

Integrated, Co-located, Telemedicine-based Treatment Approaches for Hepatitis C Virus (HCV) Management in Opioid Use Disorder Patients on Methadone.

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BACKGROUND AND AIMS:

Despite high hepatitis C virus (HCV) prevalence, opioid use disorder (OUD) patients on methadone rarely engage in HCV treatment. We investigated the effectiveness of HCV management via telemedicine in an opioid substitution therapy (OST) program.

METHODS:

OUD patients on methadone underwent biweekly telemedicine sessions between a hepatologist and physician assistant during the entire HCV treatment course. All pretreatment labs (HCV RNA, genotype and noninvasive fibrosis assessments) were obtained onsite and direct acting antivirals were co-administered with methadone using modified directly observed therapy. We used multiple correspondence analysis, LASSO, and logistic regression to identify variables associated with pursuit of HCV care.

RESULTS:

Sixty-two HCV RNA-positive patients (24% HIV-infected, 61% male, 61% black/African-American, 25.8% Hispanic) were evaluated. All patients were stabilized on methadone and all except 4 were HCV genotype 1-infected. Advanced fibrosis/cirrhosis was present in 34.5% of patients. Of the 45 treated patients, 42 (93.3%) achieved viral eradication. Of 17 evaluated patients who were not treated, 5 were discontinued from the drug treatment program or did not follow-up after the evaluation, 2 had HIV adherence issues, and 10 had insurance authorization issues. Marriage and a mental health diagnosis other than depression were the strongest positive predictors of treatment pursuit while being divorced, separated, or widowed was the strongest negative predictor.

CONCLUSION:

HCV management via telemedicine integrated into an OST program is a feasible model with excellent virologic effectiveness. Psychosocial and demographic variables can assist in identification of subgroups with a propensity or aversion to pursue HCV treatment.