

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.

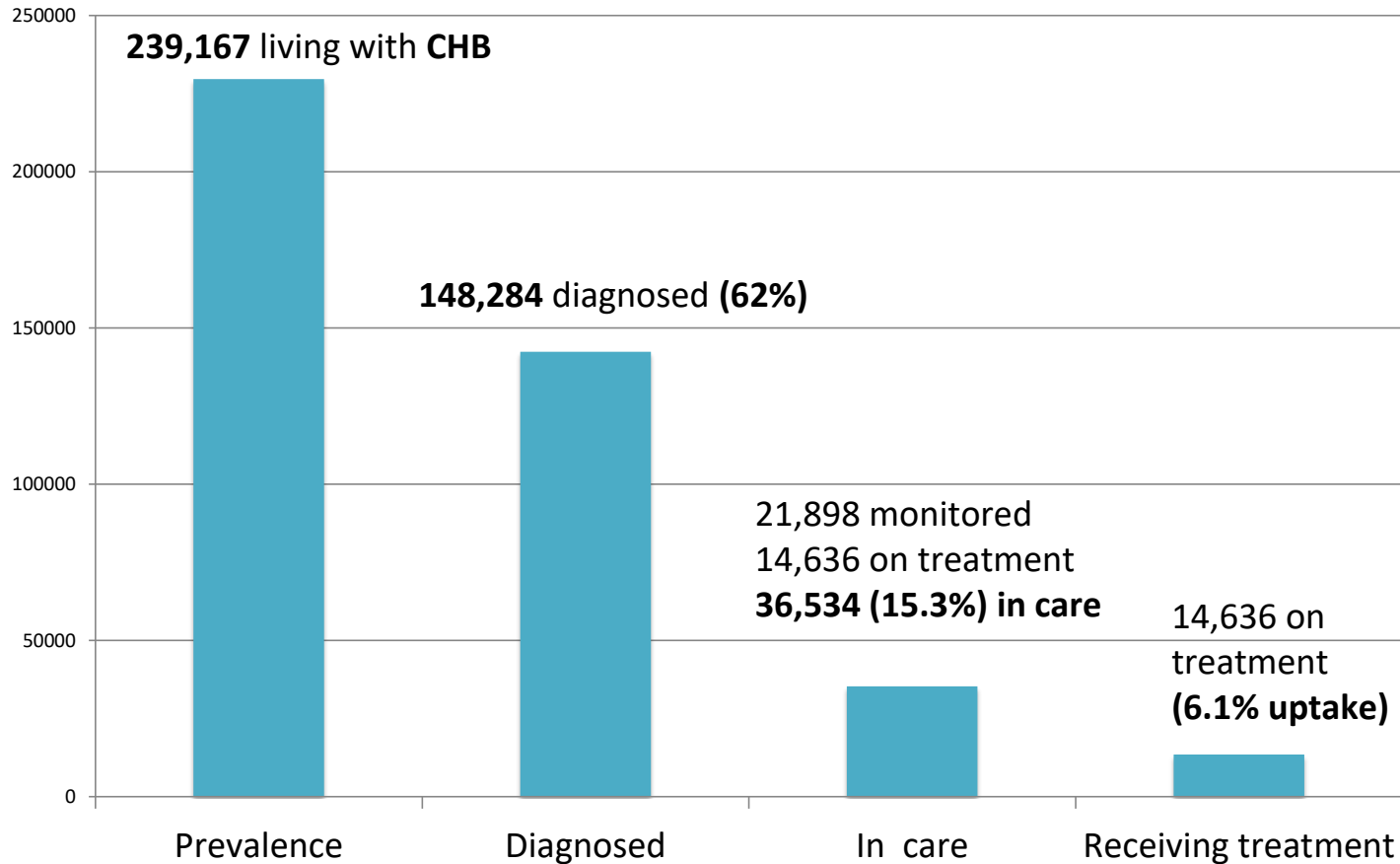


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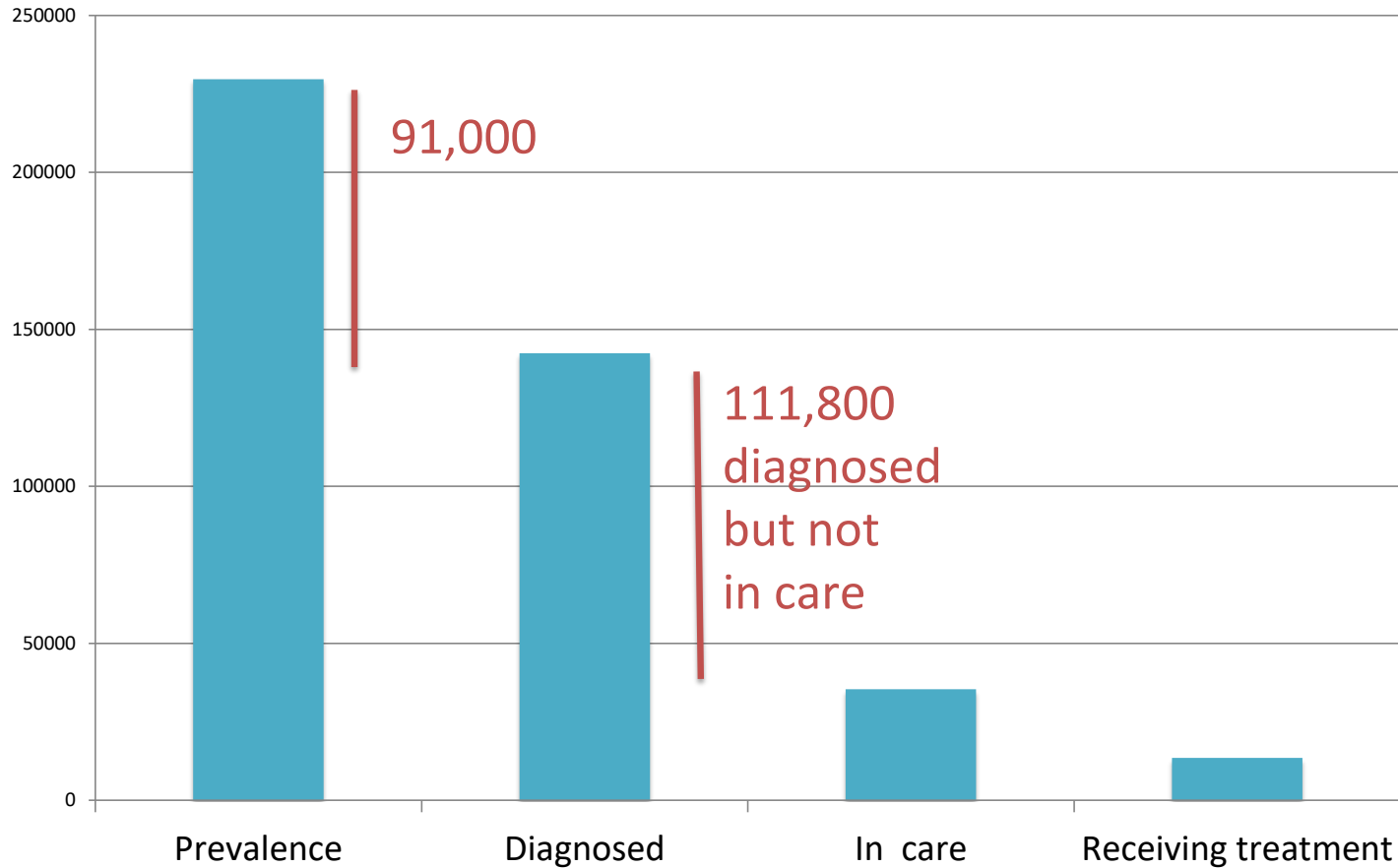
Introduction and outline

- 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

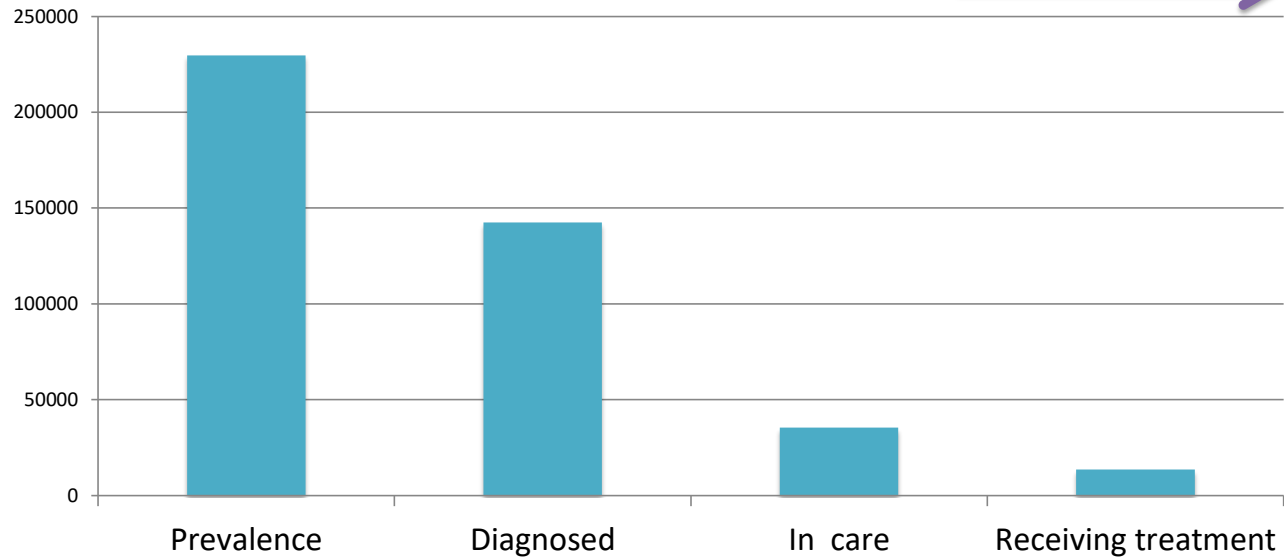
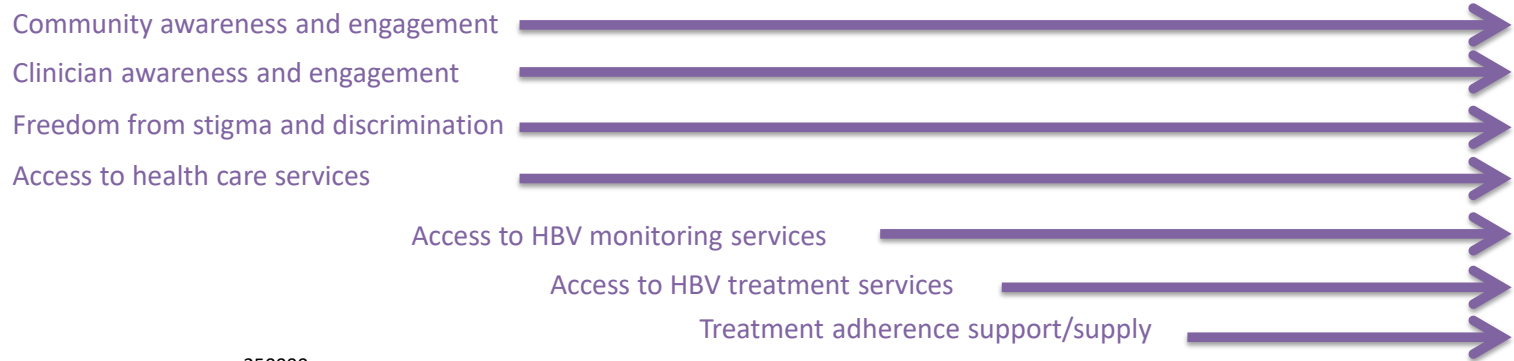
The cascade of care for CHB, 2015



The cascade of care for CHB, 2015



Cascade enablers



CHB diagnosis - barriers

- Perceptions of CHB and risk^{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^{6,7,8,9}
 - Initiation of screening
 - Concerns about Medicare

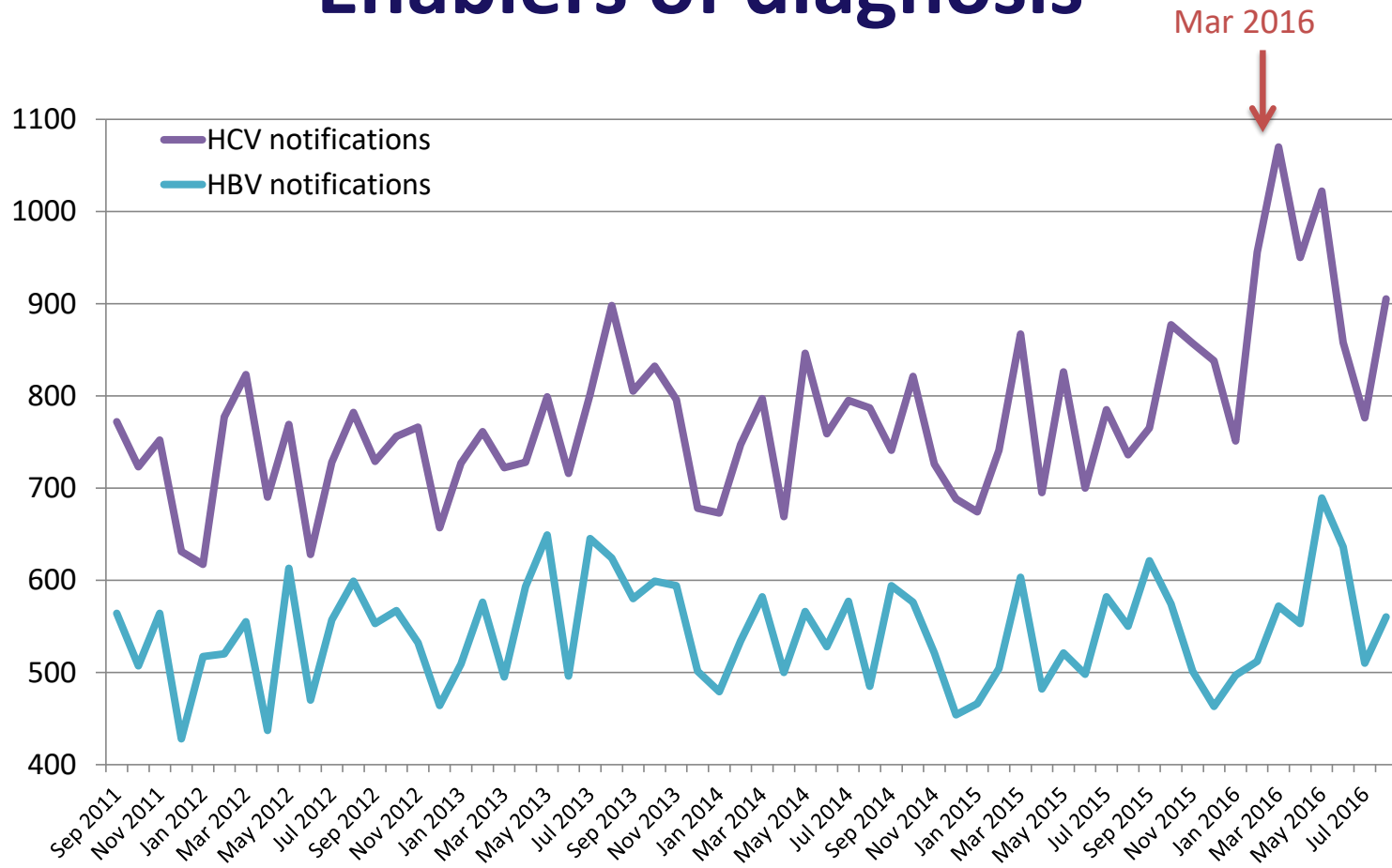
1. Adamson 2015 2. Adamson 2013 3. Hajarizadeh 2015 4. Vu 2012 5. Dahl 2014 6. Wallace 2012
7. Carroll 2010 8. Preston-Thomas 2013 9. Guirgis 2012

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^{1,2}
- Systematic screening and guidelines
 - Most humanitarian entrants tested³ per recommendations⁴
 - Higher diagnosis rates, shorter delay from time of arrival^{5,6,7}
 - Pregnancy

1. van Gemert 2016 2. MacLachlan 2012 3. Chaves 2009 4. ASID 2016 5. Subramaniam 2012 6. Williams 2011 7. Shadur 2013

Enablers of diagnosis



Source: National Notifiable Diseases Surveillance System September 2016

Engagement in care – barriers

- Diagnostic experience
 - Not communicated impact of CHB¹ (or not told^{2,3})
 - ‘Healthy carrier’ myth
- Waiting lists and specialist support
 - Surveyed GPs in Sydney – prefer initial referral⁴
 - Logistical barriers to hospital care⁵
- Systematic support and workforce training⁶
- Legislative barriers to prescribing
- Health service access – rural and regional⁷
- The pregnancy dichotomy^{6,7}

1. Wallace 2012 2. Williams 2011 3. Caruana 2005 4. Najjar 2016 5. Richmond 2015 6. Wallace 2013 7. Hepatitis B Mapping Report 2016. 8. Giles 2013. 9. Gurgis 2009

Engagement in care – interventions

- Provider education^{1,2} - B Positive program³
- GP prescribing
 - Awareness and provider education
- Response to notifications⁴ and contact tracing
- Other service models – eg nurse-led⁵
- Financial incentives⁶
- ‘Patient navigator’ approach – >90% linkage to care in US cohorts^{7,8}
- Adherence, knowledge level associated with continuity of care provider^{9,10}

1. Robotin 2013 2. Dev 2011 3. Robotin 2014 4. Romero 2016 5. 5. Robotin 2014 6. Topp 2013 7. Hyun 2016 8. Shankar 2016 9. Allard 2016 10. Dahl 2014

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

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