



**DOING IT
IN THE DESERT**
VIRAL HEPATITIS &
STI ELIMINATION SUMMIT

HCV Care Anywhere – Lessons From the Field

December 17, 2025



Hep C in the United States

NEARLY **4 MILLION** AMERICANS
ARE LIVING WITH HEPATITIS C*

1/2 MAY NOT KNOW THEY'RE INFECTED†

*Among adults aged ≥ 18 years
†According to 2014 study: The Treatment Cascade for Chronic Hepatitis C Virus Infection in the United States: A Systematic Review and Meta-Analysis

Visit www.cdc.gov/hepatitis for more information



Creation of VEN Centers

- Estimated 90,000 persons in Arizona with HCV and 10,000 new cases annually
- AZ Liver Health was the largest treater of HCV in Arizona
 - Experienced providers and leaders with over 30 years of clinic and outreach experience across the state
 - Despite a robust clinical program, ALH treated about 150 individuals per year in clinic and another 75 via consultation

Creation of VEN Centers

- Met as a team to discuss and detail barriers to care
- Sought insights from our patients and others with HCV
- Visited other HCV treatment programs to understand paradigms in care
- Learned from colleagues in the space
 - Hep Free AZ
 - ECHO Colleagues
 - Harm Reduction Programs in AZ



POWERED BY
ARIZONA LIVER HEALTH

VISION

ELIMINATE VIRAL HEPATITIS

MISSION

EQUAL ACCESS TO VIRAL HEPATITIS & STI CARE

VALUES

COMPASSION

Care And Treatment With Dignity And Respect

EQUITY

Inclusive Healthcare Without Judgement

COLLABORATION

Partnership With Communities And Organizations

ADVOCACY

Innovation in Public Policy Change and Initiatives

EXCELLENCE

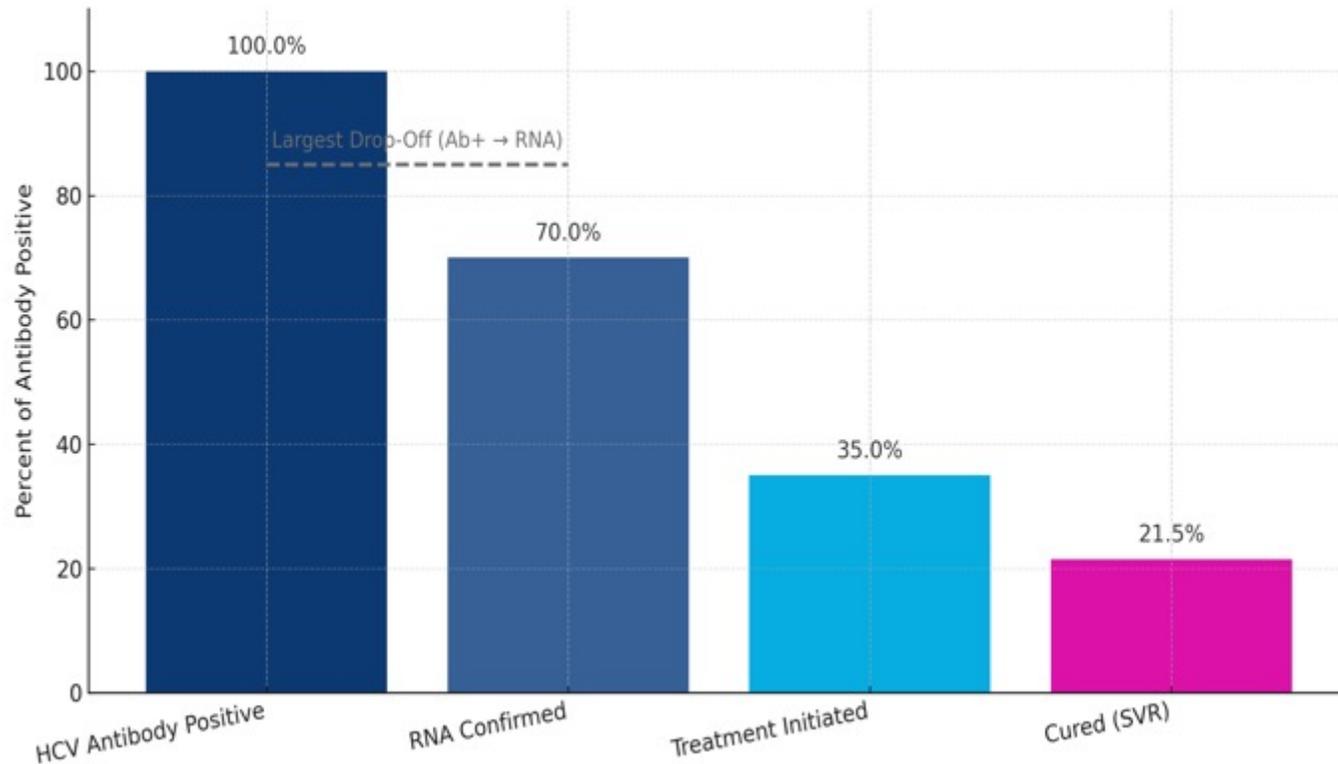
Leaders In Clinical Care, Public Health, And Research

Why We Are Here



- Known HCV for over 10 years
- Attempted to get treatment multiple times-
GAVE UP

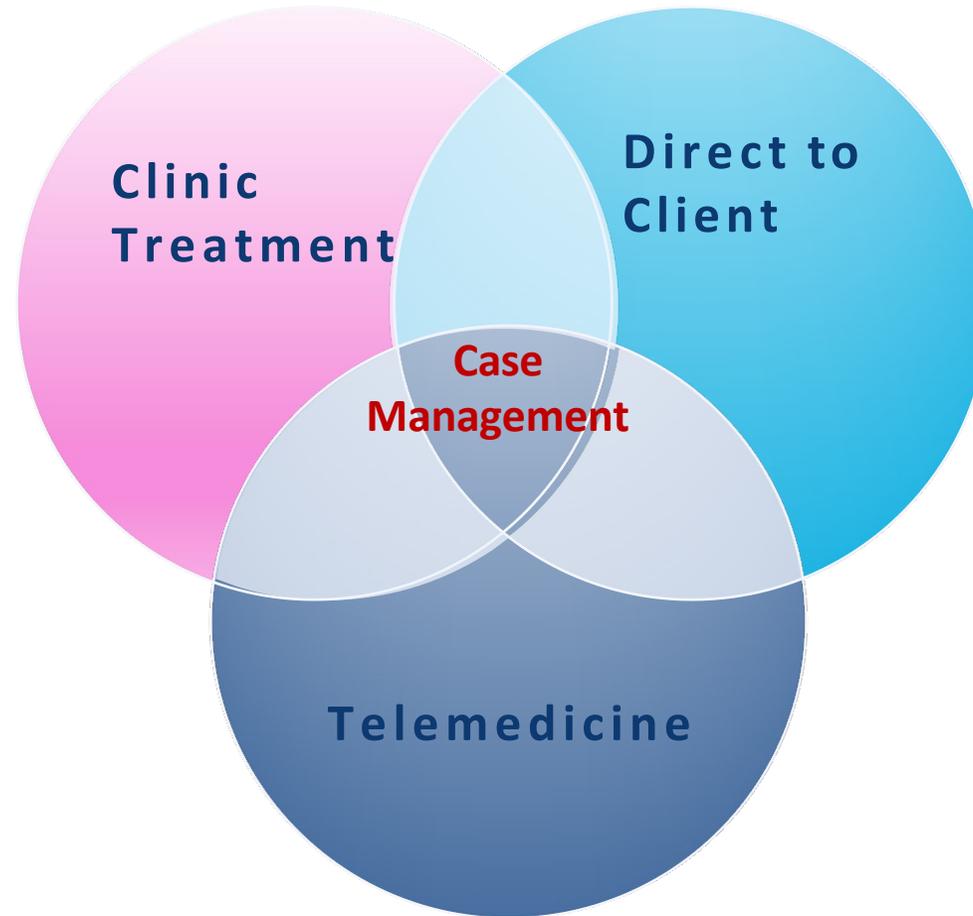
Streamline the Process



Sources: CDC Vital Signs (2019-2020): ~1 in 3 insured adults initiated treatment within 1 year; CDC MMWR (May 30, 2024) State-Specific HCV Clearance Cascades: 21.5% cl

- Gaps between Ab screening and RNA confirmation drive loss to follow-up
- High barrier populations: homelessness, substance use, incarceration
- Goal: convert a single encounter into diagnosis, plan, and patient engagement (ideally treatment)

Improving HCV treatment Outcomes by Blending Healthcare Delivery Models



Why the Traditional System Fails

Clinic Based Models Leave People Behind

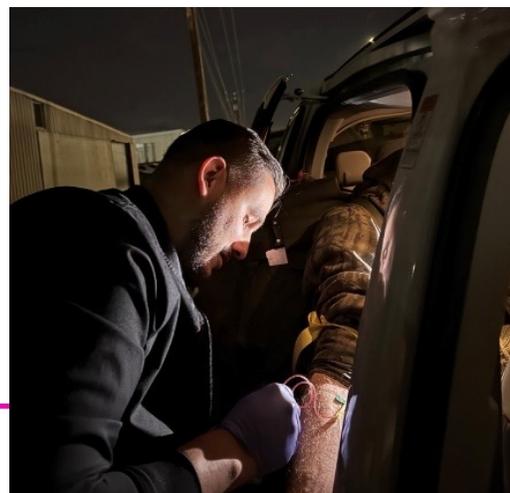
- Transportation, housing, and trust issues block access
- Clinics are often inaccessible or feel unsafe due to historical experiences
- Patients need care to be available *on their terms*
- Standard protocols → high LTFU, slow linkage, delayed cure

The One-Visit Outreach Model



- 2025 LTFU Results:
 - Clinic: 5%
 - Outreach with partners: 8%
 - Street Outreach: 31%

Our Model- Meeting People Where They Are... Collaboratively



Overcoming Barriers

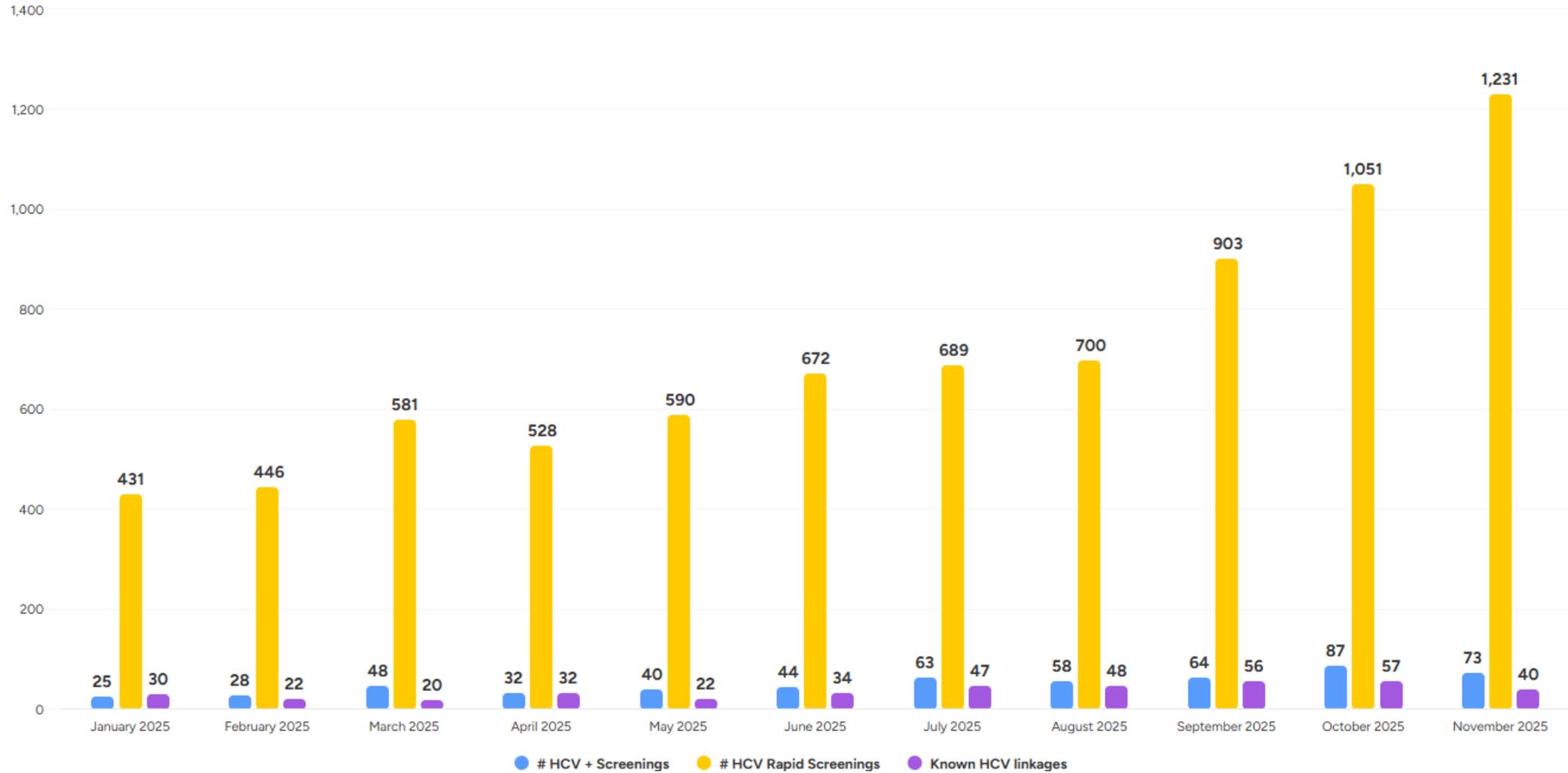
- Connecting To Care
- Prior Authorization Delays
- Financial Coverage
- Relocation
- Follow-Up

Barrier #1 – Connecting to Care

Mobile Outreach as a System Enhancer, Not a Replacement

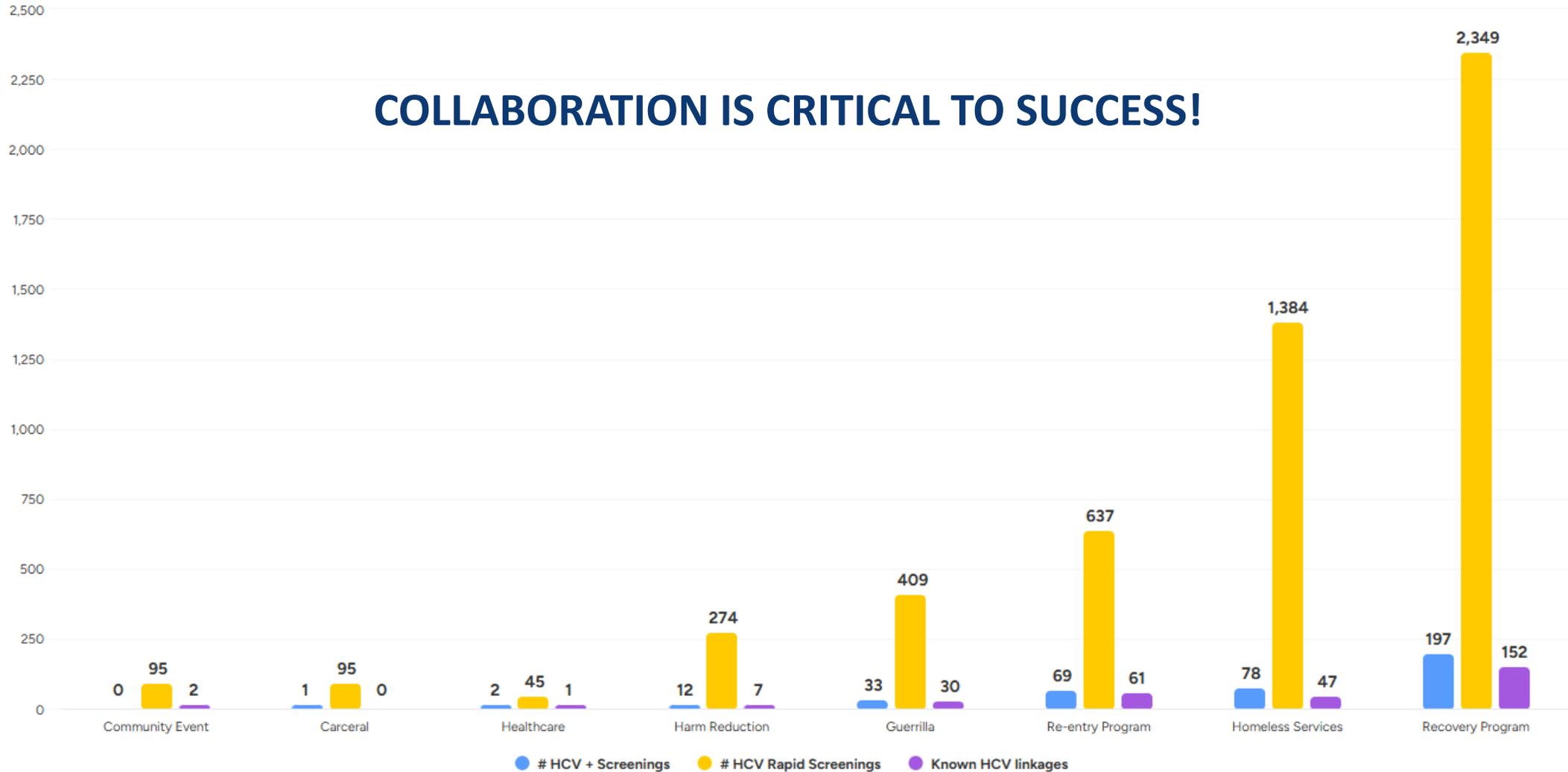
- Work programs into existing structures
- Free, mobile testing and treatment access across AZ
- One-Visit Model: test, labs, telehealth, paperwork
- Get comfortable being uncomfortable
- Go beyond the Mission
 - Water/Food/Clothing
 - Harm Reduction Supplies
 - Linkage to Shelter or Recovery Services

VEN HCV Outreach by Month - 2025

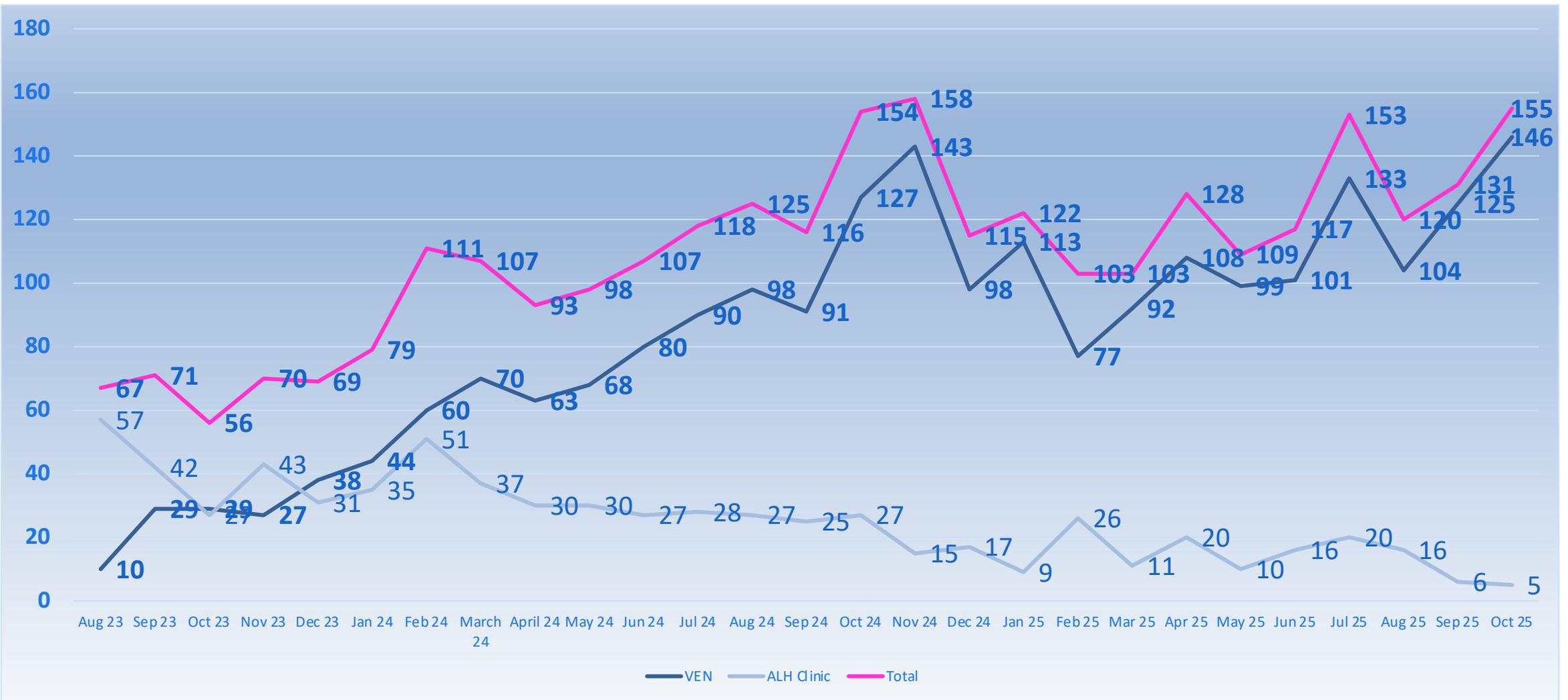


VEN HCV Outreach by Site Type - 2025

COLLABORATION IS CRITICAL TO SUCCESS!



Outreach/Clinic HCV Volumes



Barrier # 2- Prior Authorization Delays

The Downstream Access Barrier

- Delays → Frustration → Drop-Off
- Dual enrollment (Medicaid + ACA) complicates approval
- Prior HCV DAA Dispensing
- Success Requires:
 - A Dedicated and Skilled Team
 - Lengthy Phone Calls
 - Saying the *right* thing to the *right* person

Barrier #3- Financial Coverage

We Treat Regardless of Payer Source

- Many are uninsured, underinsured, or undocumented
- We leverage
 - 340B savings
 - Manufacturer programs
- No one is turned away
- Care conversations don't involve finances

Barrier #4 Relocation

No Phone? No Address? No Problem

- Medications shipped to secure offices
 - Outreach staff physically locate patients in the community
- Create a community collaboration web for communication
- Identify essential resources

Barrier #5- Follow-Up

Emphasizing Case Management

- Traditional models across the US experience 60%+ HCV LTFU

- VEN case management implementation
 - HCV Education for all staff
 - Standardize the process
 - Consistent staff for familiarity and trust
 - Follow-up at critical moments
 - Initial contact
 - HCV RNA Results
 - Rx approval for fill
 - Assistance with delivery
 - Rx start confirmation
 - Follow for compliance and Side Effects
 - Refill assistance
 - EOT Confirmation
 - SVR Lab Scheduling
 - CONFIRMATION OF CURE!

- SVR4 confirmation for most, SVR12 when indicated

Why We Are Here



- Completed entire intake/visit within 30 minutes of meeting
- Started treatment within 7 days of the initial visit

What to Start ASAP

- Collapse the care timeline (test → treat ASAP)
- Invest in case management
- Redefine outreach: make your availability work for the individual
- Re-engage known positives
- Network for Success!

Closing Message

To reach elimination:

- Advocate- Fund what works. Reform what doesn't.



Elimination isn't THEORETICAL, it's LOGISTICAL

Let's End HCV, Together

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