Abstract: 708

Navigation is Superior to Clinician Referral for Linkage to HCV Care from the Emergency Department

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BACKGROUND

Emergency departments (EDs) serve as important clinical settings for hepatitis C (HCV) screening and care, yet optimal methods of linkage-to-care for HCV-diagnosed individuals remain unknown.

We aimed to test the effectiveness of linkage navigation (LN) and clinician referral (CR) among ED patients identified with untreated HCV.

Sub-analyses examined the impact of LN on individuals less likely to link-to-care (<40 years or recent injection drug use [IDU]).

METHODS

Design & Setting: Prospective two-arm parallel-group comparative effectiveness randomized trial at Denver Health Medical Center (DHMC) among ED patients with untreated HCV.

Population: Patients ≥18 years of age seen in the DHMC ED with evidence of untreated HCV (RNA+).

Exclusions: Critical illness, inability to consent, residence out of state, pregnancy, incarceration.

Interventions: Participants randomized in concealed fashion to CR alone or CR plus LN. Informed consent obtained. Individuals in the CR arm educated about HCV by their primary ED clinician and given information to access HCV care verbally and in discharge instructions. Individuals in the LN arm met with linkage navigator in the ED or by phone after the visit. LN reiterated basic HCV education, helped schedule and facilitate HCV treatment appointments, and followed up with patients regarding completion of care steps.

Outcomes: Primary - Initiation of HCV treatment. Secondary - Appointment with an HCV clinician, completion of treatment, sustained virologic response 12 weeks after treatment (SVR12) at 12 months post-enrollment.

Analyses: Intention-to-treat with differences, precision estimates, and bivariate hypothesis testing.

Supported by the National Institute on Drug Abuse (R01DA042982). Contact: Sarah.Rowan@dhha.org

GOAL

To evaluate the effectiveness of linkage navigation (LN) and clinician referral (CR) among ED patients identified with HCV.

HYPOTHESIS

LN plus CR is superior to CR alone for linking ED patients to HCV treatment.

CONCLUSIONS

LN plus CR was superior to CR alone for initiating and completing HCV treatment. Among a subset of individuals <40 years or with recent IDU, there was no significant difference between LN plus CR vs CR alone.

Table 1. Demographics and baseline characteristics of emergency department patients with confirmed hepatitis C (HCV) enrolled in The DETECT Hep C Linkage-to-Care Trial, N = 280.

	Linkage Navigation N = 142	Clinical Referral N = 138
	n (%)	n (%)
Median Age, years (IQR)	53 (38 – 61)	50 (38 – 59)
Sex		
Female	36 (25.4)	25 (18.1)
Male	106 (74.6)	113 (81.9)
Gender		
Cisgender Female	36 (25.4)	25 (18.1)
Cisgender Male	106 (74.6)	112 (81.2)
Transgender	0 (0)	1 (0.7)
Race and Ethnicity		
Black	22 (15.5)	23 (16.7)
Hispanic	43 (30.3)	42 (30.4)
Native American	5 (3.5)	1 (0.7)
Non-Hispanic White	71 (50.0)	70 (50.7)
Other	1 (0.7)	2 (1.4)
Payor		
Commercial	6 (4.2)	1 (0.7)
Medicaid	107 (75.4)	105 (76.1)
Medicare	25 (17.6)	22 (15.9)
Self-Pay	3 (2.1)	9 (6.5)
Other	1 (0.7)	1 (0.7)
Preferred Language		
English	140 (98.6)	136 (98.6)
Spanish	2 (1.4)	2 (1.4)
Strata		
< 40 years or IDU prior 30 days	58 (40.8)	57 (41.3)
≥ 40 years and no IDU prior 30 days	84 (59.2)	81 (58.7)

Abbreviations: IQR, interquartile range; IDU, injection drug use.

RESULTS

Enrollment occurred from November 2019 through January 2023. Outcomes were followed through January 2024 (12 months from date of enrollment).

280 individuals randomized, balanced in baseline characteristics, including individuals <40 years of age or with recent drug use (Table 1).

LN plus CR: 53 (37%) linked to care; 39 (27%) initiated HCV treatment; 29 (20%) completed treatment; 17 (12%) attained SVR12.

CR alone: 25 (18%) linked to care; 18 (13%) initiated HCV treatment; 15 (11%) completed treatment; 9 (7%) attained SVR12.

LN plus CR was superior to CR alone for linkage to care, initiation of treatment, and completion of treatment (Figure 1a).

Among individuals <40 years or with recent IDU, there was no significant difference between linkage strategies (Figure 1b).

Figure 1a. Linkage Outcomes 12 Months After Enrollment, The DETECT Hep C Linkage Trial, All Participants

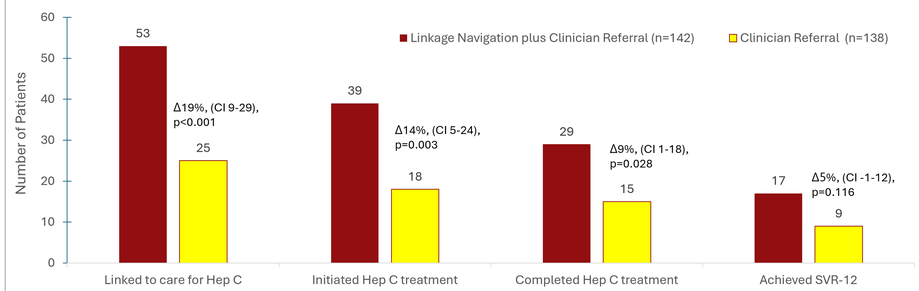


Figure 1b. Linkage Outcomes 12 Months After Enrollment, The DETECT Hep C Linkage Trial, Participants with Recent Injection Drug Use or Age < 40 years

