# Toward Internal Hepatitis C Micro-Elimination at a Large Academic Health System Through a Multidisciplinary, Specialty Pharmacy-Integrated Inpatient Linkage Model

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## BACKGROUND

- Curative therapies for hepatitis C virus (HCV) are available; however, treatment remains below the World Health Organization(WHO) 2030 target of treating 80% of diagnosed individuals.[1]
- The inpatient setting provides an opportunity to identify patients with untreated HCV infection and facilitate linkage to post-discharge care.[2]
- Transitions from inpatient to outpatient care may contribute to delays in treatment initiation and incomplete linkage-to-care.[2]
- Despite institutional HCV treatment rates exceeding national estimates (~65%), internal data identified more than 550 untreated patients with documented HCV, indicating an opportunity to strengthen health system linkage-to-cure.

**34%**
National viral clearance (2013-2022)

**~65%**
Internal treatment rate (2020-2024)

**80%**
WHO treatment target cure (2030)

## OBJECTIVE

To implement and evaluate a specialty pharmacy-integrated inpatient HCV care model that improves identification, linkage-to-care, and treatment initiation while reducing loss to follow-up.

## STUDY DESIGN

**Setting: Inpatient services within an academic health system**

| Prospective Arm | Retrospective Arm |
|---|---|
| Implementation and evaluation of inpatient HCV linkage-to-care model | Parallel outreach actively targeting previously untreated patients to facilitate re-engagement. |
| February 2026 - April 2026 | 550+ untreated patients |

## METHODOLOGY

1. **Screen & Confirm**
   - **Inpatient Care Team & Laboratory**
   - HCV antibody screening with reflex RNA testing
   - Confirmation of active infection (HCV RNA+)
   - Documentation of confirmed viremia during hospitalization

2. **Identify & Alert**
   - **Clinical Informatics**
   - Automated identification of hospitalized patients with confirmed viremia
   - Daily Electronic Health Record (EHR) registry report generation
   - Notification to Specialty Pharmacy Linkage Team

3. **Review & Prepare**
   - **Provider & Specialty Pharmacy Registered Nurse (RN)**
   - Review of clinical history and baseline evaluation
   - Assessment of treatment readiness and barriers to care
   - Patient education and outpatient treatment planning

4. **Triage & Coordinate**
   - **Provider & Specialty Pharmacy RN**
   - Stratification of clinical and social complexity
   - Determination of outpatient care pathway
   - Coordination of follow-up prior to discharge

5. **Secure Access & Initiate**
   - **Specialty Pharmacy Medication Access Team**
   - Benefits investigation and prior authorization
   - Financial assistance coordination
   - Initiation of direct-acting antiviral (DAA) therapy

6. **Monitor Through Cure**
   - **Specialty Pharmacy RN & Clinical Pharmacist**
   - Medication counseling, refill coordination, and adherence monitoring
   - Laboratory coordination and follow-up
   - Confirmation of sustained virologic response (SVR)12 for cure

## PLANNED OUTCOME MEASURES

**Screening Yield**
HCV Ab+ and RNA+ rates in inpatient population

**Linkage-to-Care Rate**
Pre- vs post-care model implementation

**Treatment access**
PA approvals, financial assistance, DAA fill rates

**Time to Treatment**
Days from HCV+ identification to DAA initiation

**Post-discharge follow-up**
Treatment follow-up to cure

**Loss to Follow-up**
Comparison with baseline institutional outcomes (2020-2024)

## CLINICAL IMPLICATIONS

- Hospitalization provides an opportunity to identify patients with untreated HCV and initiate linkage-to-care.[2]
- Specialty pharmacy integration has been described as one approach to structuring inpatient-to-outpatient care transitions.[2-4]
- Risk-stratified pathways may support multidisciplinary care coordination.[2]
- Findings from implementation models may inform broader health system strategies for HCV micro-elimination.[3]

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