



Interventions to enhance the hepatitis C care cascade

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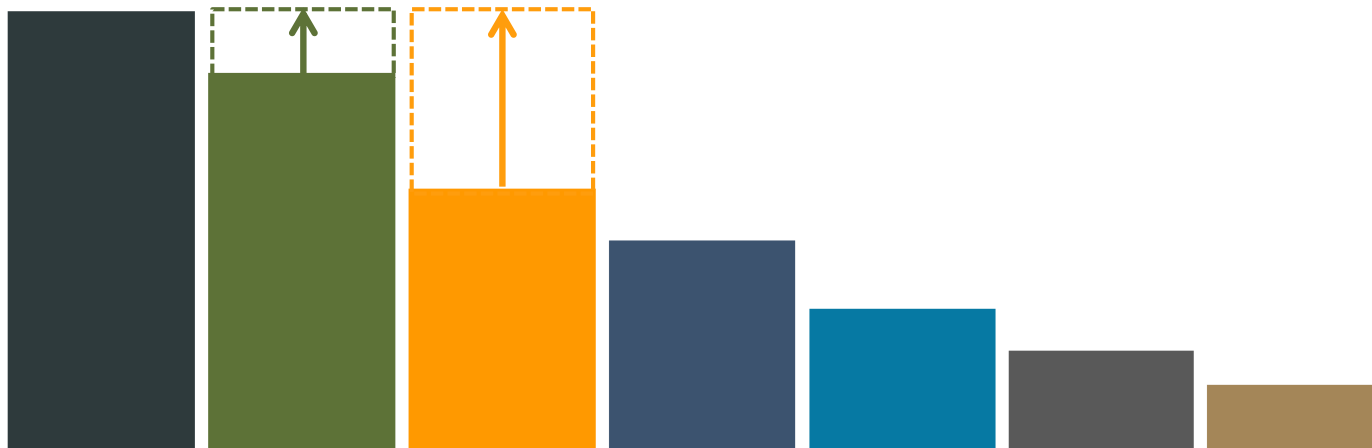
Disclosures

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Hepatitis C care cascade

- The burden of HCV infection is growing, including among PWID
- HCV testing, assessment and treatment uptake remain low
- Simple, tolerable, effective therapies are a game changer
- Strategies to enhance HCV testing/treatment among PWID

The HCV Care Cascade



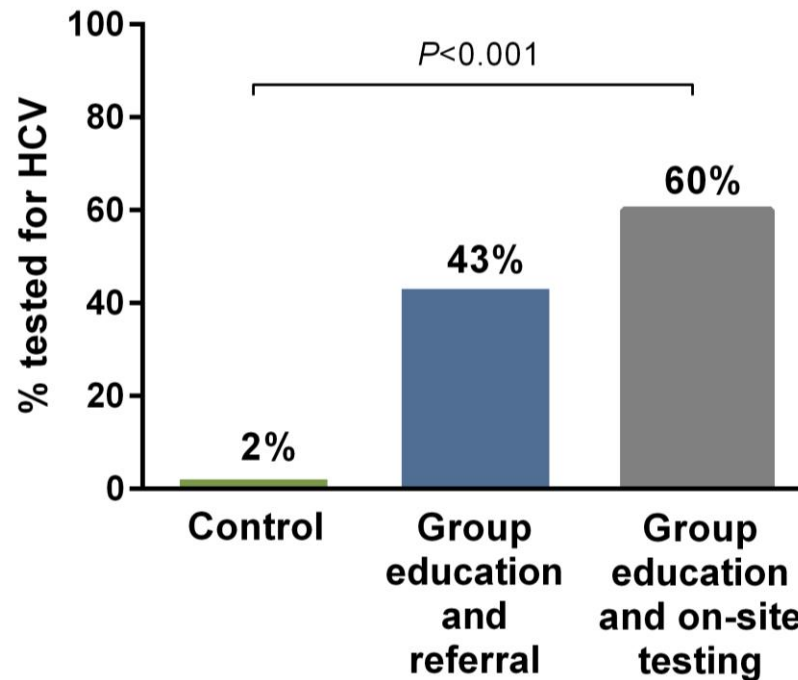
Successful strategies to increase HCV testing/diagnosis

- Education and counseling by health professionals with on-site HCV testing¹⁻⁵
- Physical and electronic medical chart reminders to prompt targeted risk-based assessment and testing⁵⁻⁸
- Dried-blood-spot testing^{5, 9-14}
- Point of care HCV testing^{5,15-17}

1) Cullen, W Br J Gen Pract 2006. 2) Rosenberg, SD Psychiatr Serv 2010. 3) Sahajian, F J Public Health 2011. 4) Lacey, C Australas Psychiatry 2007. 5) Meyer, JP Int J Drug Policy 2015. 6) Krauskopf, K J Gen Int Med 2014. 7) Litwin, AH Dig Liver Dis 2012. 8) Drainoni, ML Am J Public Health 2012. 9) Hickman, M J Viral Hepat 2008. 10) Abou-Saleh, MT Add Dis & Treat 2013. 11) Tait, JM J Hepatology 2013. 12) Craine, N J Viral Hepat 2009. 13) McLeod, A J Epidemiol Community Health 2014. 14) Coats, JT Int J Drug Policy 2015. 15) Morano, JP J Community Health 2014. 16) Bottero, J Open Forum Infect Dis 2015. 17) Beckwith, CG J Public Health 2016.

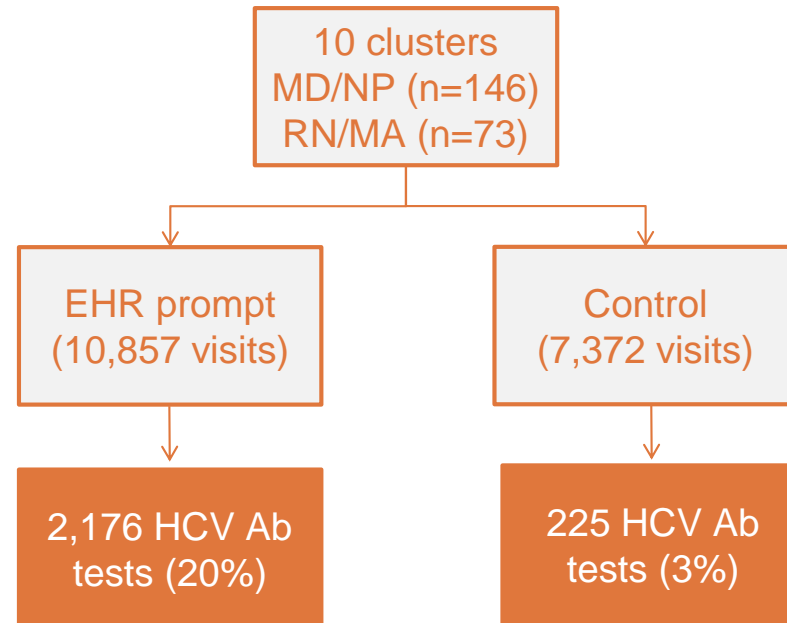
HCV education and pre-test counseling with on-site testing

- RCT of participants attending shelters (18 shelters, n=1,276)
- No intervention (n=6) vs. group information + referral (n=6) vs. group information and on-site screening (n=6)



Electronic clinician reminder to prompt for HCV testing

- Cluster randomized controlled trial at three adult primary care practices
- EHR triggered screening prompt when eligible patients (without prior HCV testing or HCV diagnosis born during 1945–1965) registered for a visit

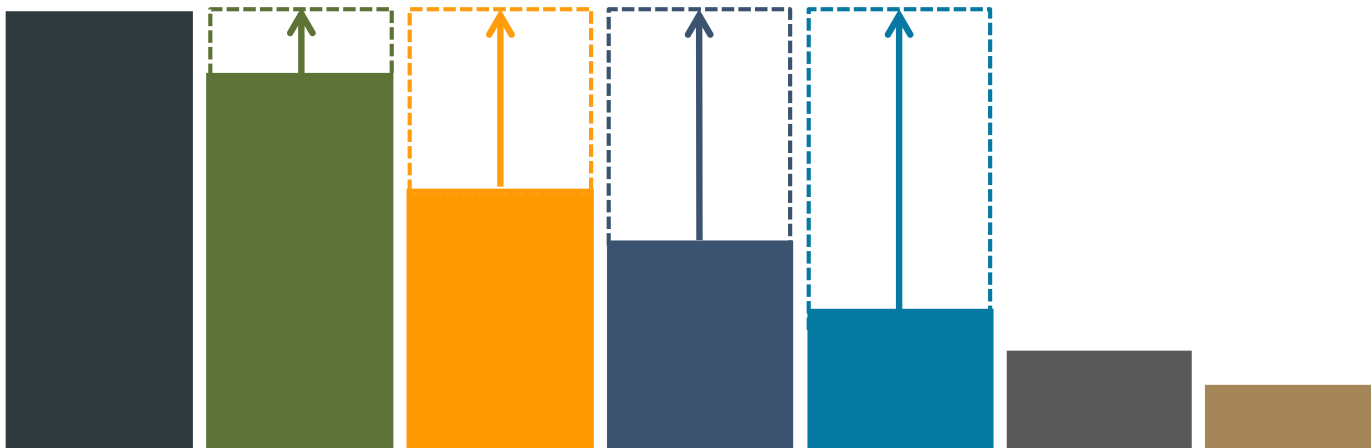


Dried blood spot testing in drug services in Scotland

Dried Blood Spot Testing
(introduced into specialist drug
services in Scotland during 2009)



Enhancing linkage to HCV care

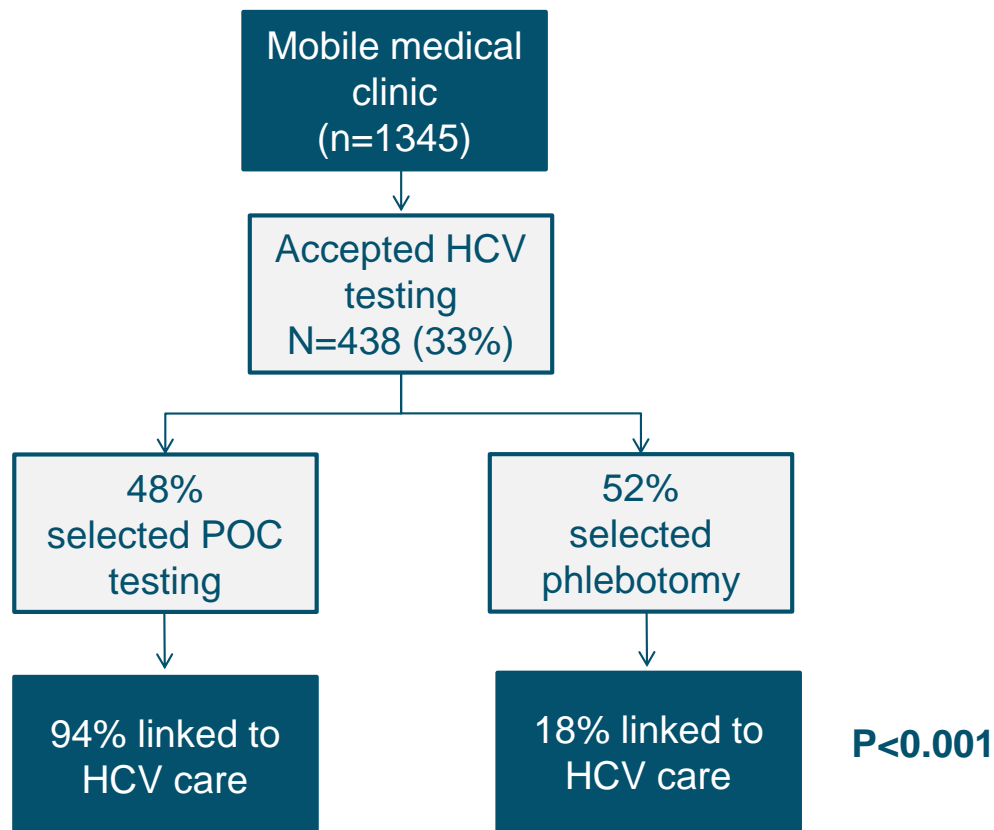


Successful strategies to increase linkage to care

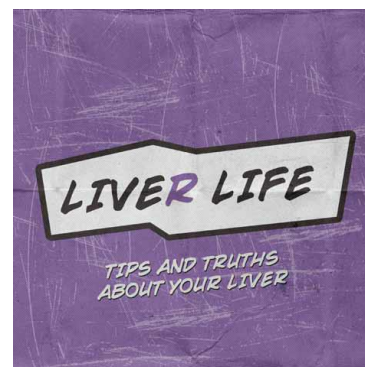
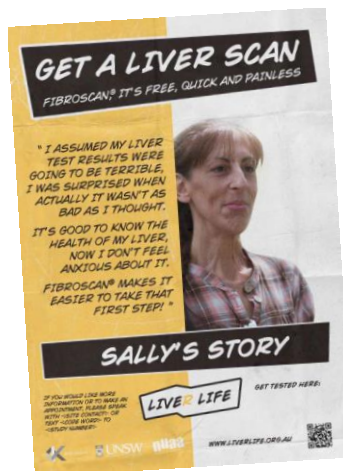
- Point of care HCV testing¹
- Non-invasive liver disease screening using transient elastography (FibroScan®) with facilitated referral to care²⁻⁴
- Integrated HCV care⁶⁻⁹
- Patient navigation programs/peer-based support¹⁰⁻¹¹

1) Morano, JP J Community Health 2014 2) Moessner, BK. Addiction 2011. 3) Foucher, J. J Viral Hepat 2009. 4) Marshall, AD. Int J Drug Policy 2015. 5) Cullen, W. Br J Gen Pract 2006. 6) Masson, CL Am J Public Health 2013. 7) Evon, DM. Am J Gastroenterol 2011. 8) Knott, A. Am J Gastroenterol 2006.9) Ho, SB. Clin Gastroenterol Hepatol 2015. 10) Trooskin, SB. J Gen Intern Med 2015. 11) Falade-Nwulia, O. J Viral Hepat 2016.

Point of care testing



FibroScan®-based screening/assessment

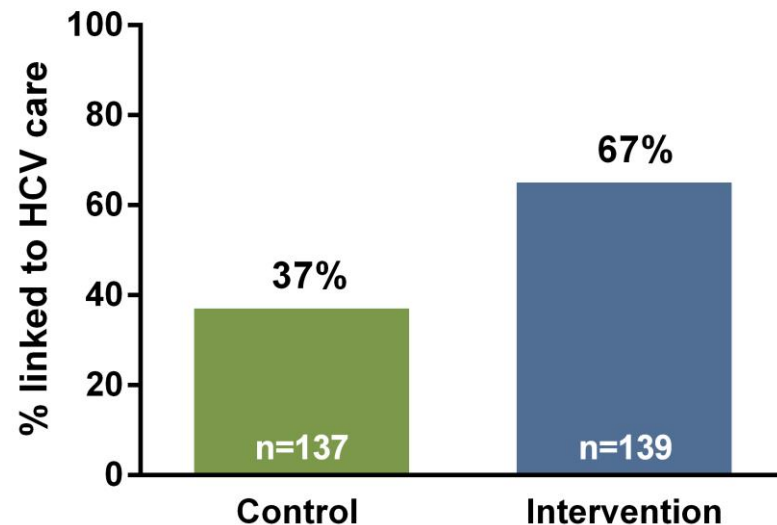


www.liverlife.org.au

- Social marketing to inform campaign resources
- Implementation phase: four clinics; one day per week for four weeks (with peer-based support), with subsequent clinical follow-up
- 95% reported that FibroScan® was acceptable
- 60% returned for post-FibroScan® assessment by a nurse/specialist

Hepatitis care coordination

- RCT of participants attending OST clinics (n=489)
- Intervention arm received on-site screening, enhanced education and counseling, and case management services

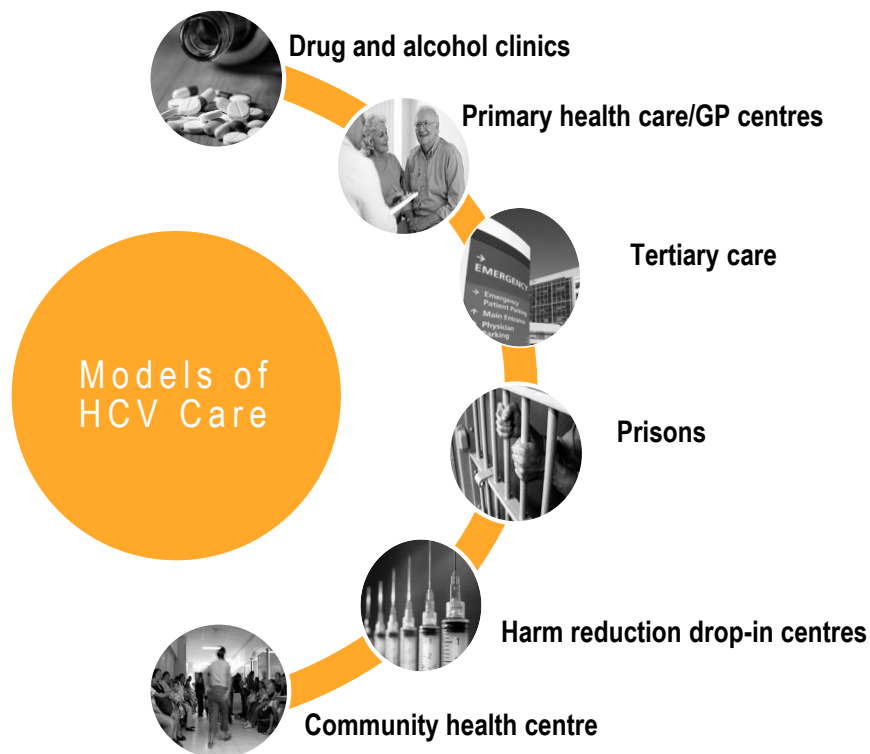


- Those receiving intervention more likely to be linked to care 6-months post-follow-up (OR = 4.10; 95% CI = 2.35, 7.17)

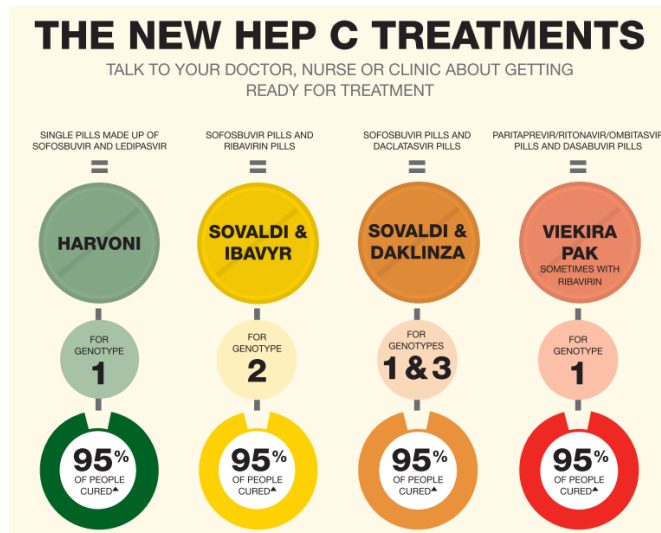
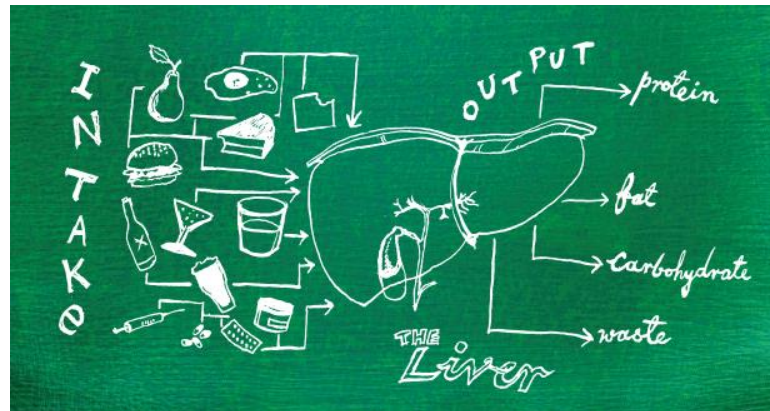
Patient navigator programs to enhance testing/care

- Care coordinator who provides services including:
 - assistance with insurance
 - scheduling primary care and HCV specialist appointments
 - reminder calls and/or text messages for appointments
 - field outreach to patients who do not return for results or miss specialist appointments
- Patients linked to different specialist prescribers, dependent on:
 - Patient's insurance
 - Patient preference
- Potential strategy to link patients to off-site services
- 52% (n=81) attended an off-site HCV specialist appointment²

One size does not fit all



Continued health promotion efforts



Education and training for health providers



Preparing Patients for Interferon-free Treatment for Hepatitis C in Drug and Alcohol Settings

Supporting the HIV, Viral Hepatitis and Sexual Health Workforce



Date **Monday, 27th June, 2016**

Venue **Calms**

Time **5:45pm - 8:30pm**



New direct acting antiviral (DAA) treatments for hepatitis C are now available on the PBS under s85. These DAAs are highly effective (>95% cure rate), easy to take (1 pill per day for as little as two months) and have a low side effect profile. Treatment of patients in a drug and alcohol setting is safe and effective.



This education and training session will focus on hepatitis C diagnosis, liver disease assessment, and the preparation and management of interferon-free DAA therapy for patients in the drug and alcohol setting (e.g. recent or former people who inject drugs). This course is being offered in collaboration with the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM), The Kirby Institute, UNSW Australia, and the International Network on Hepatitis in Substance Users (INHSU).

Following this course, the participant should understand:

- Key virological assessments for hepatitis C infection
- HCV liver disease staging and pre-treatment assessments
- IFN-free DAA therapeutic development and evidence among PWID
- IFN-free DAA treatment in Australia: PBS listing and guidelines
- HCV treatment adherence and support
- Post-treatment follow-up: liver disease and reinfection monitoring

Register at:

www.ashm.org.au/courses

Registrations Close:

Wednesday, 22 June 2016

For further details contact:

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Speakers:

Professor Greg Dore
Viral Hepatitis Clinical Research Program Head
Kirby Institute - UNSW

Dr Greg Spice
Senior Medical Officer
Calms Alcohol, Tobacco and Other Drugs Service

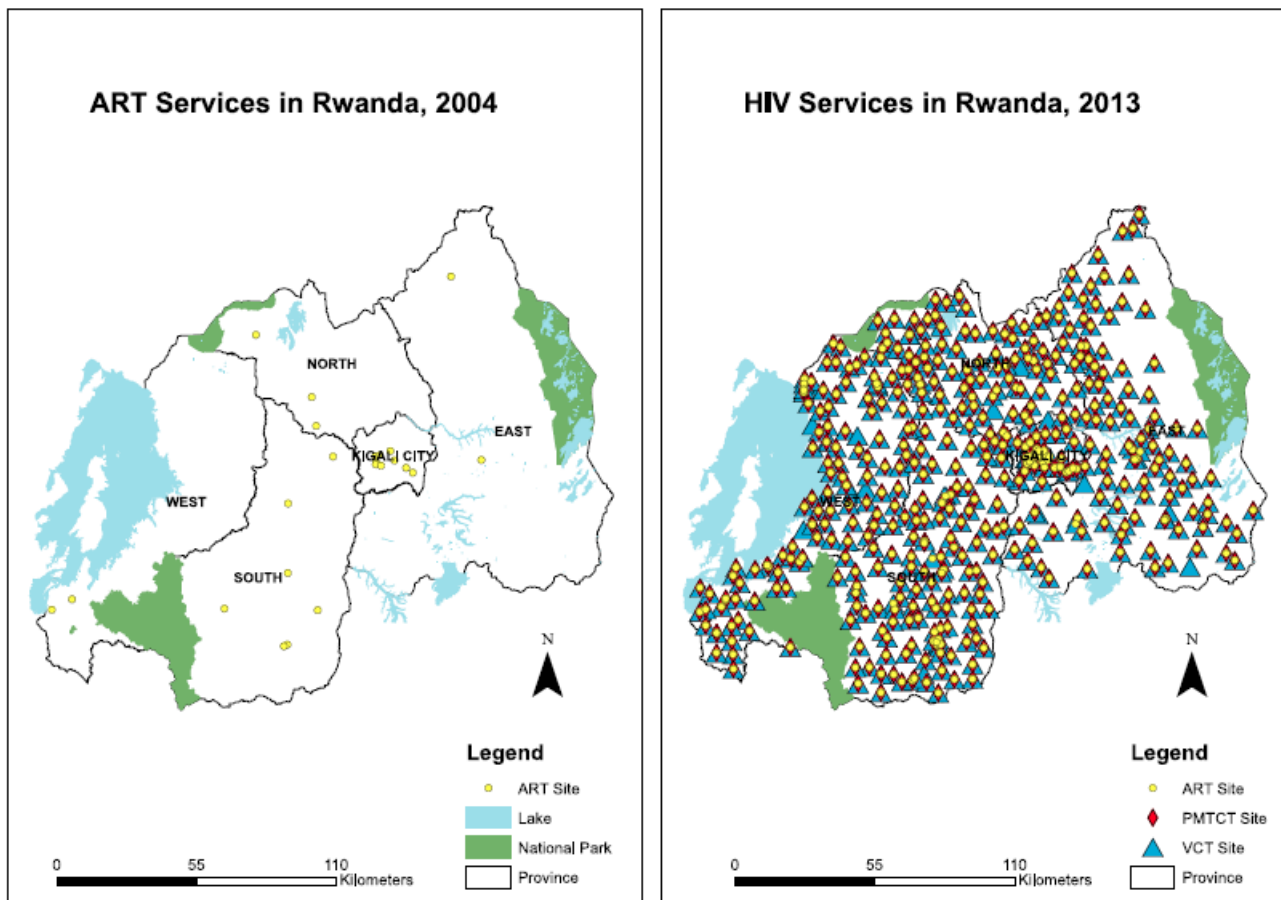
This course is FREE. Dinner will be provided.

Funding for this course has been provided by Gilead Sciences through an unconditional education grant.



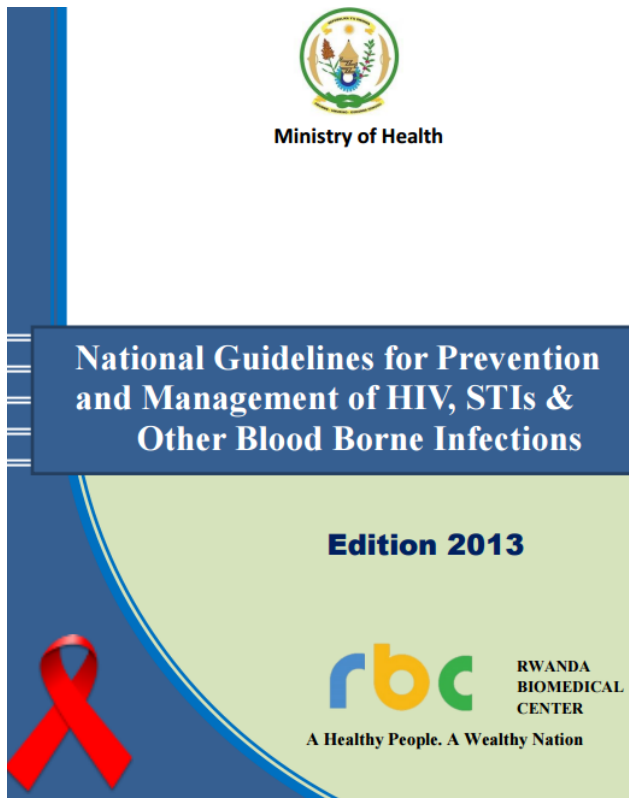
This activity has been approved by the RACGP QI&CPD program. Total 4 Category 2 CPD Points.

Where are we headed....



Nsanzimana BMC Medicine 2015

Two major events to catalyse ART scale-up in Rwanda



Keys to ART scale-up success in Rwanda

- Training providers to perform diagnoses and manage HIV
- Making training investments in health facilities
- Continuously reviewing HIV protocols to keep up to date with global treatment guidelines
- Patient and pharmacy files were standardized facilitating monitoring/evaluation
- Standardized web-based electronic reporting system for real-time reporting on the national HIV care program

The way forward

- HCV antibody testing is high in Australia, but there still exists a large undiagnosed HCV RNA pool and people are not linked to care
- The explosive uptake of HCV treatment will not be maintained
- Engaging marginalized and “difficult-to-engage” populations will be key
- Successful strategies to enhance testing/care are emerging
- One size will not fit all – requires adaptation to each individual setting
- Need to continue to disseminate, share and translate successful components of interventions/models to enhance HCV testing/care

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