HepCare Europe

HOW TO REACH THE RISK GROUPS

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HEPCARE EUROPE is a €1.8M 3-year EU-supported project at 4 member state sites.

**Consortium members:** UCD (Ireland); SAS (Spain); SVB (Romania); University of Bristol (UK); University College London (UK)

**Aims** to improve access to HCV testing and treatment among key risk groups, including drug users and homeless, through outreach to the community and integration of primary and secondary care services.

‘HEPCARE’: A new user-friendly Hepatitis C Care service model
Issues that need to be addressed to make HCV a ‘rare disease’ in the EU:

- Community Education (preparing the at risk population for testing, assessment and treatment)
- Community Health Care worker education: to give them a better understanding of the new treatment regimes, and to prepare them to act as partners in treatment and support in a ‘shared care’ primary/secondary integrated partnership.
- Testing of the utility of point of care testing with HCV oral tests in diverse populations and different countries/settings and assessment of the cost effectiveness of such a strategy.
- Implementation of a community Fibroscan testing strategy and evaluation of the effectiveness of such a strategy; and for those identified with advanced disease, reasons for non-attendance.
Issues that need to be addressed (2)

* Development of a community focused assessment for HCV disease in those identified as HCV positive utilising community nurse outreach and peer advocacy support, as vulnerable communities have not and do not access secondary care services.

* Development of educational tools and pathways for those who test negative for HCV, to ensure that their risk of subsequent risk of acquisition of HCV and other blood borne viruses are minimised.

* Linking up disease services, so that Drug and Alcohol Addiction, Primary Care, STD, blood borne virus testing, TB evaluation and treatment, Hepatitis B vaccination, are all addressed in vulnerable populations in a linked up fashion.
Advantages of Fibro Scan

* Rapid test that allows POCT: Entire scan 5-7 minutes to complete.
* Allows clinicians to arrange OGD or liver ultrasound urgently if evidence of cirrhosis on baseline fibro scan.
* Non invasive procedure/ No pain/No sedation required.
* No risk of bleeding or infection which are potential complications of liver biopsy.
* No requirement to admit as a day case.
* Inexpensive scan.
* 96% specificity when compared to liver biopsy staging.
RESULTS

* The fibroscan scores ranged from 3.6- 75.0 kpa.
* 32% (n=62) of all patients scanned scored > 8.5 kpa (Current Irish DAA treatment eligibility criteria).
* 60% were HCV diagnosed more than 10 years ago.
<table>
<thead>
<tr>
<th>NON-ATTENDANCE</th>
<th>(n)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never Referred/unaware if referred.</td>
<td>20</td>
<td>32.7</td>
</tr>
<tr>
<td>Attended at least once but no f/up offered/received.</td>
<td>30</td>
<td>50</td>
</tr>
<tr>
<td>Fear (of illness and/or tx)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Prison/Incarceration</td>
<td>1</td>
<td>1.6</td>
</tr>
<tr>
<td>Chaotic lifestyle:drug/alcohol use</td>
<td>6</td>
<td>9.9</td>
</tr>
<tr>
<td>Told treatment / f/up not needed/Not ill enough</td>
<td>2</td>
<td>3.3</td>
</tr>
<tr>
<td>Encouraged to wait for new tx</td>
<td>4</td>
<td>6.6</td>
</tr>
<tr>
<td>Still engaging with secondary care/monitored at least annually.</td>
<td>12</td>
<td>20</td>
</tr>
<tr>
<td>Unaware of HCV pos status</td>
<td>2</td>
<td>3.3</td>
</tr>
<tr>
<td>Completed tx</td>
<td>2 (1 X DAA/ x1 INTERFERON)</td>
<td>3.3</td>
</tr>
</tbody>
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Primary Care Study N. Dublin: Heplink
Methods

*Methadone prescribing GP practices in North Dublin were recruited from the professional networks / databases of the research team*

*Patients were eligible to participate if:*
  - ≥ 18 years of age
  - on MMT
  - attend the practice for any reason during the recruitment period

*Baseline data on HCV care processes / outcomes were extracted from the clinical records of participating patients*
GP Practices recruited n=13

Patients recruited n=91 (9 practices)

Baseline Data Collected n=73 (7 practices)

HCV positive patients undergone fibroscan n=15

Patients referred to secondary care n=7
Patient Characteristics at Baseline (n=73)

* Demographics
  * Gender: Male 65.8% (n=48); Female 34.2% (n=25)
  * Age: Median 40 yrs (range 28-71 yrs)

* HCV Testing
  * 91.8% (n=67) of participants had been tested for HCV infection

* HCV Status
  * 71.6% (n=48) of those tested were HCV Antibody positive
Co-infection

- 6.3% (n=3) of HCV Ab+ participants were co-infected with HIV
- 4.2% (n=2) of HCV Ab+ participants were co-infected with HBV

Attendance at Hepatology/ID

- Less than half (47.9%; n=23) of HCV Ab+ participants had attended secondary care for specialist assessment
The integrated model of HCV care has been piloted in 4 GP Practices to date

15 HCV Ab+ patients have undergone a fibroscan

8/15 (53.3%) scored above ≥8.5 kPa which is the threshold for access to the new DAA treatments in Ireland
Hepatitis C: the opportunity to make it a ‘rare disease’ in Ireland

- We can cure patients with HCV
- Drugs are safe to be given in the community with minimal monitoring
- The costs are currently prohibitive, but will come down with time
- Community Partnership is critical as most patients will not come to the Hospital Clinics
- Partnership with Primary Care is essential
- Partnership with the Community and Peer Support groups are essential
- To delay identification of HCV advanced disease in the community will result in unnecessarily patients presenting to tertiary care with decompensated liver disease and HCC
- Additional financial investment in the community will be needed to ensure that ‘vulnerable populations’ access treatment

Co-funded by the Health Programme of the European Union
Ireland’s Plan for the Future 2017

- Eliminate fibroscan criteria for DAA treatment (previously fibroscan score of 8.5 needed)
- Plans to treat 1600 patients in the hospital setting in 2017
- There are still 1600 out there in the community with high fibroscan scores based on initial projections from our community fibroscanning statistics. Who will provide their care?
- The Irish HSE plan is to pilot 100 community drug treatment centres with community administered DAA therapies
- No additional monies/resources are being put into the community to assist ‘vulnerable populations to access testing, support and treatment
- More monies are being provided in 2017 to the ‘hospital based HCV services’.
Ireland’s Plan (2)

- There are currently 20,000+ in Ireland with HCV, 750 who have been treated in 2016, and a planned 1600 hospital based treatments budgeted for in 2017, and most of those who will be treated will have low fibroscan scores ie HCV infection but no disease.
- The priority is to treat disease first, not just infection.
- How do we advocate for those 1500 out in the community with advanced HCV related liver disease who are not accessing care in the hospital centres?
- How do we ‘seek and treat’ the additional 17,000 out there?
- Clearly more monies for community partnerships needed, and efforts to link up hospital and community services.