

Taking It to the Streets: A Scalable Model for HCV Screening and Care for People Experiencing Homelessness

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Introduction

- People experiencing homelessness have a high burden of hepatitis C virus (HCV) infection and face substantial barriers to health screening and care.
- Traditional and specialty-based HCV care models fail to reach this high-risk population; alternative care models are crucial to reaching elimination targets.
- Street medicine provides care to people where they live, closing critical gaps in healthcare access.

Aim

- Evaluate the feasibility and impact of embedding **simplified HCV screening and treatment** within an existing **street medicine program**.

Methods

Decera Clinical Education developed an educational initiative that included **(1) educational activities** and an **(2) HCV screening and treatment pilot program** within an established street medicine program.

1. Educational Component

- Delivered practical education tailored to street medicine and other nontraditional settings.
- Focused on simplified HCV screening and treatment for nonspecialists.

2. HCV Screening and Treatment Pilot Program

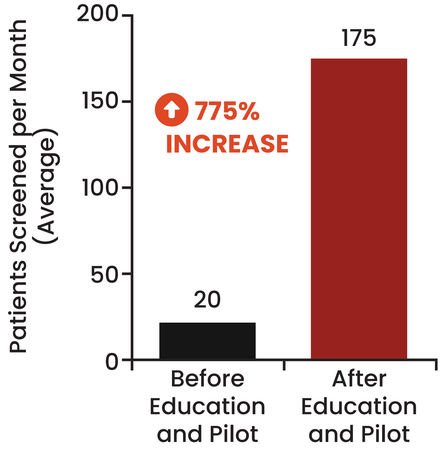
- Embedded simplified HCV screening and treatment protocols into mobile street medicine clinics.
- Trained and mentored care teams to initiate treatment in the field.
- Tracked screening, diagnosis, and treatment outcomes to measure impact:
  - Screening volume, HCV antibody positivity, RNA-confirmed infection, and treatment initiation.

Results

Following education and mentorship, healthcare professionals who had not previously treated HCV (including physicians, nurse practitioners, and physician associates) began initiating treatment independently.

Screening

1574
Total Patients Screened



Diagnosis/Confirmation

153
HCV Antibody Positive
(9.7% of patients screened)

103
Active HCV Infection
RNA Confirmed
(6.5% of patients screened)

In just 6 months, this pilot identified 103 people with active HCV infection who may otherwise have remained undiagnosed or disconnected from care.

Linkage to Care

34
Initiated Treatment
(33% of those with HCV infection)

69
Not Yet Initiated Treatment
(67% of those with HCV infection)

In process:
- Obtaining labs and/or medication
- Pending specialist consult
- Locating/following up with patient

Collaboration

DECERA CLINICAL Education
Accredited medical education provider that designed and delivered the educational activities and coordinated with partners to implement the HCV screening and treatment program.

street medicine institute
Nonprofit organization that supports the development of street medicine programs globally, identified key opinion leaders for HCV program implementation, and promoted educational activities to the target audience of street medicine providers.

Circle the City
Federally Qualified Health Center and 501(c)(3) nonprofit providing healthcare services for individuals experiencing homelessness throughout Maricopa County, Arizona. Their mobile clinics served as the setting for the HCV screening and treatment program.

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Lessons Learned

- Education made the simplified HCV treatment pathway actionable for providers with limited prior treatment experience.
- Organizational buy-in and framing HCV screening as a public health priority was essential to securing testing equipment, supplies, and implementation support.
- Real-time phlebotomy and laboratory collection following a positive screen are critical to reducing loss to follow-up and advancing patients toward treatment.
- Pharmacy collaboration was essential for overcoming medication access barriers and supporting treatment initiation.
- Rapid access to HCV expertise helped build provider confidence to initiate treatment while providing support for more complex cases.

Conclusions

- Embedding simplified HCV care within an existing street medicine program was feasible and rapidly expanded access, with 1574 people screened over approximately 6 months.
  - The initiative identified active HCV infection in 103 people and initiated treatment in 34, with many others still progressing through workup and linkage to treatment.
- Education, mentorship, and expert support enabled nonspecialist healthcare professionals to initiate HCV treatment and expand care beyond traditional specialty settings.
  - This pilot provides a scalable model for mobile and community-based programs seeking to reduce barriers to HCV screening, linkage to care, and treatment for people experiencing homelessness.

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