

New Frontiers for Hepatitis C Treatment: Exploring the “In Consultation Experience”

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Introduction

From March 1st 2016 direct acting anti-viral (DAA) therapy for hepatitis C became available under Section 85 (S85) of the General Schedule on the Pharmaceutical Benefits Scheme (PBS).

It came with a novel “in consultation” requirement for general practitioners (GPs) willing to prescribe, to do so in the community.

Tertiary services are responding to this clause by providing a framework for GPs to access this consultation by phone, fax and email.

Rural Victorians are more likely to present with advanced cirrhosis or fibrosis and equity of access to treatment is paramount.¹ The new prescribing arrangements provide a great opportunity to increase access.

Aim

To determine if remote consultation between GP's Physicians and Specialists will facilitate prescribing of hepatitis C treatment in community settings.

To observe the degree to which treatment initiation is occurring through these arrangements and if it is reliant on existing relationships between tertiary centres and primary care.

Methods

Living Room Youth Projects
Hepatitis C Treatment Clinic



An audit of Remote Consultation Requests received at a tertiary hospital service between March 1st 2016 and May 12th 2016 was performed with patient and referrer details were de-identified.

Referrals were entered into an Excel database and classified into rural and metro.

Doctors were grouped into those who known and not known to the tertiary hospital service and details recorded including age group, method of cirrhosis assessment genotype and treatment recommended.

The Remote Consultation Process was coordinated by the IHCS Clinical Nurse Consultant and Infectious Diseases Specialist.



Gateway Health Wodonga Rural
Hepatitis Outreach Clinic

Results

Between March 1st and Sept 15th 2016 the number of remote consultation requests received by IHCS was 103

Who Sent Them?

General Practitioners, Opiate Substitution Pharmacotherapy Prescribers and Sexual Health Physicians.

Services consulting included; primary care, community health, needle syringe programs (NSP), sexual health clinics and drug and alcohol (AOD) treatment clinics.

Metro – 61 (59.2%)

Rural – 42 (40.8%)

18 individual prescribers in total of which 12 (66%) have previously regularly referred to VIDS and the IHCS and have a previously relationship with the unit.

Two of the prescribers had significant experience in managing hepatitis C treatment with interferon based therapy.

Three GP's expressed that they are happy to take on new patients for the purpose of treating their Hep C. GP's were not specifically surveyed about willingness to treat.

Genotypes %

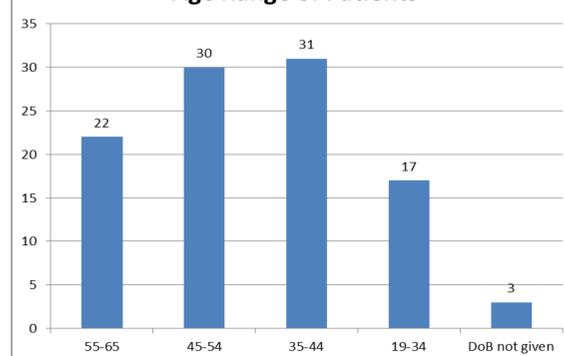


Patient Data

Female patients – 36 (35%)

Male patients – 67 (65%)

Age Range of Patients



Method of Fibrosis Assessment

FibroScan® assessment was limited by availability, particularly in rural areas and this has previously been identified as a barrier to treatment access¹

FibroScan® was the method used in 61.1%

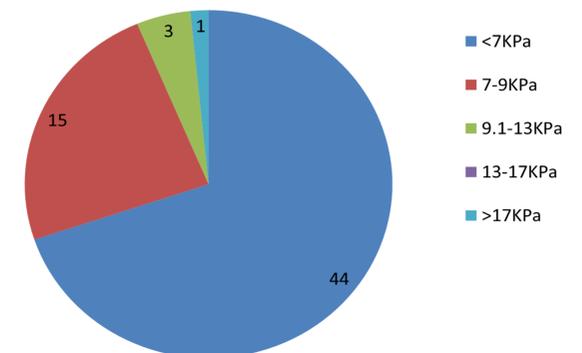
APRI Calculation was used in 37.8%

With 1 not having a fibrosis assessment performed.

Based on APRI score <1 or a FibroScan® score of < 12.5KPa a likelihood of mild to moderate fibrosis was determined in **93.2%** of patients

Two patients had APRI > 1

Fibroscan Results

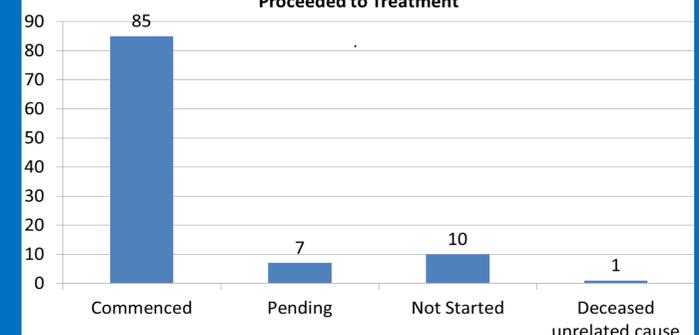


10 Remote consults required further discussion e.g.

- Inappropriate regimen
- Inappropriate Dose
- DDI's not checked
- Requiring further investigations or assessment

3 were declined as patients likely to be cirrhotic

Proceeded to Treatment



Commenced Treatment

85 patients or 82.5% commenced treatment

Conclusion

A shift in hepatitis C treatment is occurring in Australia and it is critical that experiences of Tertiary Services, GP referrers and treatment uptake is monitored to identify potential barriers to treatment access.

Remote consultations received almost always resulted in treatment being commenced or intended to commence shortly after consultation.

A coordinated remote consultation process enables uptake of the consultation process and access to treatment within community settings

Access to FibroScan® remains limited in rural areas for fibrosis assessment and this can be a significant barrier

Acknowledgements

“Remote Challenges? First Evaluation of a hepatitis outreach program in Victoria”

Turnheer MC, Schulz TR, Nguyen T, Sasadeusz J

Victorian Infectious Diseases Service, Royal Melbourne Hospital

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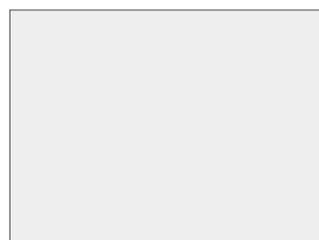
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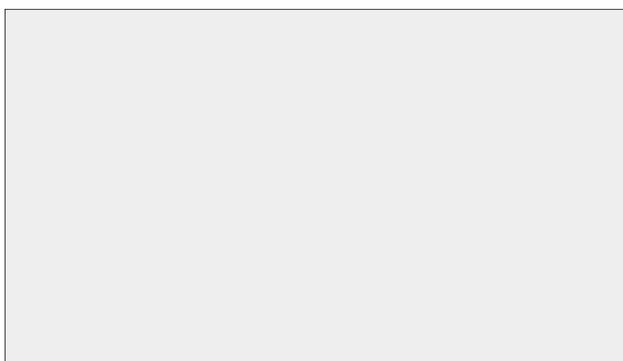
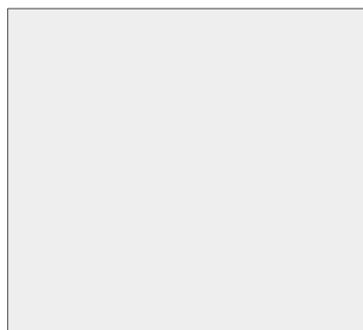
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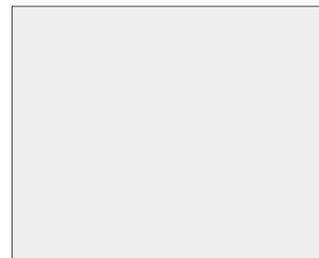
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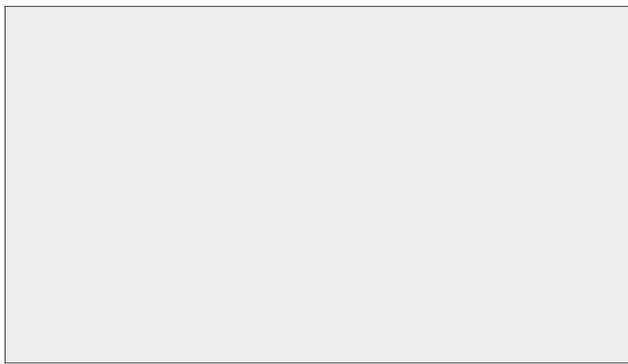
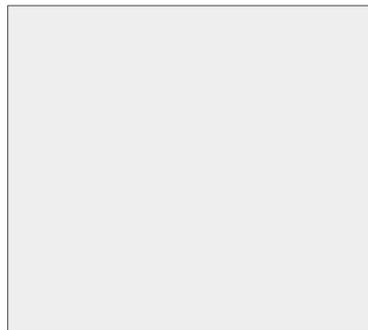
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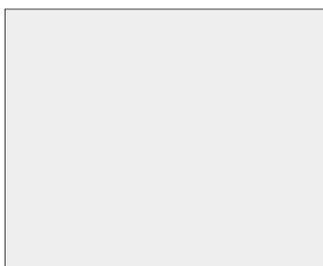
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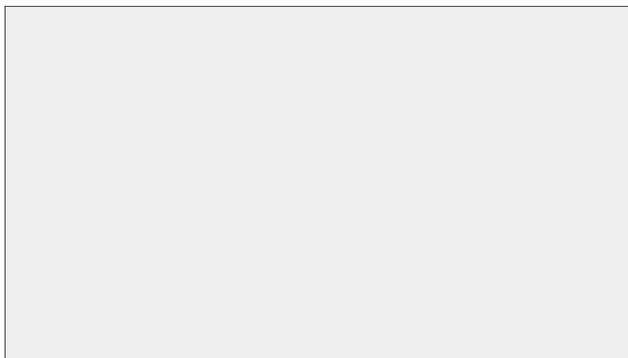
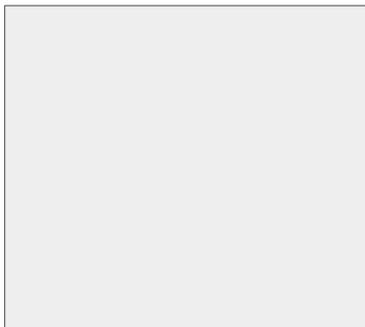
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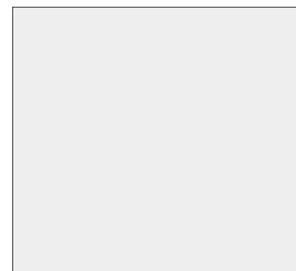
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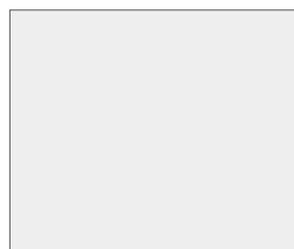
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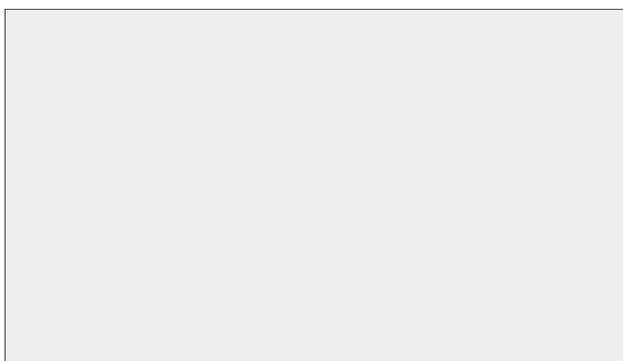
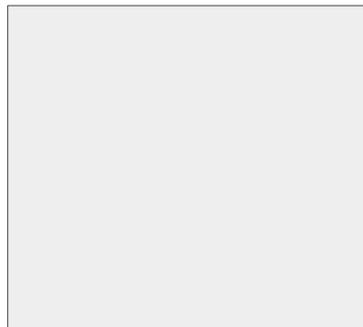
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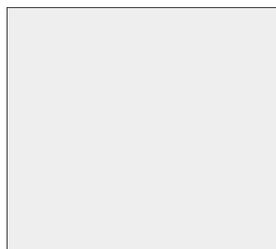
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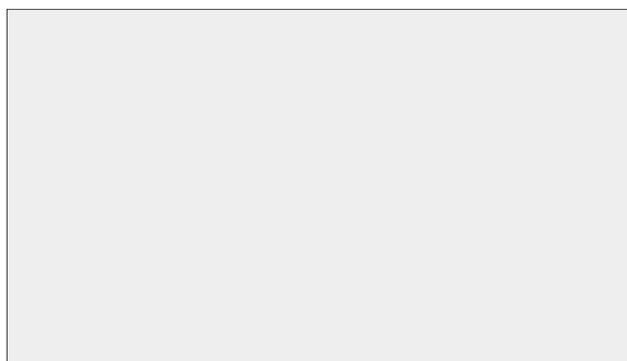
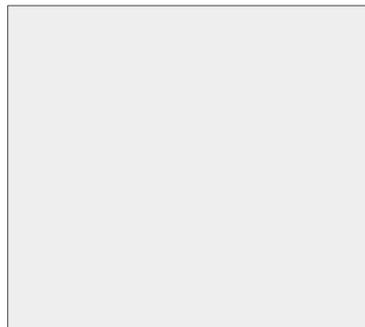
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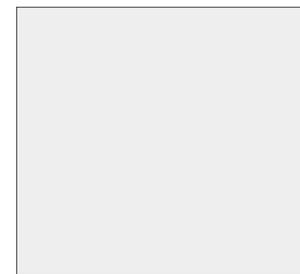
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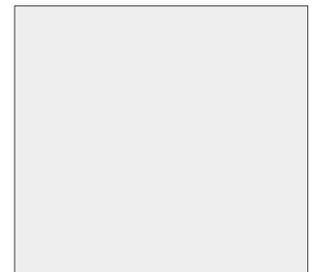
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