

Inpatient vs. outpatient initiation of Hepatitis C treatment among hospitalized patients who inject drugs: Lessons from a quality improvement project



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Background

- Hepatitis C (HCV) diagnoses are rising due to injection drug use (IDU)
- People who inject drugs (PWID) are a target population for HCV treatment
- Hospitalizations for serious IDU-related infections are also rising, often long and an opportunity to address HCV
- Must develop ways to effectively link people to care and reduce barriers to treatment to prevent transmission and long-term complications
- At our large center, patients with IDU-related infections seen by Addiction Medicine (AM) and Infectious Diseases (ID), and universally screened for HAV, HBV, HIV and HCV *but* no program exists to link to HCV care

Methods

Setting:

- University of North Carolina (UNC) Hospital, a large tertiary academic medical center
- Many patients transferred from rural areas for surgical evaluation or higher level of care
- Barriers to care: transportation, and ability to obtain signatures needed for manufacturers assistance (MAP) and additional testing
- UNC Addiction Medicine clinic operated mostly by telehealth

Population:

- Any adult patient seen by the AM consult service with a detectable HCV RNA and interested in HCV treatment
- Excluded: left prior to e-consult being done, decompensated cirrhosis (would coordinate with hepatology)

Intervention (See Workflow):

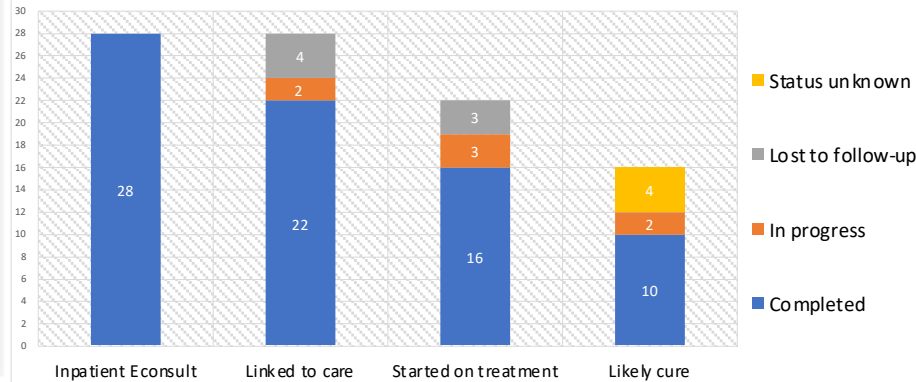
- ID inpatient e-consult for HCV (chart review)
- Early prescribing of direct-acting antivirals (DAAs)

Primary outcome:

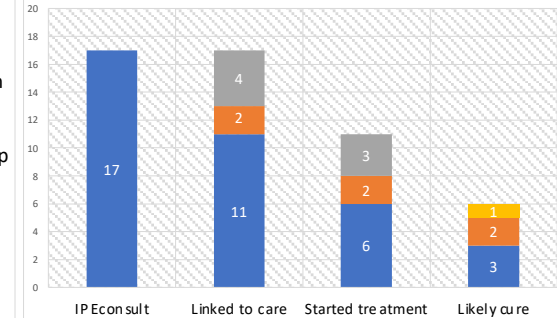
- Completed treatment or documented undetectable HCV RNA \geq SVR4 ("likely cure")

Results

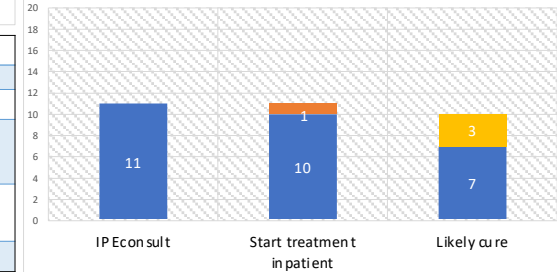
All data (8/2021-8/2022)



Non-inpatient treatment initiation



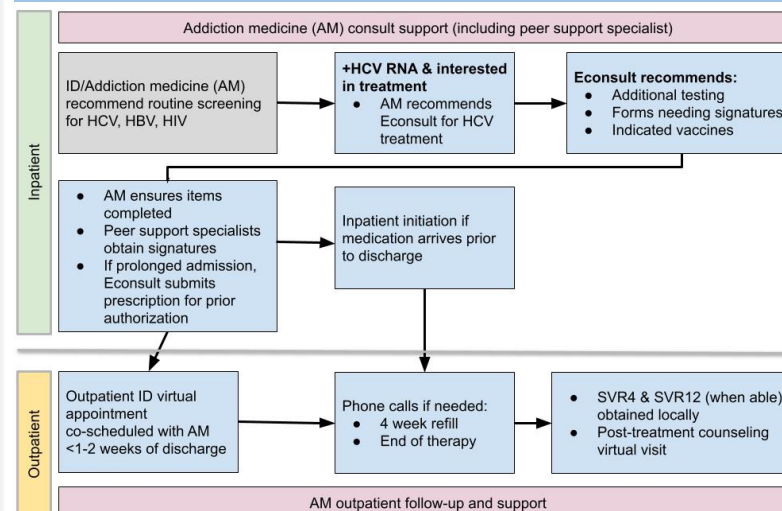
Inpatient treatment initiation



	Age (years)	Gender	Race			Ethnicity	Insurance Status	
	Mean	Female	White	AA	Other	Hispanic	Insured	MAP
All (N=28)	35	12 (43%)	25 (89%)	3 (11%)	0	1 (4%)	11 (39%)	17 (61%)
Non-inpatient Start (n=17)	37	5 (29%)	15 (88%)	2 (12%)	0	1 (6%)	6 (35%)	11 (65%)
Inpatient Start (n=11)	33	7 (64%)	10 (91%)	1 (9%)	0	0	5 (45%)	6 (55%)

All patients (N=28) who had a detectable HCV RNA were interested in treatment; no eligible patients declined

Workflow



Conclusions & Lessons Learned

- All eligible patients were interested in HCV treatment
- HCV care coordination **while inpatient** is feasible and effective in linking hospitalized PWID to care and starting treatment
 - E-consult (chart review) was adequate in accomplishing this and avoided overburdening the inpatient ID consult service
- Patients were more likely to start treatment if initiated in the hospital, and typically completed treatment and were cured
 - Coordinating medication deliveries (start & refill) as outpatient very challenging for uninsured patients and those with limited cellphone service
- HCV Telehealth and care coordination with AM was feasible and effective in following patients and achieving likely cure