



# Telemedicine Lowers Barriers to Hepatitis C Treatment in Rural United States

A telemedicine program in rural Maryland proved efficacious but could be improved to further expand access to hepatitis C care.

May 26, 2026 By Eva Lorenz

---

A [new study](#) published in the Journal of Viral Hepatitis found that a program implemented in [rural Maryland](#) to increase access to [hepatitis C](#) virus (HCV) achieved high [retention in care](#) and high HCV cure rates. However, the initiative, the Transporting Hep C Viral Elimination Services via Telemedicine (TRAVEL) program, could further broaden access to HCV care by reducing barriers to patient referrals and continued care.

“We aim to describe the HCV telemedicine model and assess program implementation outcomes, including reach and effectiveness in advancing progress along the HCV care continuum for people with SUD [substance use disorder] living in a rural area,” wrote the study’s authors.

Hepatitis C is a blood-borne virus most easily transmitted through direct blood-to-blood contact, putting people who use [drugs](#) at higher risk. If left untreated, [hepatitis C](#) can lead to serious liver complications, including [cirrhosis](#) and [liver cancer](#). There is no vaccine for HCV, but [treatment with direct-acting antivirals \(DAAs\)](#) cures chronic hepatitis C in more than 95% of people who complete treatment, which typically takes two or three months.

“Acute HCV cases declined for the first time in 2022, but this decline was not equally distributed geographically and was largely driven by a decrease in urban settings. The rates of acute HCV in rural areas rose and even exceeded that of urban areas,” wrote the study’s authors. “Harnessing the potential of DAA therapy to eliminate HCV will require effectively engaging rural people who use drugs in HCV treatment and prevention.”

In 2023, newly reported chronic HCV cases were highest among people living in rural areas, [according to the Centers for Disease Control and Prevention](#), which, that same year, [also reported](#) injection drug use as the risk behavior most commonly associated with exposure to HCV.

TRAVEL was implemented in 2018 via a partnership between the Johns Hopkins Viral Hepatitis Center and the Allegany County Health Department in rural Maryland. The program integrated local nurse case management support and facilitated telemedicine with remote HCV treatment providers.

Between January 2018 and March 2024, 502 patients with positive HCV antibody tests were referred to care. Researchers tracked patient care using referral data from program records and electronic medical data from Johns Hopkins; demographic data were also included.

Of 502 patients referred, 330 patients completed baseline laboratory HCV evaluation, the majority of whom (282, or 85%) had a detectable HCV viral load. Of those with HCV, 272 attended a provider visit, 262 initiated direct-acting antiviral therapy, 254 completed treatment, 188 completed posttreatment week 12 laboratory testing and 189 had confirmed HCV cure.

Most patients in the study had an SUD diagnosis, with [opioid use disorder](#) being the most common (58%), followed by [alcohol use disorder](#) (9%), cocaine use disorder (3%) and methamphetamine use disorder (2%). The study authors noted that the high prevalence of SUD in the program reflects national trends in HCV [transmission](#) due to [injection drug use](#). No major differences in treatment initiation, completion or HCV cure rates were noted between patients with or without SUD.

“Realizing the potential of highly effective DAA therapy to eliminate HCV will require intentional micro-elimination efforts targeting PWUD [people who use drugs] living in rural areas, with equitable implementation of evidence-based strategies, such as patient navigation, peer support and care integration into community settings where people with HCV can rely on stigma-free care,” wrote the study’s authors. ([The National Institutes of Health](#) explains that micro-elimination entails pursuing more manageable disease-elimination goals in discrete populations through interventions tailored to the needs of these populations.) “Our telemedicine program can serve as a scalable model for delivering integrated HCV treatment in settings where rural PWUD access services, thereby optimizing HCV treatment initiation, completion and cure to achieve micro-elimination in PWUD residing in rural areas.”