Models of care for management of HCV among PWID

Philip Bruggmann
Switzerland
Disclosures

- Speaker and advisory board fees from Merck, Abbvie, Gilead, Janssen and BMS

- Financial support for projects of Arud by Gilead, Janssen, MSD, BMS, Abbvie, Mundipharma and Reckitt-Benckiser
DAA era: specific settings still needed?

traditional HCV settings remain not ideal for many PWIDs

- not solved:
  - access / uptake of testing & assessment
  - management of co-morbidity
  - adherence remains an issue

Yes!
### science - real life gap

<table>
<thead>
<tr>
<th></th>
<th>EVIDENCE</th>
<th>COVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OST</strong></td>
<td>HCV treatment works</td>
<td>Insufficient</td>
</tr>
<tr>
<td><strong>outside of OST</strong></td>
<td>more evidence needed</td>
<td>often inexistent</td>
</tr>
</tbody>
</table>
aspects of models of care

**Level of care**
- primary
- secondary
- tertiary

**Target population**
- PWUD in general
- PWID only
- OST patients
- Non OST patients

**HCP involved**
- physicians
- nurses
- social worker

**Health care provided**
- prevention
- counselling and testing
- assessment
- treatment

**Measures & tools**
- DOT
- peer support
- psycho-education

HCP: health care provider
Second edition of international recommendations for HCV among PWID

Review

Recommendations for the management of hepatitis C virus infection among people who inject drugs

Jason Grebely a,*, Geert Robaey b,c,d, Philip Bruggmann e, Alessio Aghemo f, Markus Backmund g,h, Julie Bruneau i, Jude Byrne j, Olav Dalgard k, Jordan J. Feld l, Margaret Hellard m,n, Matthew Hickman o, Achim Kautz p, Alain Litwin q, Andrew R. Lloyd r, Stefan Mauss s, Maria Prins t,u, Tracy Swan v, Martin Schaefer w,x, Lynn E. Taylor y, Gregory J. Dore a on behalf of the International Network for Hepatitis in Substance Users
Treatment management

- Treatment should be considered on an individualized basis
- Treatment should be delivered within a multidisciplinary team setting
- Access to harm reduction programs, social work and social support services
- Peer-based support should be evaluated

Grebely et al, INHSU recommendations, IJDP 2015
Key basis for effective HCV clinical management

access to multidisciplinary team:

- clinician and nursing
- drug and alcohol services
- psychiatric services
- social work

Grebely et al, INHSU recommendations, IJDP 2015
OST based HCV care

- ETHOS, prospective study
- 9 sites
- Primary assessment by nurses
- On site HCV specialist assessment
- 2 sites with peer support

Alavi et al, CID 2013
GP based HCV care

- single-handed GP office
- integrated chronic care approach incl OST
- Multiple regression analysis: duration of OST as pos. predictor for treatment uptake

84 patients with chronic HCV

35 (41%) treated

25 (29%) SVR

Seidenberg et al, BMC Inf Dis 2013
HCV care beyond OST

- non-opioid dependent PWID make up substantial part (35%\(^1\))
- relevant part of heroin dependent patients not in OST (45%\(^1\))
- higher injection rates \(^1\)
- alternatives to OST for care provision needed
- eg NSP programmes, addiction units, GP’s

\(^1\) Butler et al, J Subst Abuse Treatment 2015
beyond OST: HCV care in consumption rooms

- Rapid saliva HCV testing & Transient elastography

86 patients tested
39% anti HCV pos
21% ≥F2 (7.1-9.4kPa)
13% ≥ F3 Fibrosis (≥9.5kPa)

Brunner et al, Poster 008 INHSU 2015
best practice example


**Chronic HCV (PCR +)**
- Estimated additional patients in CHC / CHC Goal: 841
- Measured number of patients in CHC: 543

**Eligible for Publicly Funded Treatment (F2+)**
- Estimated additional patients in CHC / CHC Goal: 471
- Measured number of patients: 152

**Treatment Starts**
- Estimated additional patients in CHC / CHC Goal: 492
- Measured number of patients: 131

**Achieved SVR**
- Estimated additional patients in CHC / CHC Goal: 401
- Measured number of patients: 101

Milne et al, IJDP 2015
Peer involvement

- Improves HCV knowledge (1; 4)
- Positively affects distributive risk behaviour (2)
- Has the potential to enhance assessment (3)
- Has the potential to enhance treatment uptake (3)

(3) Grebely J et al, EJGH 2010; (4) Keats J et al, IJD2015
DOT

Directly observed therapy

- increases adherence and can increase outcome in PEGInf/RBV regimens
- potential to support adherence of DAA regimens
- should only be applied to those who need it

conclusion

- Provision of model depends on political, economical and other factors
- Models of care must be adapted to the circumstances and needs of the target population
- Tools/measures within each model should be individually applied
- Low threshold access is essential for the socially and mentally more instable PWIDs
Thank you for your attention

p.bruggmann@arud.ch
www.inhsu.com
@INHepSU