



Peer-assisted telemedicine for hepatitis C in people who use drugs: A randomized controlled trial

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What was the study?




Research question: Will a peer-led telehealth model of care significantly increase hepatitis C treatment initiation?




Participants: 203 adults in rural Oregon (USA) who were HCV positive and who had injected drugs or had recently used non-prescribed opioids.



Before the study: Fewer than 10% of people who use drugs in the United States have started hepatitis C treatment, with access especially low in rural areas.



Intervention: Peers helped with navigating insurance approvals, attending telemedicine appointments, medication delivery and storage, adherence support, and accessing needed social services (e.g. housing). A clinical team provided same-day telemedicine appointments and discussions with peers on patient concerns.



Comparator: Peer-assisted referral to local providers (enhanced usual care).

What were the main findings?

- People receiving the peer-led telehealth model were much more likely to be cured (63% vs. 16%, (RR, 4.1 [95% CI: 2.5–6.5]; P < .001)
- People were also more likely to start treatment (85% vs 13%) and complete treatment (46% vs 9%) if receiving the telemedicine intervention (relative risk [RR], 6.7 [95% confidence interval {CI}, 4.0–11.3]; P < .001).

Peer Supported Telemedicine	85% initiated treatment	63% viral clearance	46% treatment completion
Enhanced Usual Care	13% initiated treatment	16% viral clearance	9% treatment completion

Key takeaway

Peer-assisted telemedicine resulted in more people starting HCV treatment, completing treatment, and being cured than enhanced usual care in rural areas.