Interventions to enhance the hepatitis C care cascade

Associate Professor Jason Grebely
Disclosures

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Hepatitis C care cascade

- The burden of HCV infection is growing, including among PWID
- HCV testing, assessment and treatment uptake remain low
- Simple, tolerable, effective therapies are a game changer
- Strategies to enhance HCV testing/treatment among PWID
The HCV Care Cascade

- Living with HCV Infection
- HCV Antibody Diagnosed
- HCV RNA Diagnosed
- Linked to HCV Care
- Liver Disease Assessed
- Initiated HCV Treatment
- Cure (SVR)

Successful strategies to increase HCV testing/diagnosis

- Education and counseling by health professionals with on-site HCV testing\(^1\)\(^-\)\(^5\)

- Physical and electronic medical chart reminders to prompt targeted risk-based assessment and testing\(^5\)\(^-\)\(^8\)

- Dried-blood-spot testing\(^5\), \(^9\)\(^-\)\(^14\)

- Point of care HCV testing\(^5\), \(^15\)\(^-\)\(^17\)

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HCV education and pre-test counseling with on-site testing

- RCT of participants attending shelters (18 shelters, n=1,276)
- No intervention (n=6) vs. group information + referral (n=6) vs. group information and on-site screening (n=6)

Electronic clinician reminder to prompt for HCV testing

- Cluster randomized controlled trial at three adult primary care practices
- EHR triggered screening prompt when eligible patients (without prior HCV testing or HCV diagnosis born during 1945–1965) registered for a visit

10 clusters
MD/NP (n=146)
RN/MA (n=73)

EHR prompt (10,857 visits)
2,176 HCV Ab tests (20%)

Control (7,372 visits)
225 HCV Ab tests (3%)
Dried blood spot testing in drug services in Scotland

**Dried Blood Spot Testing**
(introduced into specialist drug services in Scotland during 2009)
Enhancing linkage to HCV care

Living with HCV Infection | HCV Antibody Diagnosed | HCV RNA Diagnosed | Linked to HCV Care | Liver Disease Assessed | Initiated HCV Treatment | Cure (SVR)

Successful strategies to increase linkage to care

• Point of care HCV testing\(^1\)

• Non-invasive liver disease screening using transient elastography (FibroScan\(^\circledR\)) with facilitated referral to care\(^2\)-\(^4\)

• Integrated HCV care\(^6\)-\(^9\)

• Patient navigation programs/peer-based support\(^10\)-\(^11\)

Point of care testing

Mobile medical clinic (n=1345)

Accepted HCV testing N=438 (33%)

48% selected POC testing
94% linked to HCV care

52% selected phlebotomy
18% linked to HCV care

P<0.001
FibroScan®-based screening/assessment

- Social marketing to inform campaign resources
- Implementation phase: four clinics; one day per week for four weeks (with peer-based support), with subsequent clinical follow-up
- 95% reported that FibroScan® was acceptable
- 60% returned for post-FibroScan® assessment by a nurse/specialist

www.liverlife.org.au
Hepatitis care coordination

- RCT of participants attending OST clinics (n=489)
- Intervention arm received on-site screening, enhanced education and counseling, and case management services

Those receiving intervention more likely to be linked to care 6-months post-follow-up (OR = 4.10; 95% CI = 2.35, 7.17)
Patient navigator programs to enhance testing/care

• Care coordinator who provides services including:
  • assistance with insurance
  • scheduling primary care and HCV specialist appointments
  • reminder calls and/or text messages for appointments
  • field outreach to patients who do not return for results or miss specialist appointments

• Patients linked to different specialist prescribers, dependent on:
  • Patient’s insurance
  • Patient preference

• Potential strategy to link patients to off-site services

• 52% (n=81) attended an off-site HCV specialist appointment

One size does not fit all

Models of HCV Care

- Drug and alcohol clinics
- Primary health care/GP centres
- Tertiary care
- Prisons
- Harm reduction drop-in centres
- Community health centre

Bruggmann P and Litwin A Clinical Infectious Diseases 2013.
Continued health promotion efforts
Education and training for health providers

Preparing Patients for Interferon-free Treatment for Hepatitis C in Drug and Alcohol Settings

Supporting the HIV, Viral Hepatitis and Sexual Health Workforce

Date: Monday, 27th June, 2016
Time: 5:45pm - 8:30pm
Venue: Calms

New direct acting antiviral (DAA) treatments for hepatitis C are now available on the PBS under PBS. These DAA's are highly effective (>95% cure rates, easy to take 1 pill per day for as little as two months), and have a low side effect profile. Treatment of patients in a drug and alcohol setting is safe and effective.

This education and training session will focus on hepatitis C diagnosis, liver disease assessment, and the preparation and management of interferon-free DAA therapy for patients in the drug and alcohol setting (e.g. recent or former people who inject drugs). This course is being offered in collaboration with the Australian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM), the Kirby Institute, UNSW Australia, and the International Network on Hepatitis in Substance Users (INHSU).

Following this course, the participant should understand:
- Key virological assessments for hepatitis C infection
- HCV liver disease staging and pre-treatment assessments
- IFN-free DAA therapeutic development and evidence among PWID
- IFN-free DAA treatment in Australia: PBS listing and guidelines
- HCV treatment adherence and support
- Post-treatment follow-up, liver disease and reinfection monitoring

Speakers:
- Professor Greg Dore
  Viral Hepatitis Clinical Research Program Head
  Kirby Institute - UNSW
- Dr Greg Spira
  Senior Medical Officer
  Calms Alcohol, Tobacco and Other Drugs Service

Register at: www.ashm.org.au/courses
Registrations Close: Wednesday, 22 June 2016
For further details contact: Katelin Haynes
T: 0423 058 692
E: katelin.haynes@ashm.org.au

This course is FREE. Dinner will be provided.
Funding for this course has been provided by Gilead Sciences through an unconditional education grant.

This activity has been approved by the RACGP QM&CPD program. Total 4 Category 2 CPE Points.
Where are we headed....

ART Services in Rwanda, 2004

Legend
- ART Site
- Lake
- National Park
- Province

HIV Services in Rwanda, 2013

Legend
- ART Site
- PMTCT Site
- VCT Site
- Province

Nsanzimana BMC Medicine 2015
Two major events to catalyse ART scale-up in Rwanda
Keys to ART scale-up success in Rwanda

• Training providers to perform diagnoses and manage HIV

• Making training investments in health facilities

• Continuously reviewing HIV protocols to keep up to date with global treatment guidelines

• Patient and pharmacy files were standardized facilitating monitoring/evaluation

• Standardized web-based electronic reporting system for real-time reporting on the national HIV care program
The way forward

• HCV antibody testing is high in Australia, but there still exists a large undiagnosed HCV RNA pool and people are not linked to care

• The explosive uptake of HCV treatment will not be maintained

• Engaging marginalized and “difficult-to-engage” populations will be key

• Successful strategies to enhance testing/care are emerging

• One size will not fit all – requires adaptation to each individual setting

• Need to continue to disseminate, share and translate successful components of interventions/models to enhance HCV testing/care
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Prof. Matt Hickman (UK)
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