RAPID IMPLEMENTATION OF TELEMEDICINE FOR HCV MANAGEMENT IN PWID DURING THE COVID-19 PANDEMIC

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PRE-PANDEMIC PHASE: THE STATE OF AFFAIRS¹

La Bodega is a hybrid model of outreach, conventional referral and co-localisation for the management of viral hepatitis and addiction disorders

In 2019, the clinic hosted 3200 visits, delivering a comprehensive hepatology service ranging from fatty liver disease, to viral hepatitis and liver cancer

3000 patients treated for HCV since 2016

98.6% SVR rate

ECMC
Addiction facilities

PANDEMIC PHASE: THE PROBLEM²

The COVID-19 pandemic has resulted in the need to reduce patient density in outpatient ambulatory clinics, making co-localisation in a hospital setting impossible

THE SOLUTION²

Rapid implementation of telemedicine for the management of HCV among people who inject drugs (PWID)

Clinic types (N=823)* as feasible in each case

Telephone (34%) Video call (58%) Face-to-face (8%)

The use of multiple platforms for video consultations that were HIPAA compliant was a critical success factor, helping to tailor virtual visits to individual patient needs and maintain the ‘meet them where they’re at’ philosophy of La Bodega

84% of 51 initial HCV evaluations were initiated on treatment²

POST-PANDEMIC: FUTURE PERSPECTIVES²

It will be important to:

• Stratify patient types that will benefit most from telemedicine
• Establish funding for telemedicine so it can be sustained beyond the pandemic

Telemedicine will continue to be used as an adjunct to overcome transportation barriers and to facilitate linkage to care, but the primary co-localised approach will remain the foundation

SVR (Sustained Viral Response) rate

*Consultations were conducted for different reasons including initial and follow-up visits, HCV and HBV infection, liver cirrhosis, hepatocellular carcinoma, opiate substitution therapy and medical marijuana, and other chronic liver diseases.


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