BACKGROUND

• Limited provider treatment expertise and special access for hepatitis C virus (HCV) are well-documented barriers to HCV treatment.

• The Centers for Medicare & Medicaid Services (CMS) endorses the use of telemedicine as a means for improving a patient’s health by providing two-way, real-time interactive communication between healthcare provider teams and/or a patient who are geographically separated.

• In April 2013, the Florida/Caribbean AIDS Education and Training Center (F/C AETC) initiated an HCV-focused program modeled after the Extension for Community Healthcare Outcomes (Project ECHO) to improve the capacity for primary care providers to manage and treat HCV infection.

• F/C AETC’s HIV-HCV Project ECHO (ECHO clinic) interdisciplinary team held a biweekly videoconferencing forum to provide advice and clinical mentoring to primary care clinicians.

• The primary care clinic team at Memorial Healthcare System (MHS) participated in the ECHO clinics from their inception and utilized F/C AETC specialist advice to guide the care of HCV-infected patients.

PURPOSE

To describe the impact of telemedicine on HCV patient treatment outcomes in a primary care clinic.

METHODS

• De-identified patient cases were submitted to the F/C AETC in advance of each biweekly ECHO clinic.

• The MHS primary care clinic team – a physician, a nurse, and a clinical pharmacist – attended monthly ECHO clinics.

• Experts attending the monthly ECHO clinics reviewed patient cases with a focus on pertinent labs, comorbidities, drug interactions with HCV treatment, side effects, adherence, social barriers, and navigating third-party payers providing guidance to the patients’ specific care.

RESULTS

• Between February 2014 and April 2015, a total of 31 MHS primary care patients initiated HCV treatment. HCV patient demographics are as follows:
  - 67% genotype 1 HCV
  - 65% co-infected with HIV
  - 77% received 12-weeks of treatment

• The most common treatment initiated was sofosbuvir/ledipasvir (39%), followed by sofosbuvir + ribavirin (29%).

• Of the 31 patients initiated on HCV treatment, 20 patients completed treatment, 10 patients are currently receiving treatment, and 1 patient discontinued treatment due to a treatment-related side effect.

• A sustained virologic response (SVR) was achieved in 100% (n=17) of patients in an on-treatment analysis; SVR results are pending in 3 additional patients.

DISCUSSION

• Opportunity exists for collaboration through telemedicine for the treatment of HCV.

• A sustained relationship and scheduled communication via telemedicine with interdisciplinary healthcare providers may enhance HCV patient care outcomes.

• Reduced costs through telemedicine collaboration may address rising healthcare costs.

• Encouraging short-term outcomes of 100% SVR may predict positive long-term outcomes for this intervention.

• Primary care, infectious disease and HIV/AIDS medical teams are equipped to handle the dynamics of co-infected HCV and HIV/AIDS patients.

CONCLUSION

The primary care clinic at Memorial Healthcare System successfully engaged with the ECHO telemedicine clinic, achieving positive clinical outcomes, expanding community healthcare services, and building capacity for primary care clinic teams treating HCV infection.

REFERENCES


All authors of this presentation report no financial or personal relationships with commercial entities that may have a direct or indirect interest in the subject matter of this presentation and have no disclosure to report.