Interventions to enhance the hepatitis B cascade of care

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Disclosure of Interest

None of the authors of this presentation have any pharmaceutical company conflicts of interest to declare.

No author receives research funding, educational support, allowances, honoraria, sponsorship, gifts or services in kind of any sort whatsoever from any pharmaceutical or other for-profit health-care industry body.
Introduction and outline

• Overview of the current cascade of care for chronic hepatitis B in Australia for 2015
• What is the evidence for gaps in the cascade? What are the causes of those gaps?
• Examples of successful initiatives and interventions to enhance access to care
• Further work needed to inform action
The cascade of care for CHB, 2015

- **239,167** living with CHB
- **148,284** diagnosed (62%)
  - 21,898 monitored
  - 14,636 on treatment
  - **36,534 (15.3%) in care**
- 14,636 on treatment (6.1% uptake)
The cascade of care for CHB, 2015

- **Prevalence**: 250,000
- **Diagnosed but not in care**: 111,800
- **In care**: 91,000
- **Receiving treatment**: Not specified
Cascade enablers

- Community awareness and engagement
- Clinician awareness and engagement
- Freedom from stigma and discrimination
- Access to health care services
- Access to HBV monitoring services
- Access to HBV treatment services
- Treatment adherence support/supply

CHB diagnosis - barriers

• Perceptions of CHB and risk\textsuperscript{1,2,3,4,5}
  – Link between CHB and liver cancer
  – CHB ‘less of a problem’ in Australia
  – Transmission routes and risk factors
  – Awareness of treatment, prevention

• Barriers accessing health care services

• Clinician awareness\textsuperscript{6,7,8,9}
  – Initiation of screening
  – Concerns about Medicare

CHB diagnosis - interventions

- Recommendations from survey results
  - Improve awareness of link with liver cancer
  - Provide resources in own language and preferred format
  - GP initiated screening
  - Targeted at gaps in awareness and community specific
- Electronic systems in clinical services\textsuperscript{1,2}
- Systematic screening and guidelines
  - Most humanitarian entrants tested\textsuperscript{3} per recommendations\textsuperscript{4}
  - Higher diagnosis rates, shorter delay from time of arrival\textsuperscript{5,6,7}
  - Pregnancy

Enablers of diagnosis

Engagement in care – barriers

• Diagnostic experience
  – Not communicated impact of CHB\(^1\) (or not told\(^2,3\))
  – ‘Healthy carrier’ myth

• Waiting lists and specialist support
  – Surveyed GPs in Sydney – prefer initial referral\(^4\)
  – Logistical barriers to hospital care\(^5\)

• Systematic support and workforce training\(^6\)

• Legislative barriers to prescribing

• Health service access – rural and regional\(^7\)

• The pregnancy dichotomy\(^6,7\)

Engagement in care – interventions

• Provider education\(^1,2\) - B Positive program\(^3\)
• GP prescribing
  – Awareness and provider education
• Response to notifications\(^4\) and contact tracing
• Other service models – eg nurse-led\(^5\)
• Financial incentives\(^6\)
• ‘Patient navigator’ approach – >90% linkage to care in US cohorts\(^7,8\)
• Adherence, knowledge level associated with continuity of care provider\(^9,10\)

Summary

• Major gaps in cascade are in diagnosis and engagement in care
• Key issues with knowledge and awareness well-documented
• Further information needed on those lost to engagement in care, successful interventions
• Key aspects include prior assessment of needs, systematic processes, tailoring to affected communities
Acknowledgements

• Funding
  – Australian Government Department of Health
  – Royal Melbourne Hospital Grant

• Data custodians and sources
  – Australian Bureau of Statistics
  – Australian Government Department of Health
  – Australian Government Department of Human Services

• Epidemiology Unit, The Doherty Institute

• Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine