



HepCare Europe

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Service Integration: Accessing HCV Treatment for Homeless, PWIDS/ex

PWIDS attending Community OST Treatment Centres

Disclosure

🍃 Tina McHugh has no conflicts of interest to disclose



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WHAT IS HEP CARE EUROPE?



- New system to improve the identification, evaluation and treatment of HCV in vulnerable populations (homeless, prisons, PWID).
- HCV highly prevalent among vulnerable populations.
- Many are unaware of their infection and few have received HCV treatment.
- Recent developments in HCV treatment offer cure rates >95%.
- 4 member states (Ireland, UK, Spain, Romania)
- Project started in May 2016 – due to finish 31st Oct 2019



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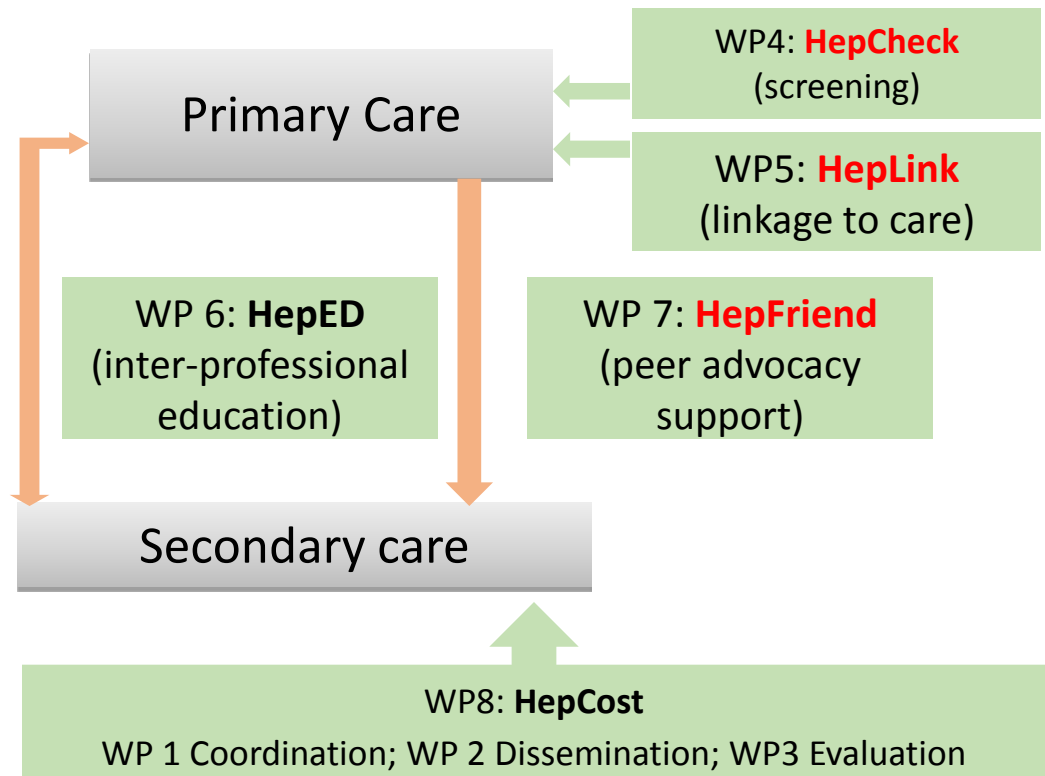
HEPCARE: A new Hepatitis C Care service model

Adaptable, Flexible and Replicable

FLEXIBILITY & ADAPTABILITY allowed its successful replication in 4 very different settings in the EU

Revolves around the **PRINCIPLES** of

- Intensified Screening (HEPCHECK)
- Linkage to care (HEPLINK)
- Intensified patient support (HEPFRIEND)
- Education (HEPED)
- Cost analysis (HEPCOST)



Homeless HepCheck Study 2014

🍃 538 HCV Antibody Tests were performed

- 37% (n=199) tested positive
- 57% (n=308) tested negative
- 6% (n=31) recorded as no result

🍃 Of the 199 testing positive, 56% (112) were “new” positives while the remaining 44% (87) were “known positives”.

🍃 Following a positive test 46 patients were referred to specialist care BUT only 21 people attended at least 2 appointments

🍃 Only 2 received HCV treatment!



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Homeless HepCheck Study 2014

- When asked about barriers to treatment, participants' reported the lack of stable accommodation to be the most common barrier to accessing care.
- The most common 'other' reasons for non-attendance were
 - on-going drug use
 - Incarceration
 - fear of side effects of treatment
 - forgetfulness



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Hepatitis C in Ireland



- Estimated between 20,000-30,000 individuals living with HCV in Ireland
- 80% of these contracted HCV through injecting drug use
- No treatment restrictions
- Models of care- hospital/OST
- Many of those affected are engaged in homeless and addiction services but very few linked are linked with specialised services



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HCV Shared Care Community Treatment Programme

- 🌿 Collaboration between Mater Misericordiae University Hospital and Granby OST Centre (Centre for Homeless/persons receiving methadone). GP trainee delivers the service.
- 🌿 Aims to make DAA treatment for HCV more accessible and feasible to patients from marginalised populations.



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**HEPCARE
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Shared Care Community Treatment Programme

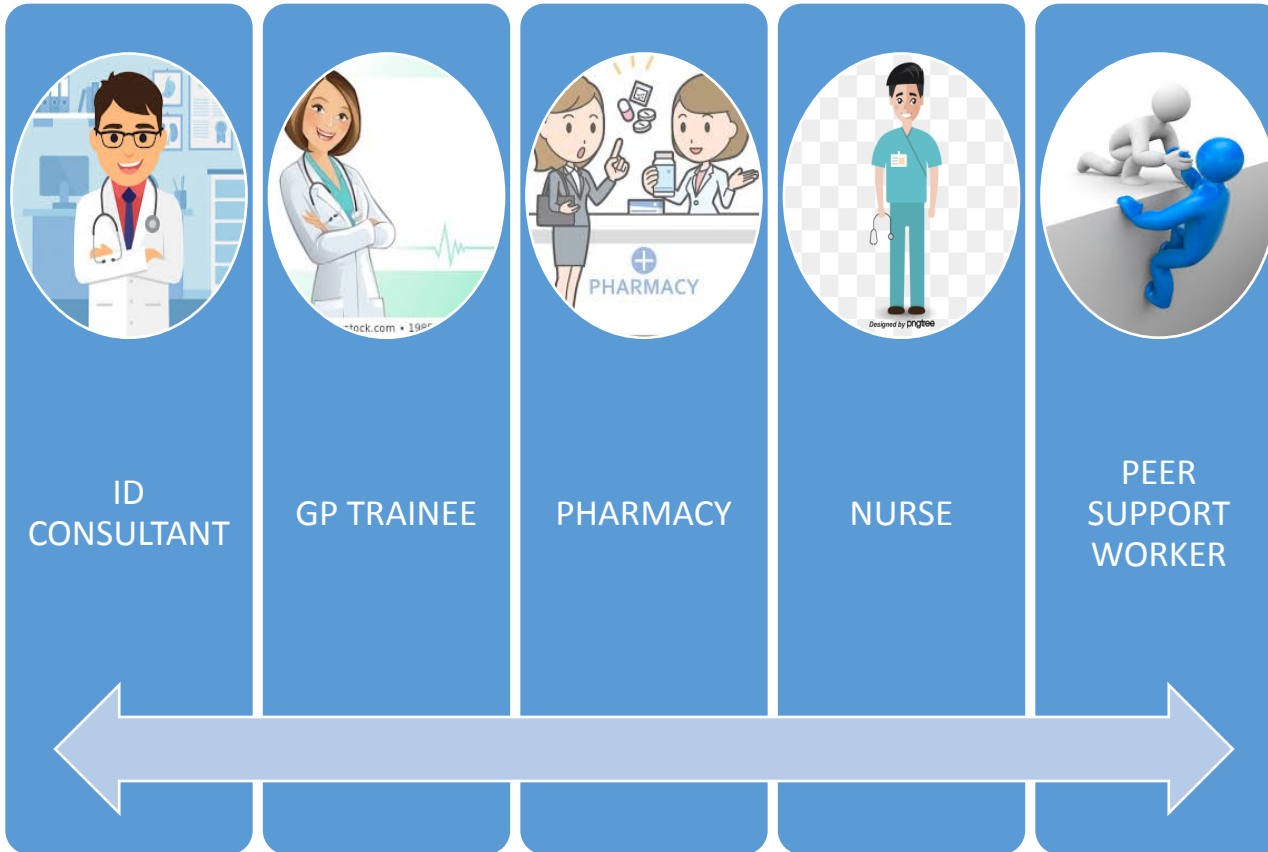
- ✿ Provide a high quality, clinically effective service within the community targeting patients who are homeless and still actively engaged in addiction
- ✿ Receive HCV treatment (DAAs) alongside their opioid substitution therapy in their community pharmacy following initial patient review and work up in the Granby Centre and one initiation visit at the Mater Hospital.
- ✿ Exclusion criteria included: co-infection with HIV or Hepatitis B, previous HCV treatment and decompensated liver disease.



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Roles and Responsibilities



Roles and Responsibilities of Granby Centre/GP Trainee

- 🌿 Overall clinical care of the patient
- 🌿 Follows up on patients defaulting in an attempt to re-engage
- 🌿 Sets up meeting with Peer Support Worker
- 🌿 Reports weekly to hospital consultant and team
- 🌿 Weekly contact with community pharmacies to assess compliance
- 🌿 Collection of data



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Roles and Responsibilities of Hospital Pharmacy

- 🌿 Supervision of pharmacy element of programme
- 🌿 Ensure correct treatment option is selected as per National HCV Treatment program guidelines
- 🌿 Ensure a full list of concomitant medicines is obtained from GP trainee
- 🌿 Provide education to patient
- 🌿 Provide a support and guidance resource for community pharmacists.



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Roles and Responsibilities of Community Pharmacy

- 🌿 Acknowledgement of receipt of patient medication
- 🌿 Storage of DAA's
- 🌿 Ensure patient received take away DAA therapy to cover days when OST not supervised
- 🌿 Report on adherence to therapy

Roles and Responsibilities of Hepatitis C Nurse Specialist (Hospital Based)

- 🌿 Provide advice and support to GP/GP trainee throughout treatment duration



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Roles and Responsibilities of HCV Peer Support Worker

- 🌿 As an integral part of the team the HCV Peer Worker collaborates with the wider team (hospital & community) to engage and retain patients on the treatment pathway
- 🌿 Provides one-to-Peer support to patients on HCV treatment
- 🌿 The ' HCV Peer Support Worker' provides low threshold outreach support and offers accurate , up to date information about Hepatitis C and the treatment options



Shared Care Community Treatment Programme

Results to date:

- 👉 Recruited 32 patients with Chronic HCV infection
- 👉 25 male and 7 female
- 👉 Aged between 29-56 years.
- 👉 To date all who completed treatment have undetected viral load at the end of treatment, **22** achieved SVR at three months, 2 still on treatment and 6 awaiting/outstanding SVR testing.
- 👉 2 patients defaulted during treatment despite intensive peer support and intervention by community team.



Case Study

- 🍃 41 yr old Male living in emergency accommodation
- 🍃 History of Injecting Heroin
- 🍃 On Methadone since 2015
- 🍃 Problematic alcohol user
- 🍃 Chronic Hepatitis C
- 🍃 With intensive Peer Support commenced DAA treatment in September 2019.
- 🍃 Defaulted from DAA treatment after 6 days
- 🍃 Peer intervention
- 🍃 Admitted to hospital with pneumonia (Pneumococcal antigen)
- 🍃 Restarted on DAA's and is now halfway through 8 week course of treatment



Key Learnings

- 🍃 Partnership between hospital and community critical to ensure governance and appropriate assessment and support for the patient and the community services engaged in this initiative.
- 🍃 Ultimately all care needs to be provided in the community, as these patients do not access hospital services
- 🍃 Despite all support, there will be some ‘failures’.
- 🍃 Those stable patients coming for hospital care are not ‘high transmitters’. It’s the ‘high transmitters’ we need to target to decrease on onward transmission.
- 🍃 In 2018 Ireland treated 1700 patients, but 700 new infections. Slow progress towards ‘elimination’.



References:

HepCheck Dublin': An Intensified Hepatitis C Screening Programme in a Homeless Population Demonstrates the Need for Alternative Models of Care.

Lambert JS, Murtagh R, Menezes D, O'Carroll A, Murphy C, Cullen W, McHugh T, Avramovic G, Tinago W, Van Hout MC, BMC Infectious Diseases DOI: 10.1186/s12879-019-3748-2

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Thank You Any Questions?



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