



Expanding access to hepatitis C treatment through primary care: *Challenges and opportunities*

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Disclosures

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HCV treatment in primary care

- HCV disease burden
- HCV treatment in primary care: opportunities
- HCV treatment in primary care: barriers
- Models of HCV treatment
- NSW GP prescriber pilot
- CEASE study
- Strategies for enhanced HCV treatment



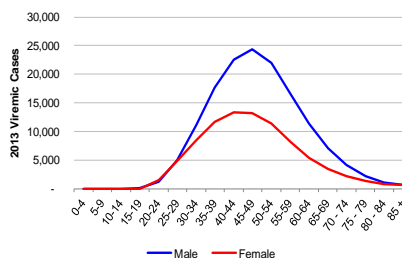
Chronic HCV disease stages: 2013

Total Infected	2013	%
F0	84,505	36.2
F1	70,145	30.1
F2	32,754	14.0
F3	29,698	12.7
Cirrhosis (compensated)	13,836	5.9
Liver failure	1,746	0.74
HCC	589	0.25
Total Infected	233,274	100

Sievert W et al, JGH 2014;29(Suppl 1):1-9



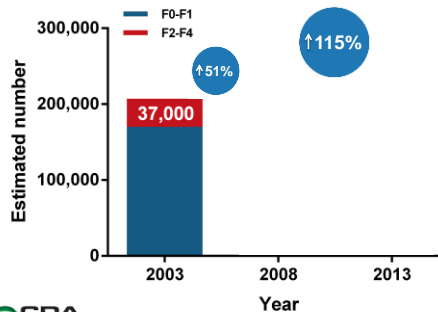
Chronic HCV prevalence: 2013



Sievert W et al, JGH 2014;29(Suppl 1):1-9



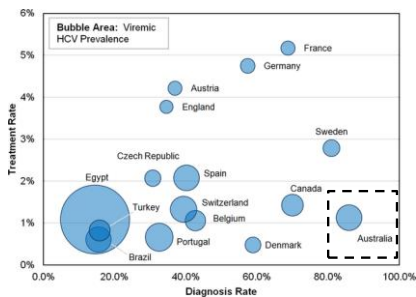
Expanding burden of progressive disease



Kirby Institute, ASR 2014



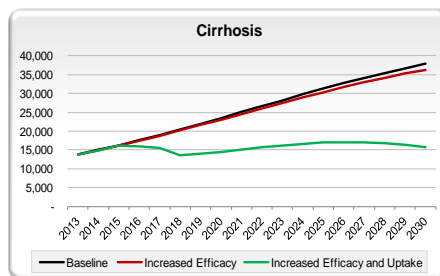
HCV treatment uptake



Dore GJ et al, J Viral Hep 2014



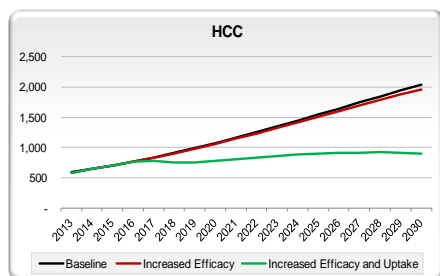
HCV disease burden in Australia



Sievert W et al, J Gastro Hepatol 2014



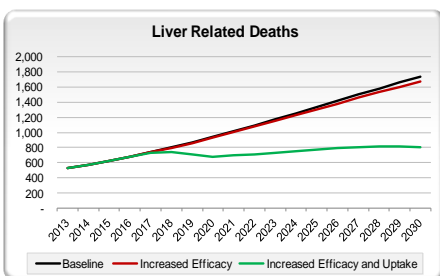
HCV disease burden in Australia



Sievert W et al, J Gastro Hepatol 2014



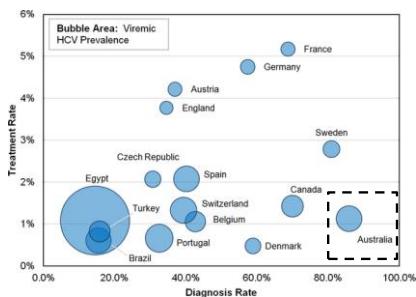
HCV disease burden in Australia



Sievert W et al, J Gastro Hepatol 2014



HCV treatment uptake



Dore GJ et al, J Viral Hep 2014



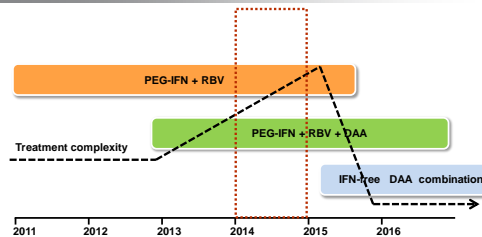
HCV treatment in primary care: opportunities

- Primary care central to management of chronic disease
- Many GPs have developed sub-specialties
- GP delivery of antiretroviral therapy an important precedent
- Large number of GPs involved in addiction medicine
- Number of prescribers will be a determinant of treatment uptake
- Empowerment through cure crucial to health care professionals

HCV treatment in primary care: barriers

- Highly Specialised Drugs regulations: need to change
- HCV treatment complexity: will change soon
- IFN-free DAA therapy S100 restrictions: at least initially
- A degree of specialist conservatism: will probably never change
- Lack of primary care incentives

HCV treatment strategies: Australia



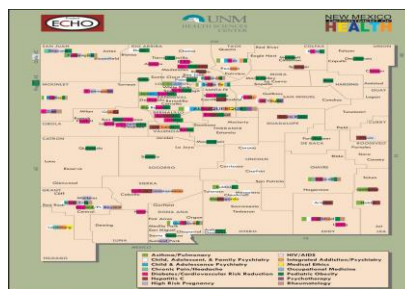
Dore GJ. MJA 2012 (revised)

HCV treatment in primary care

Models of care

- Partnership with tertiary centres, with focus on training (ECHO)
- Nurse-led model of care (NSW Prison)
- HCV treatment in OST/community health clinics (ETHOS)
- HCV treatment initiation in primary care (ASHM GP pilot)
- HCV treatment in primary and community clinics (LORA)
- We need them all, and more!

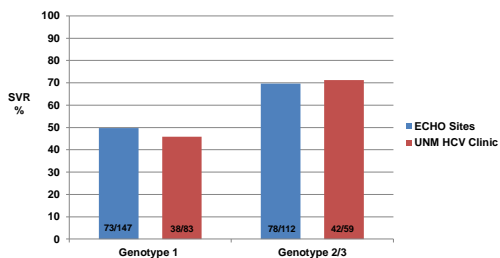
ECHO Project: HCV telehealth in community



Arora S E et al. Hepatology 2010; 52:1124-1133

ECHO Project: HCV treatment outcomes

PEG-IFN/RBV (24-48 weeks)



Arora S E et al. NEJM 2011;364:2199-2107

GP Pilot Study

- Evaluation of HCV treatment through primary care
- NSW-based: seven primary care practices (2011-2013)
- ASHM education and training program
- Eligibility: GT2/3, non-cirrhosis + GT1 (tertiary review)
- PEG-IFN/RBV therapy
- Quantitative (Kirby) and qualitative (NCSHR) evaluation



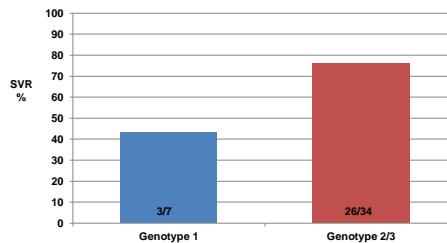
GP Pilot Study: outcomes

- Small number of patients enrolled (n=41; n=25 in two sites)
- Marginalised population (34% on OST, 63% alcohol dependency)
- Favourable treatment completion (83%) and efficacy (SVR= 71%)
- Five patients hospitalized (2 psychiatric, 1 pneumonia, 1 PE)
- No deaths
- Very favourable qualitative evaluation



GP Pilot Study: HCV treatment outcomes

PEG-IFN/RBV (24-48 weeks)



Baker D et al. EJGH 2014;26:1003-1009



Enhancing Treatment of Hepatitis c in Ost Settings

ETHOS project

Objective

- To evaluate the provision of HCV clinical assessment and treatment uptake among PWID (current and former) in OST and community-based clinic settings

Components

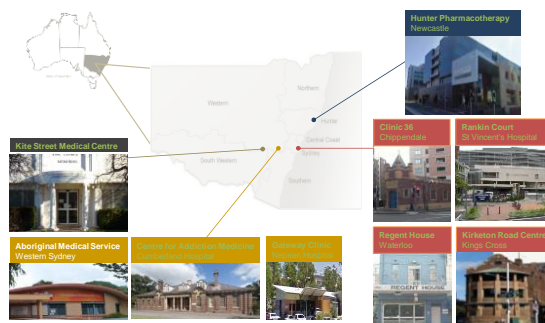
- Establishment of HCV treatment services in nine OST and community-based clinics (NSW Health)
- Qualitative research to evaluate barriers to HCV service delivery
- ETHOS Cohort Study to examine HCV treatment uptake and outcomes
- Health economic evaluation

Funding

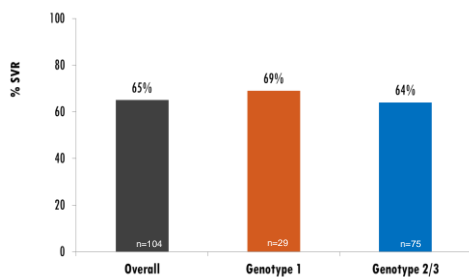
- NHMRC Partnership Grant; NSW Health



ETHOS clinic sites



ETHOS Cohort: PEG-IFN/RBV treatment



ETHOS Study

Achievements

- **Network of non-tertiary HCV treatment services:** capacity to provide HCV assessment, treatment and care, and conduct quality research
- **PWID engagement in HCV treatment:** HCV treatment uptake and outcomes similar to tertiary setting
- **Peer-support worker evaluation:** Inclusion of PSW role in some sites has provided broadened HCV care and support
- **Public health policy:** Launch of NSW Health Hepatitis B and Hepatitis C Strategies last week at Rankin Court, St Vincent's Hospital



Kite Street Community Clinic, Orange

The Annie Balcomb Model

- **HCV treatment in community health:** provides treatment and care in the community setting, with close access to other services (e.g. D&A)
- **High quality service:** access to Fibroscan, and tertiary-level treatment including early access DAA therapy
- **Ongoing education and workforce development:** regular seminars for local health care professionals, education of hospital staff
- **But, still reliant of specialist treatment initiation due to S100 regulations**



HCV treatment as prevention in HIV/HCV

Primary objective

To evaluate the feasibility of rapid scale-up of interferon-free DAA treatments and impact on the proportion of HCV viraemia within the HIV-HCV population of Australia



CEASE-e: education

- Around 250 HIV GP S100 prescribers across Australia
- Experience in complex antiviral therapy delivery
- Understand needs of marginalised populations, although there will be clear differences between MSM and PWID populations
- Keen to engage, if ability to initiate HCV therapy
- ASHM well placed to take on education and training



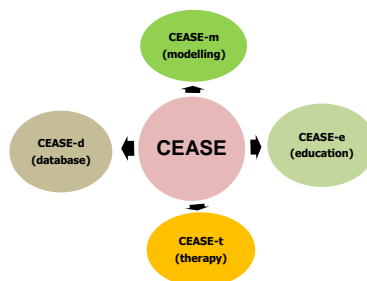
HCV treatment in primary care

Strategies to enhance HCV assessment and treatment

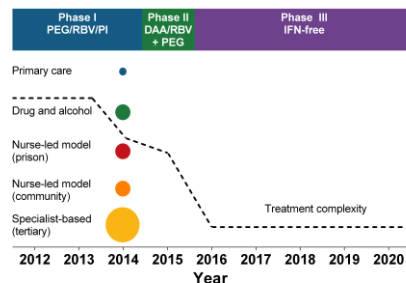
- **Get more people (HCPs) involved:** education and training to broaden HCV health care professional base
- **Take HCV assessment and treatment to people:** OST clinic, prison, and community-based clinics = multiple models of care
- **Simplify disease assessment:** broadened access to non-invasive technology, including hepatic elastography
- **Simplify treatment delivery:** IFN-free DAA regimens will provide this
- **Public health advocacy:** S100 regulatory changes and antiviral therapy access



CEASE initiative

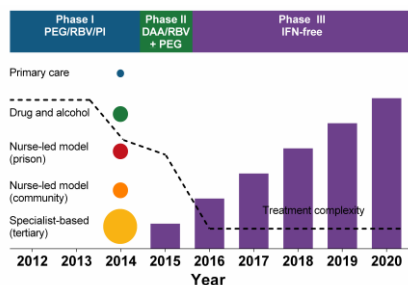


HCV treatment: changing landscape

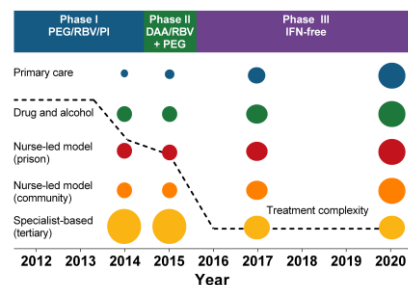




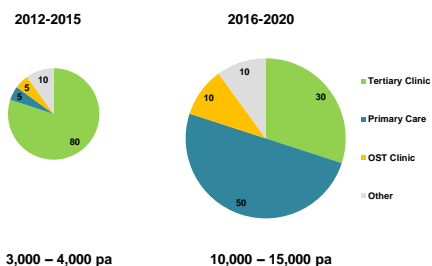
HCV treatment: changing landscape



HCV treatment: changing landscape



HCV treatment: growing the pie



Acknowledgements: ETHOS project

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Partner Organisations

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- Sydney South West Area Health Service
- Hepatitis NSW
- NSW Users & AIDS Association (NUAA)

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Clinical Site Investigators/Coordinators

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- Center for Addiction Medicine: Dr Nghi Pung
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