

ELECTRONIC HEALTH ENGAGEMENT IMPROVES HEPATITIS C CARE CASCADE IN PWID

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BACKGROUND & AIMS: There are multiple challenges in the hepatitis C [HCV] care cascade. Electronic health engagement could emerge as a tool in linking patients to the HCV care cascade. There is an emerging epidemic of HCV among people who inject drugs (PWID). Our aim is to link PWID that are HCV RNA positive to care and utilize our online patient database management system (PDMS) with Substance Abuse Treatment Centers to fulfill the linkage portion.

METHOD: Longitudinal prospective cohort study with HCV screening and linkage to care through utilization of a HIPPA compliant PDMS (www.linkagetocare.com). A centrally located Linkage to Care Specialist (LTCS) is notified immediately when an individual's information is entered in the system by the treatment center or self-referred. The LTCS educates the individual and proceeds to link them to care.

RESULTS: January 2017 – 2020, 1867 patients were referred to LTC; 52% self-referred and 48% referred from 40 facilities in 29 states; 51% were uninsured; and 60% were between the ages of 21-40. 1012 (54%) of patients were from sober living homes and 470 (25%) from treatment facilities. 1034 HCV RNA positive patients; 888 (86%) patients were contacted by LTCS; 470 (53%) referred to a medical provider; 16% patients awaiting lab results; 4.5% lost contact. 210 (37%) patients made it to their first appointment; 122 initiated therapy; 49% were completing evaluation; 51% finished therapy or achieved SVR12; and 3 patients relapsed to drug use.

CONCLUSIONS: Targeting PWID is an effective way of reducing the prevalence of HCV infection and ultimately eliminating HCV. Our study demonstrates a promising role for patient engagement in electronic health portals as a tool in linking patients to the hepatitis C care cascade. With the LTC program, there is an increase in patient compliance with linkage to care as compared to current care models.

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