

Increasing Access to Hepatitis C Treatment for Opiate Maintained Patients via Telemedicine



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Objective

START Treatment & Recovery Centers is an outpatient medication-assisted opioid treatment program that also provides primary medical care, including HIV/AIDS care for approximately 3,000 adults in New York City.

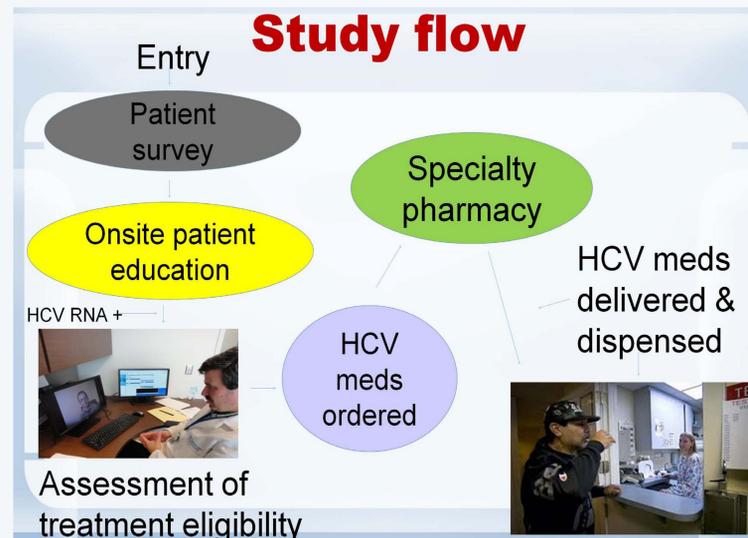
The objective of this project is to determine the feasibility of a patient care delivery model that is based on using telemedicine to deliver Hepatitis C virus (HCV) medical management to patients onsite at their addiction treatment program. Feasibility was defined as the ability to access Direct Acting Antiviral Medication, completion of treatment, patient satisfaction, and third party payer reimbursement.

Background

HCV infection and its associated complications are major public health problems, affecting approximately 120 million people globally and an estimated 5 million people in the United States. Recognition of these grim statistics has led to the drafting of policies to promote increased screening and treatment. The advent of Directly Acting Antiviral (DAA) medication in 2011 has produced increased HCV cure rates and eliminated multiple treatment limiting side-effects. In developed countries, people who inject drugs (PWID) represent the largest group of HCV-infected patients with a prevalence of between 60% - 97%. Unfortunately, this population, which is most impacted by the disease, has derived little benefit from these advances in technology and policy. Only 21% - 65% of PWID in the US have been screened for HCV and only 1% - 6% have received HCV treatment. The reasons for this are numerous and include patient misperception of the seriousness of the condition, distrust of the health care establishment, negative experiences when seeking care in conventional health care venues, the complexity of health care reimbursement, as well as several other factors. One approach to enhancing the availability of treatment is to bring the specialist to venues where PWID feel comfortable. Telemedicine allows us to do this in an efficient and cost-effective manner.

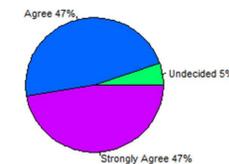
Methods

This project looked at a population of opiate dependent patients treated at a medication-assisted treatment program (MATP) in New York City. We used telemedicine coupled with a program of education of patients, as well as staff, to increase access to and acceptance of HCV treatment. The process started with development of a survey to assess the willingness to receive onsite HCV education, evaluation for treatment, and then HCV treatment itself. Educational sessions were conducted for both patients and staff about the nature and treatment of HCV. Patients were then evaluated for HCV treatment via telemedicine, in collaboration with the patient's onsite medical provider. Those patients eligible for treatment then had engagement of their managed care insurance provider and medication acquisition through a centralized retail pharmacy. Patients received directly observed therapy (DOT) that was coupled to their scheduled dispensing of methadone. Patients were seen every 2 weeks for the duration of anti-viral therapy and HCV RNA was followed until the patient achieved sustained virologic response (SVR). Throughout the treatment process, patient satisfaction and medication adherence were assessed. Visit charges were submitted electronically to third party payers.

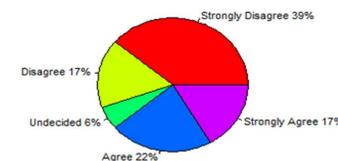


RESULTS: Patient Satisfaction

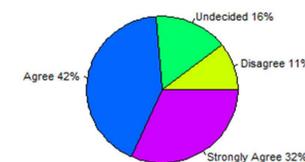
Talking to the doctor over the computer is as satisfying as talking to him in person.



I felt uncomfortable talking about my health over the computer because I was worried about who would have access to my medical information.



I prefer to see the doctor via the computer rather than go to an offsite clinic (n=19)



RESULTS

Between March and November 2015, 24 HCV RNA positive patients received an HCV evaluation via telemedicine. Mean age was 61 ± 8 years, 71% were male, 79% were African-American, and 25% Hispanic. All patients were well stabilized on methadone and 95% were HCV genotype 1. Fibrosis was mild, stage 0 or 1 in 6/22 (27%); moderate, stage 1-2 or 2 in 10/22 (45%); and severe, stage ≥ 3 in 6/22 (27%) patients. To date, 15 patients have initiated DAA-based treatment. Twelve patients have completed therapy, all with undetectable HCV RNA, 3 of whom have achieved virus cure (sustained virologic response).

A Telemedicine Satisfaction Questionnaire was completed by 22 patients on 1 to 3 occasions. A majority (82%) agreed or strongly agreed that consultation via computer was easier and more convenient than going to an offsite clinic. All patients indicated the computer consultation met their medical needs, and the vast majority (95.5%) indicated that talking to the doctor over the computer was as satisfying as consultation in person. Medication adherence has been excellent.

CONCLUSIONS

Onsite, integrated, co-located treatment of Hepatitis C via telemedicine is a feasible, well accepted, and reimbursable model of health care delivery. It is a viable way to treat traditionally hard to reach populations, like those with substance use disorders.

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