

**COMPASS project**  
 inside and outside link  
 for inmates and PWID with hepatitis B or C  
 in France first results

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### Abstract

**Introduction:** Mobile hepatitis team was created in 2013 to increase screening care and treatment of hepatitis B and C patients. We proposed 13 services: 1. Screening by dried blood spot (DBS) HIV HBV HCV 2. Mobile Fibroscan® in site 3. Social screening and diagnosis (EPICES score) 4. Advanced on-site specialist consultation 5. Access to pre-treatment commission 6. Individual psycho-educative sessions 7. Collective educative workshops 8. Staff training 9. Drug users prevention 10. Peer to peer program 11. Low cost specific patients mobile phones 12. Specific one day hospitalizations 13. Green thread: outside POCT and FIBROSCAN® in specific covered truck. Target population was drug users, prisoners, homeless, precarious people, migrants and psychiatric patients. In our 3 years experience we screened, treated and cured 93 HBV/HCV patients with our team. It was enough to linkage care of all target population. **Objectives of COMPASS project** will to increase screening care and treatment of hepatitis B and C in inmates and drug users inside and outside, including incarceration with specific health care workers. **Methodology:** 2 health care workers welcome, screen and support inmates and PWID in their life area and drug units, in all steps of HBV/HCV care. We create also outreach centre outside jailhouse to welcome, follow up HCV and HBV patients after incarceration with or without treatment. **Results:** after 3 months we observed significant increase of HCV in HBV patients screened and diagnosed, treatments started, measure realized of social score EPICES. All these 2016 results were compared with year 2015 and showed increase of 20 to 50% of each item. **Conclusions:** specific follow up and support by dedicated health care workers are essential for increase medical management of drug users and inmates HCV/HBV patients. COMPASS project was new useful tool to screen, diagnosis and treat these patients by specific pathway of care.

### HCV in France

- Global incidence 2700/4400 new cases per year
- 150-200 000 HCV patients
- 75000 unaware patients
- 40-60 000 waiting for treatment
- 30-35 000 cured patients



### Introduction

- Mobile hepatitis team was created in 2013 to increase screening care and treatment of hepatitis B and C in inmates and homeless / precarious people.
- 2016 French recommendations for treatment of HCV patients were to propose a systematic screening and treatment of HCV to inmates and PWID.
- Our team came in jailhouse and PWID units to do POCT FIBROSCAN and treatment follow up but it was enough to take care of all people because there are many other difficulties than medical care

### 2016 HEPATITIS MOBILE TEAM

- 1 Hepatologist
- 1 Nurse coordinator
- 2 other nurses (2 for psycho educative intervention)
- 1 Secretary
- 2 Social workers
- 2 Health care workers

→ For a multidisciplinary approach

### 15 SERVICES « à la carte »

- Early detection / Primary prevention
- Screening / Point of Care Testing POCT (HIV HBV HCV)
- Green thread: outside POCT/DBS (dried blood spot) and FIBROSCAN® with specific truck
- Outreach open center 5 days /7
- Drug users information and prevention actions
- Staff training
- Clinical management :Linkage to care and fibrosis assesment
- Social screening and diagnosis (EPICES score)
- Mobile liver stiffness Fibroscan® (indirect measurement of liver fibrosis) in site
- Advanced on-site specialist consultation
- Free access to hospital blood tests care

### 15 SERVICES « à la carte »

- Hepatitis mobile team offers hotlines "all in one"
- Each structure according to its needs could choose actions it wishes to include in its draft
- For 1500 potential outpatients

### 15 SERVICES « à la carte »

- Access to treatment
- Easy access to pre-treatment commission ("RCP") with hepatologists, nurse, pharmacist, social worker, GP, psychiatric and/or addictologist..
- Low cost mobile phones for patients
- Follow up during and after treatment
- Individual psychoeducative intervention sessions
- Collective educative workshops
- Peer to peer educational program
- Specific one day hospitalizations

### HEPATITIS MOBILE TEAM

- 3 specific cars + 1 truck
- 3 Fibroscan
- POCT/DBS HIV/HCV/HBV

### HMT linkage care

1485 seen once

2056 DBS / 944 HCV DBS/ 414 Fibroscan

HCV positive 244 (100%)

FIBROSCAN + full blood tests done

202 patients in pretreatment commission(83%) (61% of PTC cases)

146 HCV treatment decide (59%) / 56 only survey

121 started treatment(50%)

93 cured patients + 26 in treatment (49%) / only 2 stop treatment

### Origin of project COMPASS

- Increase continues of the time dedicated by nurse / social worker and secretary to the reception " everything coming " in our place AND to the medical and social support
- Increase of the number of vulnerable and precarious reached people

### PARTNERS ORGANIZATIONS

- Hospital services:
  - Asylum medical unit
  - Jailhouse medical unit
  - Primary care access unit
  - Pharmacy
  - TB unit
  - Addictology service
  - Gastroenterology service
  - Medical day home
- Psychiatric hospital:
  - One Day hospital and Psychiatric Mobile Team
  - Map - psychiatric diagnosis and orientation module
- Outside hospital:
  - Methadon centers
  - Low threshold drug center
  - Housing units
  - Therapeutic Coordination Apartment
  - Day reception and home association
- Associative sector:
  - Patients association
  - Psychoeducative network
  - Hepatitis network

### AFEF ASSOCIATION FRANÇAISE POUR L'ETUDE DU FOIE

#### French guidelines June 2016

- Treat all patients with liver fibrosis F2 F3 F4 and..
- Treat all drugs users and inmates even if no liver fibrosis

→ 100% of french DU / inmates have to be treated for HCV infection!

### Objectives

- Increase screening care and treatment of hepatitis B and C
- In inmates and drug users inside and outside
- Including incarceration
- With specific actions of health care workers

### Methodology

- 2 specific health care workers welcome, screen and support inmates and PWID in their life area and specific units, in all steps of HBV/HCV care
- We create also new outreach centre outside jailhouse to welcome, follow up HCV and HBV homeless drug users and patients after incarceration with or without treatment
- We want to increase 50% of HCV and HBV treated patients

### COMPASS PART 1

Answer missions of coverage of a public in trouble of reached access to healthcare or the risks of viral hepatitis

- RECEPTION:
  - With or without produce you
  - From Monday to Friday from 9:00 am till 5:00 pm
  - People reached(affected) or not.
  - With a positive serology / negative / not made / unknown
- INFORMATION:
  - Social rights
  - Route of contamination
  - Care access

### Target population

- Drugs users
- Prisoners
- Psychiatric patients
- Homeless
- Precarious people
- Migrants

### COMPASS PART 2

Use dynamics of care of the viral hepatitis to engage a social global, multidisciplinary, multi-partnership coverage and reintegration, with regard to complex situations of the vulnerable people

- ORIENTATION:
  - Collection of data to specific support, social and score EPICES.
  - Orientation towards nurse (POCT/FIBROSCAN). Orientation towards social worker according to score EPICES
  - Orientation towards primary care unit for balance sheet blood and primary care.
  - Orientation towards mobile hepatitis C partners

### Evaluation criteria

- Number of people diagnosed after 1st passage, taken care, handled, having finished their treatment and cured
- New positive known detected and patient patients return towards the route of care
- Number of realized POCT and rate of positivity
- Number of realized FIBROSCAN
- % of patients/users followed in 3/6/9 months after 1st contact and/or end of detention

### COMPASS PART 3

This project allow to be a bridge to facilitate the routes of those who cross space "outcasts" (street or precarious home) in "inclusive" space (hospital units)

- SUPPORT:
  - Medical consultations
  - Biological tests
  - Social and administrative steps
  - House calls
  - Pharmacy for delivery of antiviral treatment

### Point Of Care Testing

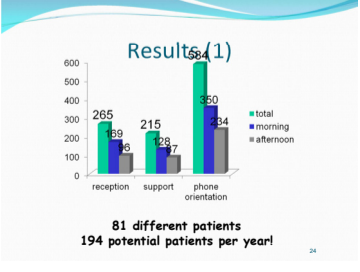
- POCT/DBS HCV / HIV / HBV
- Alternative to blood test, but in case of positive test → blood test confirmation is necessary
- Quick on digital puncture
- Immediate results
- Free, renewal of HCV status as soon as necessary

### Mobile FIBROSCAN

ver stiffness = measurement of hepatic asticity to detect liver fibrosis and liver rrhosis diagnosis

Invasive testing with rapid results, ombined with DBS/POCT

erformed by a nurse trained in the amework of a Memorandum of ooperation (HSPT-Law Article 51)



### Results (2)

- 61% of new (unknown) patients or without follow-up since 2 years
- 81% of patients were precarious (EPICES > 45)
- Medium fibrosis score F2
- 75% patients in treatment or also cured
- 45% increase of patients / 2015

### Conclusions

- Specific follow up and support by dedicated health care workers and social workers are essential for increase care of drug users and inmates HCV/HBV patients
- COMPASS projet was a new useful tool to screen, diagnosis and treat these patients by defining new pathway of care

