

MULTI-DISCIPLINARY MANAGED CARE NETWORKS-LIFESAVING INTERVENTIONS FOR HEPATITIS C PATIENTS

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Introduction: Successful HCV therapy depends on effective pathways of care. Over 2 decades we have developed 4 sequential models of care latterly using a multi-disciplinary Managed Care Network (MCN) to improve HCV testing, care and treatment

Methods: Cohort study to evaluate the effectiveness of care pathways, carried out using all HCV positive individuals tested in a geographical region between 1994 and 2014, follow up 21 years.

Results: Study of 3122 HCV positive patients. They were divided into four cohorts representing different care pathways defined by their date of HCV antibody diagnosis: cohort A, pre July 1999, conventional hospital outpatient management. Cohort B July 1999- June 2004, Specialist nursing at HCV treatment clinic. Cohort C July 2004-June 2009, development of MCN, new referral pathway- referrals by all health care professionals, outreach clinics. Cohort D July 2009-June 2014 MCN funded, routine dry blood spot testing in drug services and needle exchanges, increase in outreach clinics across region. From Cohort A to D; the number who accessed treatment services within 1 year of diagnosis increased from 77/292 (26.3%) to 521/821 (72.9%) the rate of treatment starts within 1 year of diagnosis increased from 6/292 (2.0%) to 133/821 (16.2%) and the sustained viral response rate improved from 61.6% to 77.4%. All-cause mortality decreased from 232/688 (33.7%) in cohort A to 55/1207 (4.5%) in cohort D, multivariate analysis showed that pathway type was an independent predictor of mortality irrespective of age, sex, SVR status or HIV coinfection with pathway D having an odds ratio of 0.53(0.40-0.77 p<0.001) compared to pathway in A. At study end 78% (3122) of estimated 4000 HCV positive had been diagnosed. 97.5% of HCV caseload was referred to Specialist Services, 89% attended for assessment, 948 have commenced treatment,

Conclusion: The introduction of a MCN increased engagement, access and reduced all cause mortality.

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