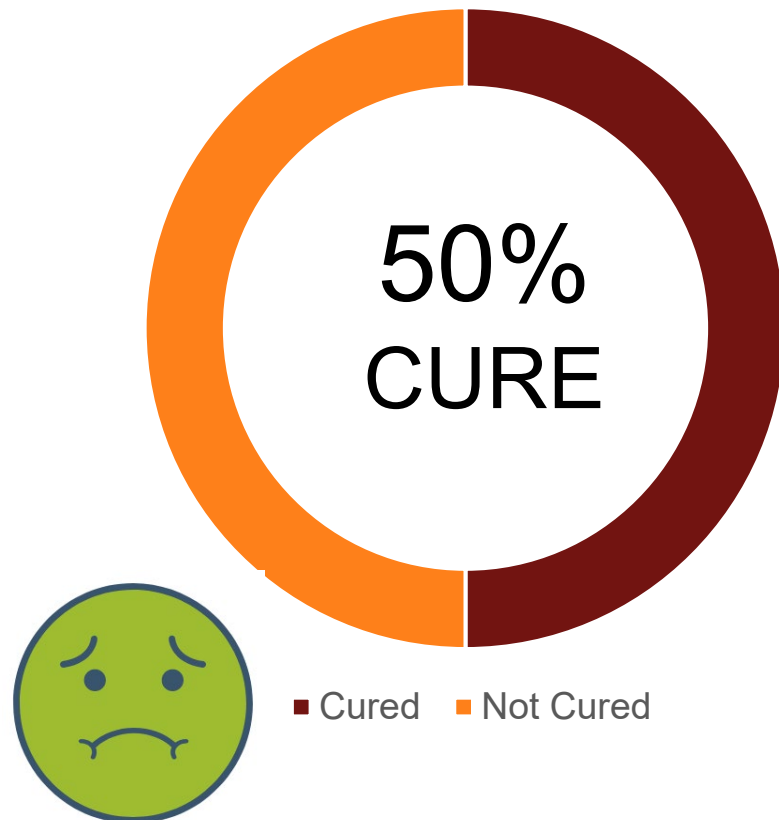
HEPATITIS C VIRUS (HCV)

- Transmission only by blood
 - >70% by IVDU
 - Snorting/ sharing straws also risk
- It cannot be spread by hugging, touching, or sharing food
- Can be cured

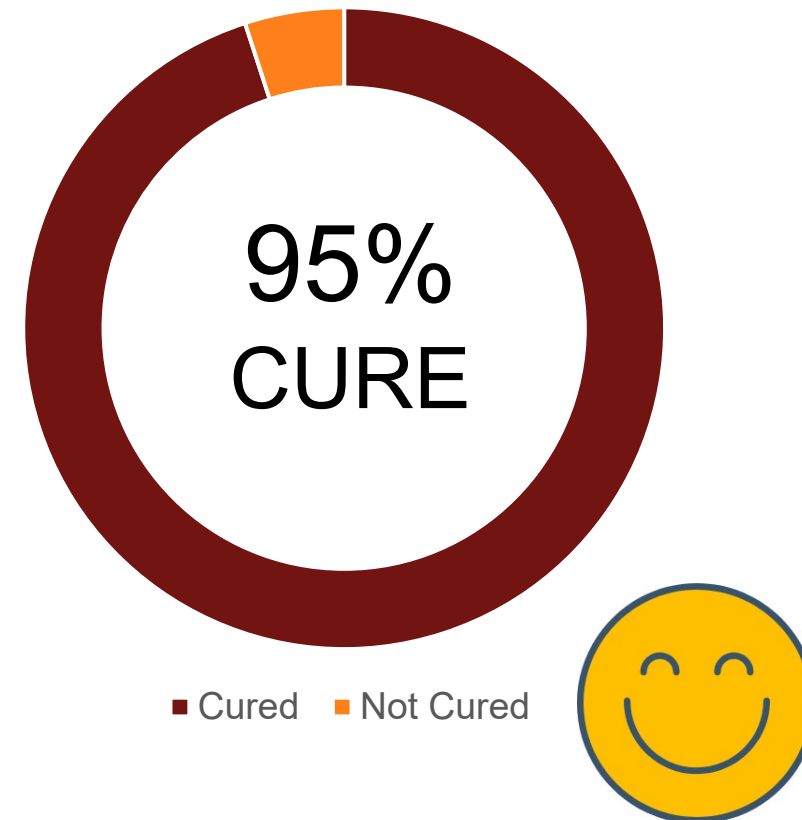


HEPATITIS C TREATMENT

Interferon-Based Regimens



Direct Acting Antivirals



CLINICAL IMPACT OF HEPATITIS C

Of every 100 people infected with Hepatitis C, **75-85 people will develop Chronic Hepatitis C**. If left untreated:



60-70 PEOPLE will develop
CHRONIC LIVER DISEASE



5-20 PEOPLE will develop
CIRRHOSIS over a period of 20-30 years



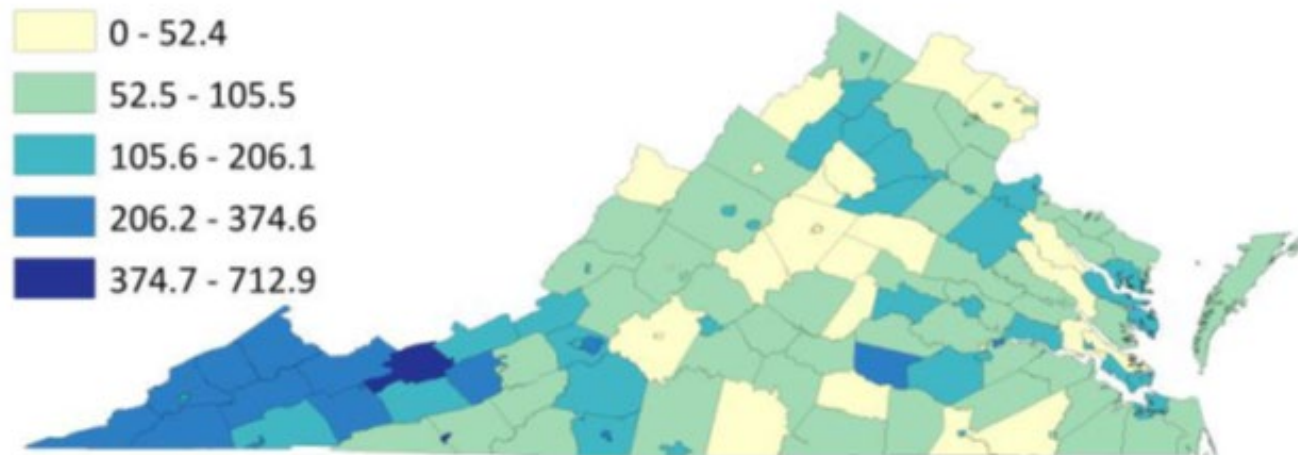
1-5 PEOPLE will die from
CIRRHOSIS or **LIVER CANCER**



HCV NOW CAUSES MORE
DEATHS ANNUALLY
THAN HIV/AIDS

Economic burden may exceed \$10
billion annually in the US alone

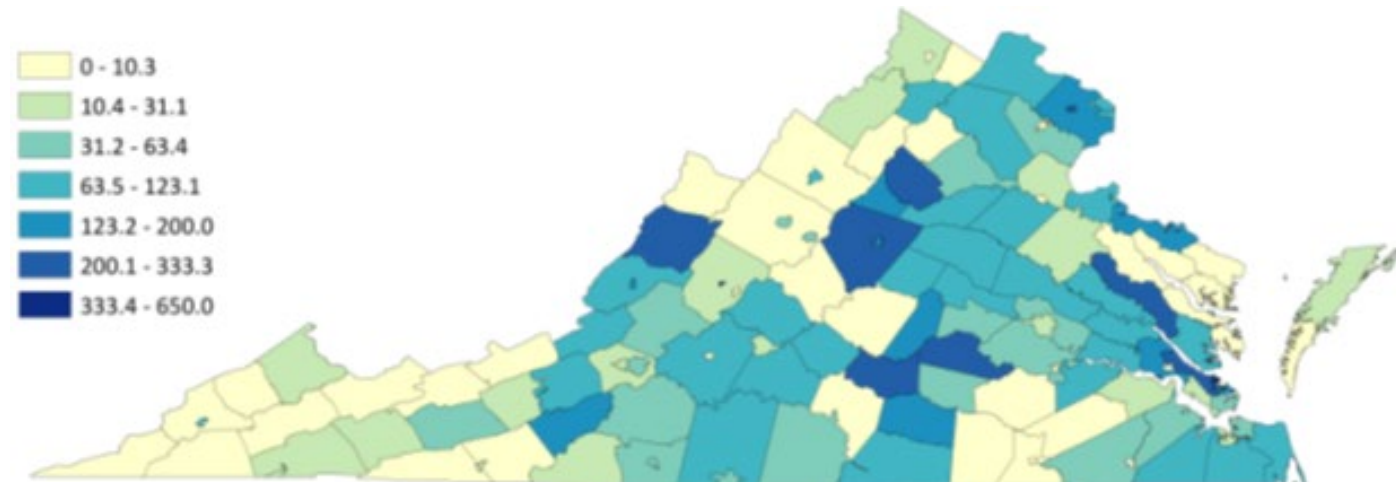
POOR ACCESS TO HCV TREATMENT IN REGION MOST AFFECTED



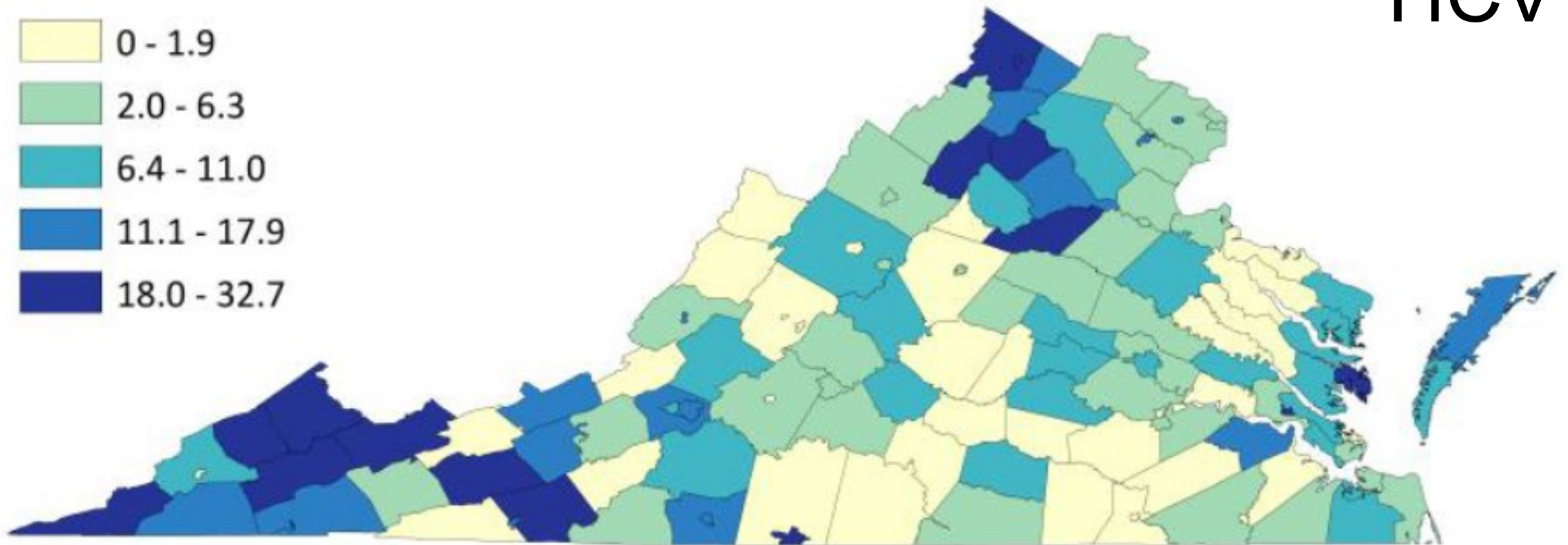
Reported hepatitis C per 100,000*

****Excludes correctional facilities***

***Hepatitis C treatment prescriptions
per 100 new HCV diagnosis***



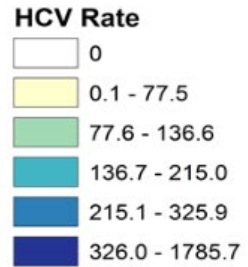
SYNDEMIC OF OPIOID AND HCV



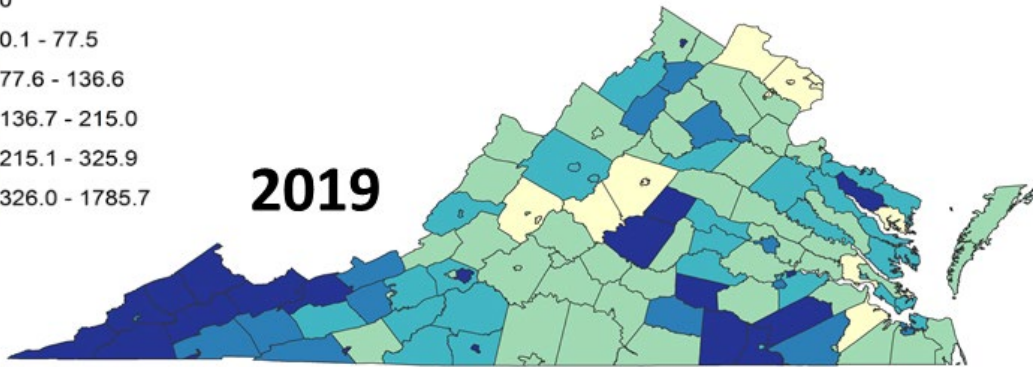
Fatal prescription opioid overdoses per 100,000, 2014 (OCME).

THE NUMBERS ARE NOT DECLINING

HCV Rates by County per 100,000 persons
(including incarcerated individuals)

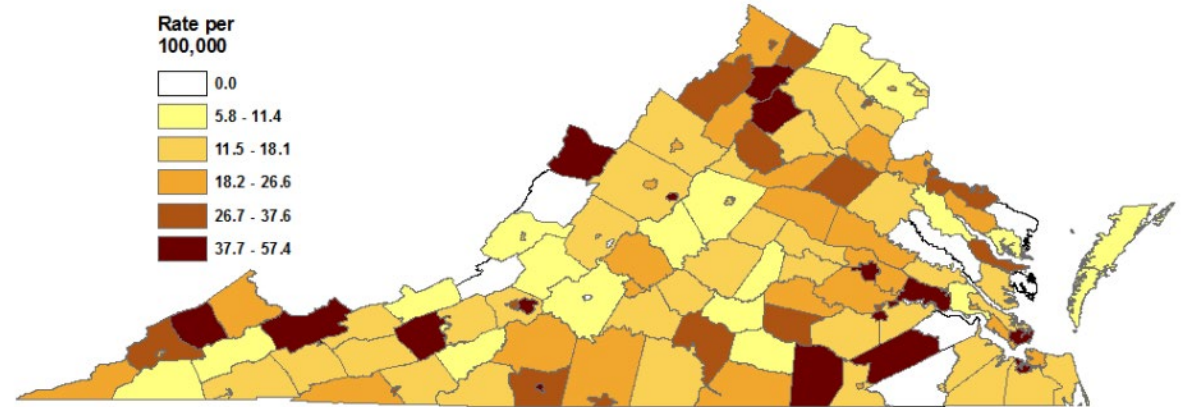
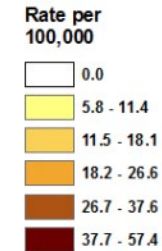


2019



VDH

Rate of All Fatal Drug Overdoses by Locality of Overdose, 2019



Source: Virginia Department of Health, Office of the Chief Medical Examiner

IMPACT ON COMMUNITY

2018

Telemedicine with an
Infectious Disease
specialist

2019

Develop Provider
and Support Staff
Training

Increase areas'
capacity to treat
independently

2018 - 2019

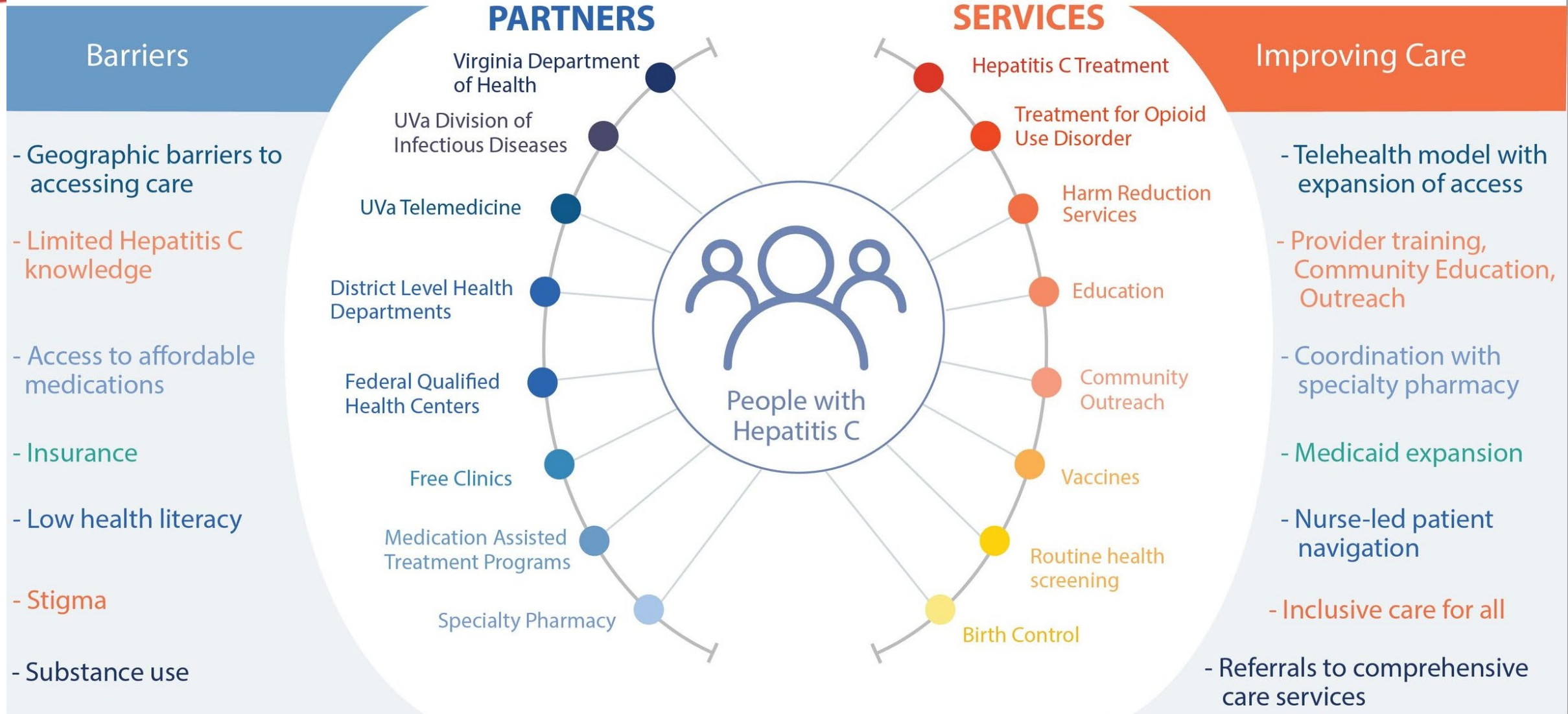
Provide bi-directional
referrals from and to
services to assist
those with past and
current drug use
while treating their
hepatitis C

**Virginia
HEPC**

**Hepatitis C Education &
Patient Connection**

Comprehensive care for Hepatitis C and opioid use disorder

Interdisciplinary telehealth model including provider training in a high burden region

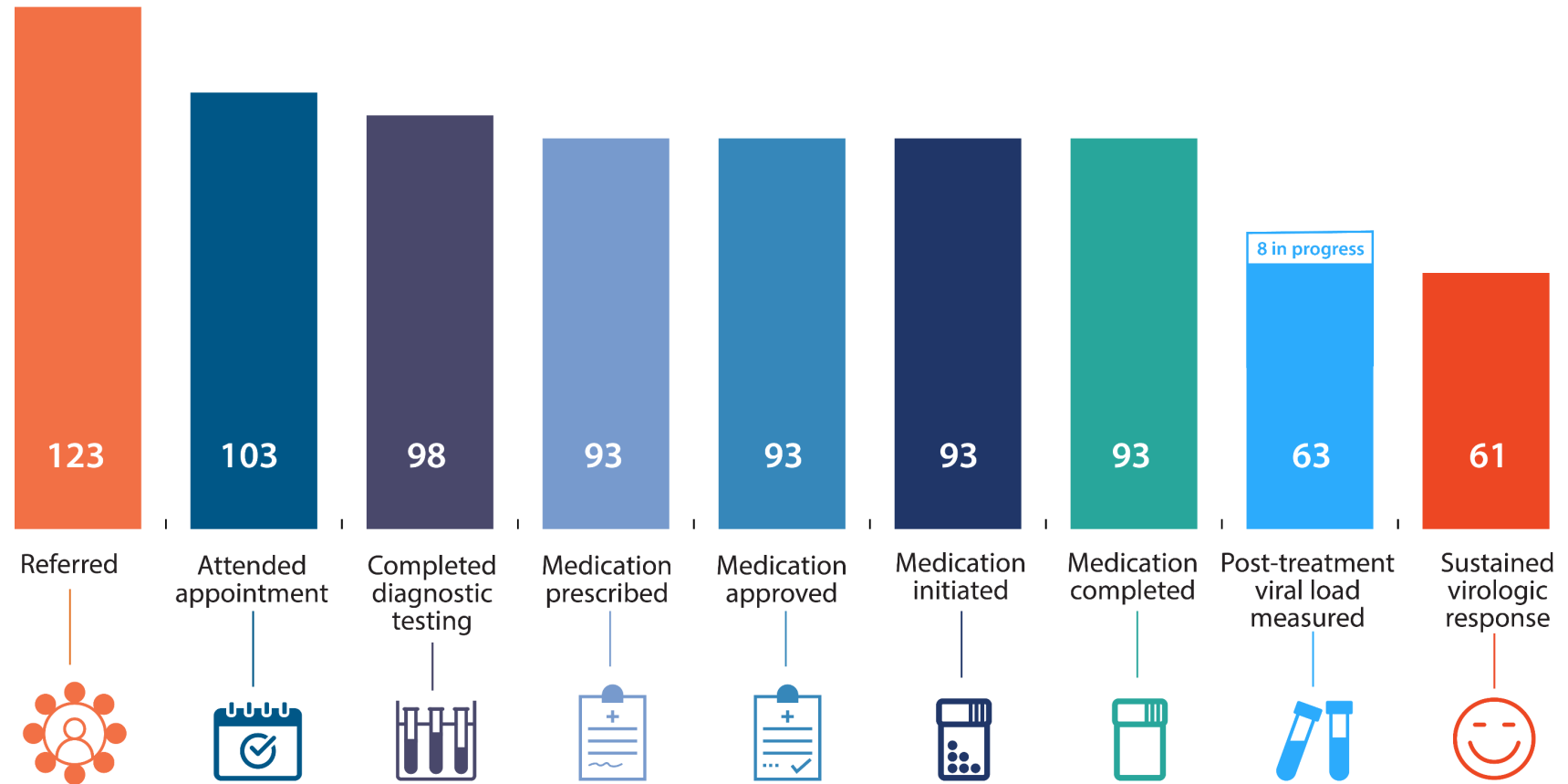


HEPATITIS C TREATMENT THROUGH TELEHEALTH

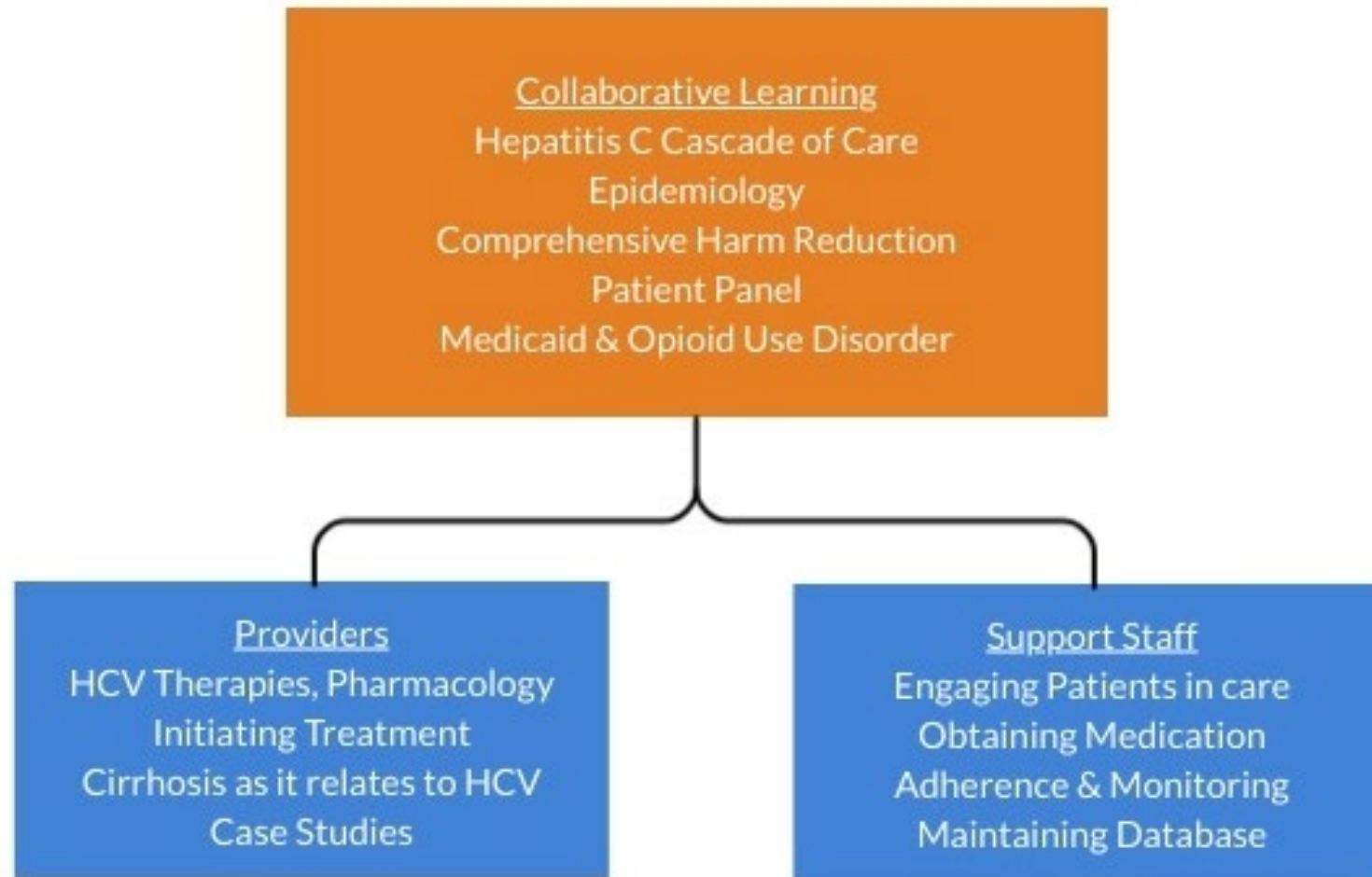
HCV treatment can be successfully introduced
into programs serving populations with high
rates of substance use

Our model of collaborative care led to efficient
linkage, prescribing, treatment, and cure of
HCV in a real world setting

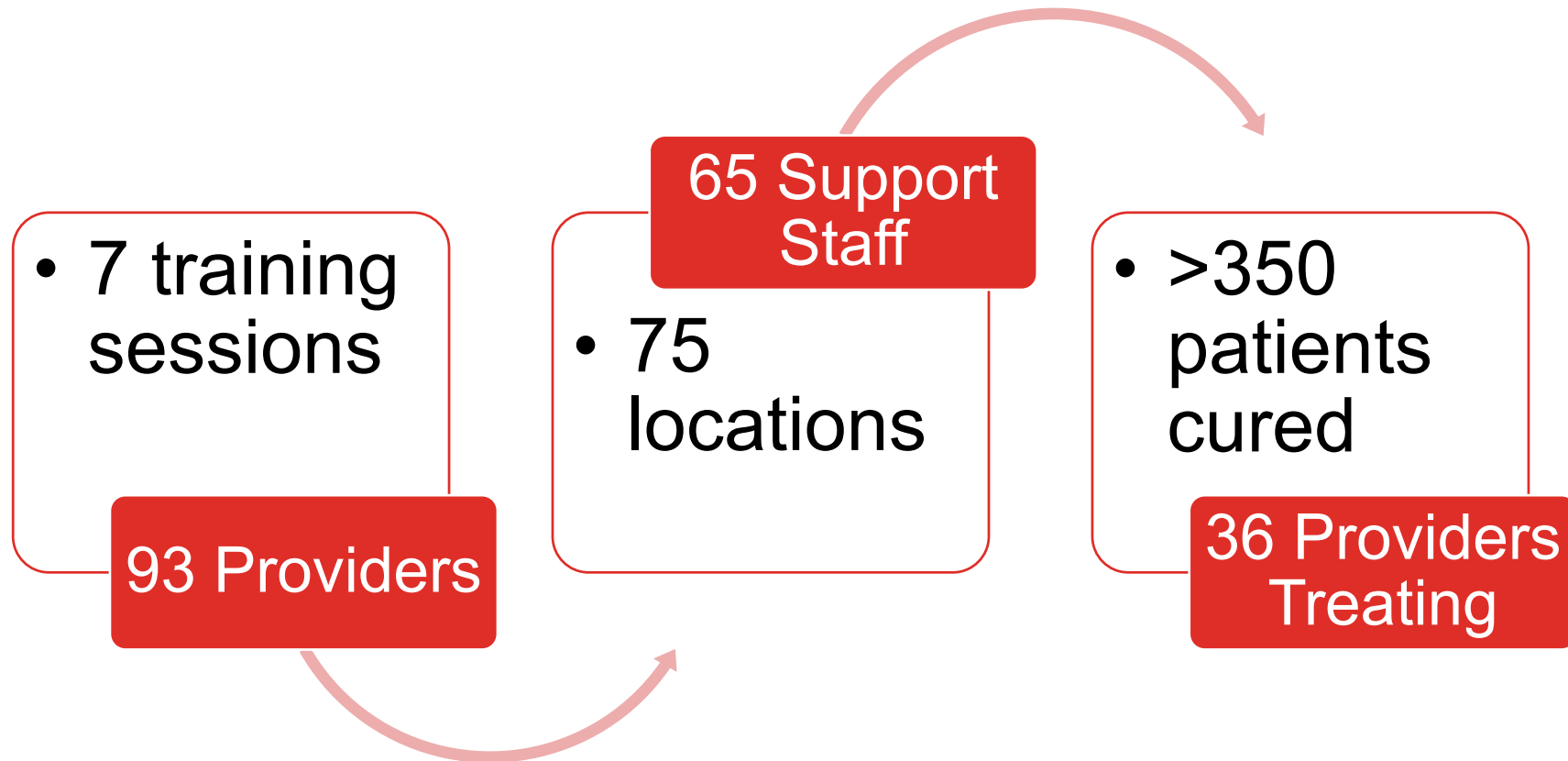
YEAR 1 RESULTS (JUNE 2018- MAY 2019)



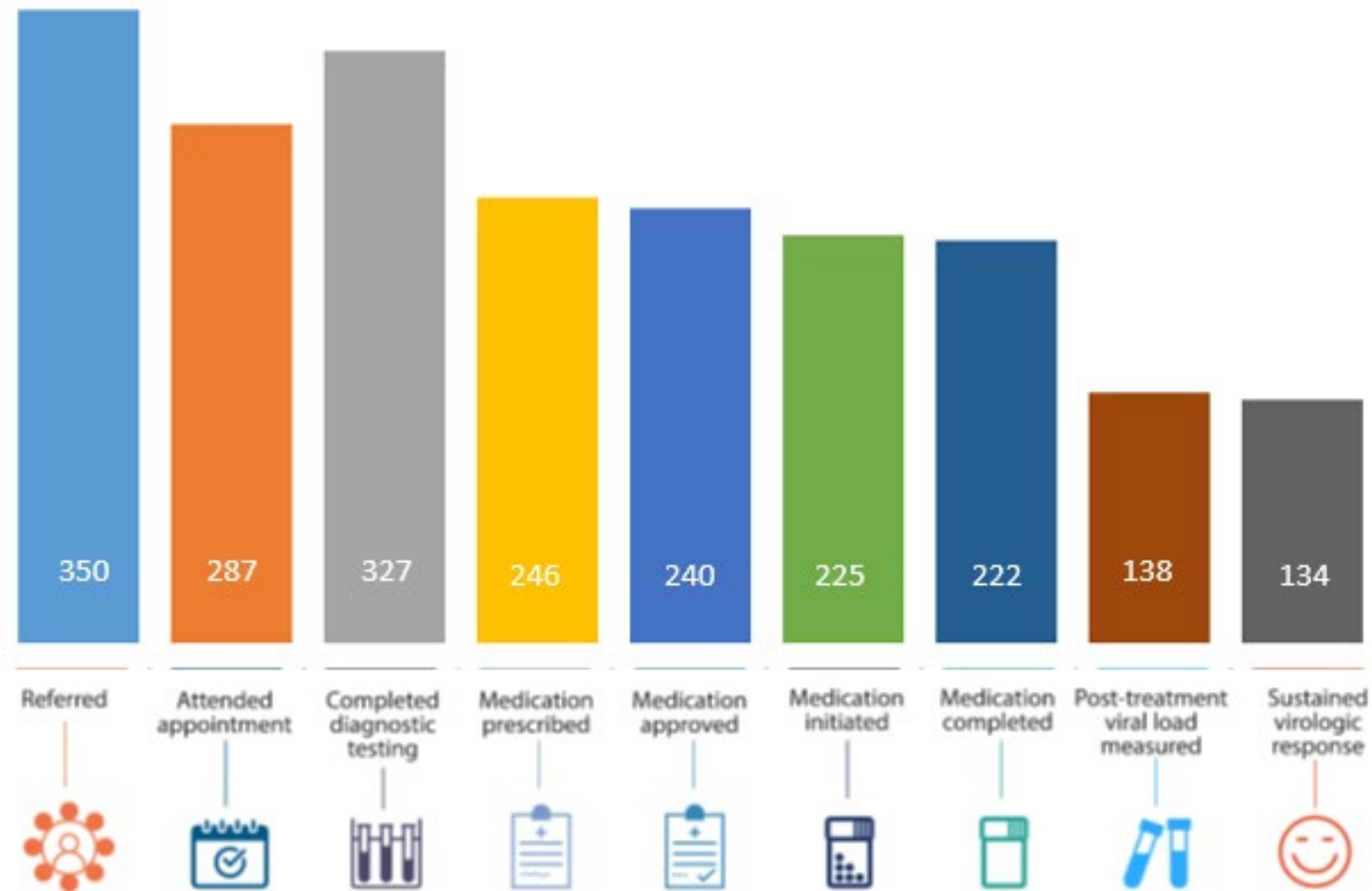
PROVIDER AND SUPPORT STAFF TRAINING



RESULTS OF TRAINING (JUNE 2018 – 2021)

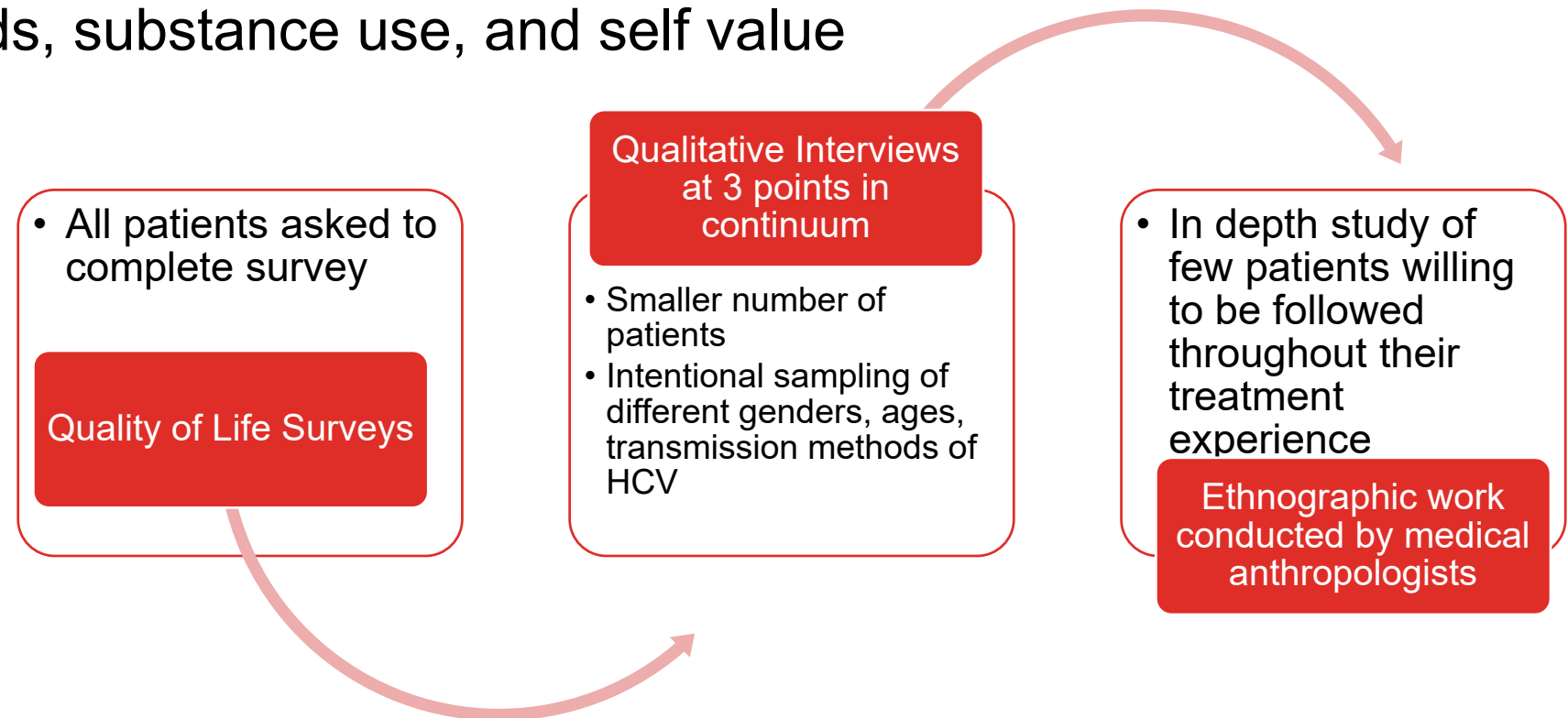


YEAR 3 RESULTS (JUNE 2018- JUNE 2021)



PATIENT EXPERIENCES

Interviews with participants to assess their perspective on treatment, how and if life changed once treatment started including access to healthcare, family relationships, friends, substance use, and self value



This part of the study is funded by a CHIME grant from Gilead Sciences. Inc.



NEXT STEPS

Continue to

- Offer telemedicine where needed adapting to changing telemedicine formats
- Provide support to network of hepatitis C providers, support staff throughout state
- Referral on Release program to assist those leaving incarceration known to be HCV+ to find treatment access

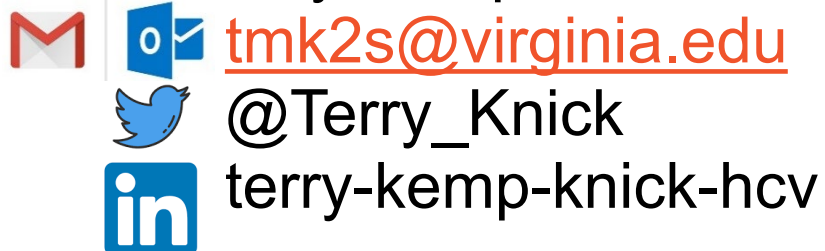
Begin to

- Conduct surveys with past training participants to learn areas for improvement in implementation
- Find ways to strengthen connection of network, including patients in each step
- Work more closely with CHR sites on referrals for treatment through telemedicine

KEY MESSAGES

- The collaborative nature of this program is what led to its success
- The model successfully reached a target population of those with past or current drug use that often cannot access care
- To implement change providers and support staff need to be involved in learning process
- Telemedicine model and/or history of drug use did not adversely effect the rate of cure for treatment of hepatitis C

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