Integrated Hepatitis C Services in Drug and Alcohol Settings Enable Engagement and Access to Care

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Background

Evidence suggests that marginalized populations respond to client centred modules of service provision. Outlined is a snapshot of client participation in the Integrated Hepatitis C Service (IHCS) at VIDS from May 2014 to September 2015.

Currently there are approximately 230,470 people living with Hepatitis C in Australia with an estimated 185,740 with early to moderate fibrosis and 44,730 with severe fibrosis or cirrhosis.

Approximately 75% of people with hepatitis C have been diagnosed
Prevalence of hepatitis C in people who inject drugs attending needle syringe programs (NSP) in 2014 was 54%

Of people living with hepatitis c, 26% have received treatment by end of 2014 but only 10% of people who inject drugs who had been exposed to hep c had received treatment. Only 2% of those infected are currently receiving treatment

Data from "HIV, viral hepatitis and sexually transmissible infections in Australia – Annual Surveillance Report 2015" - The Kirby Institute

The rate of hepatitis C diagnosis is falling and the expansion of needle syringe programs and opiate substitution therapy may be a contributing factor partly due to the reduction in risk behaviours. However incidence of moderate to severe fibrosis or cirrhosis is increasing especially in conjunction with substance use and has been seen to double in the last 10 years with corresponding hepatitis C attributed deaths.

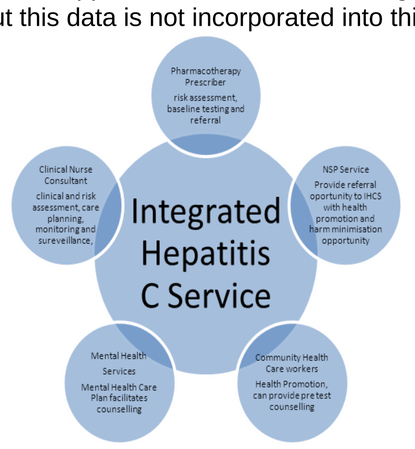
Uptake of treatment remains very low in part because of transitional treatment climate between Interferon based regimens and Interferon free direct acting antiviral treatments not yet readily available

Aim

The IHCS was established from Department of Health funding to implement strategies to engage priority populations into care.

The IHCS at VIDS is coordinated by a Clinical Nurse Consultant (CNC) and partners with community based Drug and Alcohol services, NSP's, and primary care facilities that provide opiate substitution therapy. Collaborating clinicians and allied staff include, General Practitioners, Community Health Nurses, Drug and Alcohol Clinicians, Mental Health Nurses and Infectious Diseases Physicians.

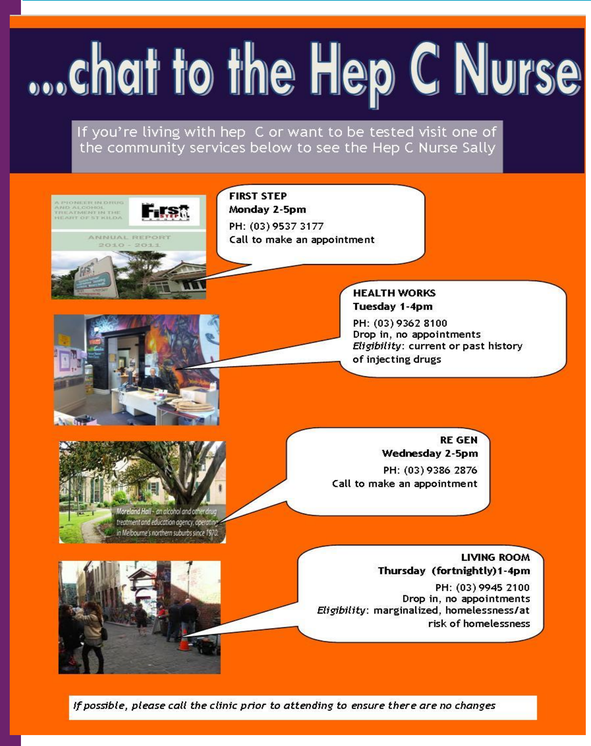
The IHCS also supports Rural, ATSI and Refugee Health services but this data is not incorporated into this presentation.



It was expected that providing hepatitis C care in settings utilised by priority groups would achieve an increase in access of care amongst service users. It would enable:

- Testing
- Assessment
- Monitoring
- Secondary Referral
- Allied Services Referral
- Treatment

Methods



Service Flyer

Clinical Services are coordinated by the CNC at community based nurse led clinics including

- Blood borne virus testing and counselling
- Facilitation of Liver assessment with pathology, ultrasound, and mobile fibroscan testing
- Duel consultation clinic with outreach Infectious Diseases Specialist or hepatitis c s100 prescribing GP
- Management of monitoring or surveillance program for clients awaiting Interferon Free treatment regimens
- Care coordination and support for clients on treatment

Allied Staff Service Collaboration with CNC

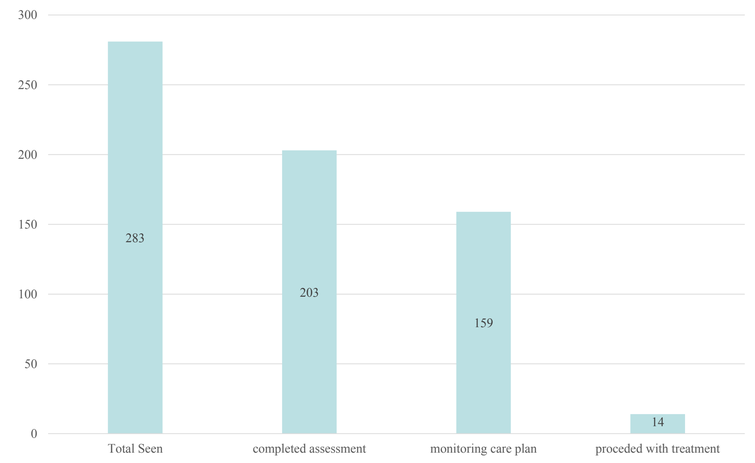
- Assistance in Team Care Arrangements and GP Management Plan
- CNC provides education for staff through organisational programs and at clinical meetings
- Provides group education to clients as part of non residential rehab programs
- Referral pathways established between Allied Staff and CNC such as Mental Health, Outreach Workers, Drug and Alcohol Clinicians and others
- Model supports capacity building with Community Health Workers able to provide care to clients with CNC in consultancy role
- IHCS actively enables care to be accessed from Peer Workers assisting clients with substance use concerns

Service Integration

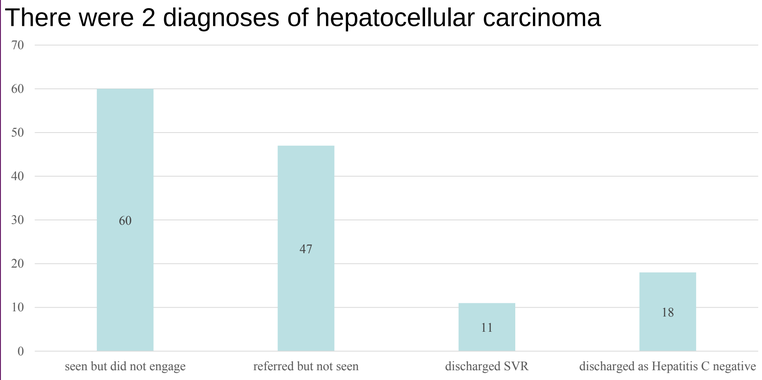
- IHCS is supported by VIDS Infectious Diseases Physicians with strong collaborative links with the community services
- Established specialist outreach at some clinics provide medical assessment and ongoing care planning
- Flexible referral pathways to facilitate timely access to required care
- Support in attending appointments if required at a different location facilitated by allied members of the IHCS
- Support for GP's by CNC both Hepatitis C treatment s100 prescribing and also less experienced
- Psychosocial, financial, legal, mental health and dual diagnosis aspects of care able to be addressed

Results

Total 283 clients seen by the IHCS in these services from May 2014-Sept 2015



Treatment numbers remain low whilst awaiting Interferon free treatments. Of those treated 3 clients failed to achieve a sustained virological response (SVR).
There were 2 deaths of clients related to substance use
There were 2 diagnoses of hepatocellular carcinoma



Conclusion

In 2015 the Pharmaceutical Benefits Advisory Committee (PBAC) recommended the listing of Interferon free Direct Acting Antiviral treatments on the Pharmaceutical Benefits Schedule. These medications are expected to become listed and available after approval by Cabinet within the next 6 months approximately.

Clients currently in monitoring will require treatment. This will place a significant burden on tertiary services. Programs such as the IHCS are already established and will be well placed to provide community based care.

Integrated models of care demonstrate that engagement is achieved and care is more readily accessed if available in clients existing services. Assessment in community based clinics limits the requirement for tertiary clinic visits. Drug and alcohol sector services are well placed to support hepatitis C care as part of an integrated and holistic approach. However continued work is required to increase engagement.

Acknowledgements

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