

# Integrated healthcare services for people who use drugs and alcohol followed at the HepC Virtual Clinic from Lausanne, Switzerland

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## Background:

In order to achieve the WHO goal of eliminating viral hepatitis by 2030, community-based initiatives and state plans are needed to fill in the gaps in hepatitis C screening, treatment and prevention in Switzerland. In this perspective, Swiss Hepatitis proposes a national program of treatment providers called "HepCare" which facilitates access to treatments by relating medical doctors with Hepatitis C care experts. Costs of DAA regimens and medical interventions during treatment are covered through mandatory health insurance.

Canton Vaud accounts for a large number of mental and addiction medicine centers providing out-care services and also housing facilities. This, in addition to tertiary care at hospitals and private clinics. However, we face the challenge of finding and treating people with chronic hepatitis C.

The Virtual Clinic emerged as a network binder and addiction medicine support for general practitioners and healthcare providers, caring for People who use drugs and alcohol known or at risk for hepatitis C infection.

## Goals:

Our goal is to develop a local network of general practitioners, healthcare professionals and stakeholders for community-based strategies on viral hepatitis awareness, screening, treating and SVR surveillance.

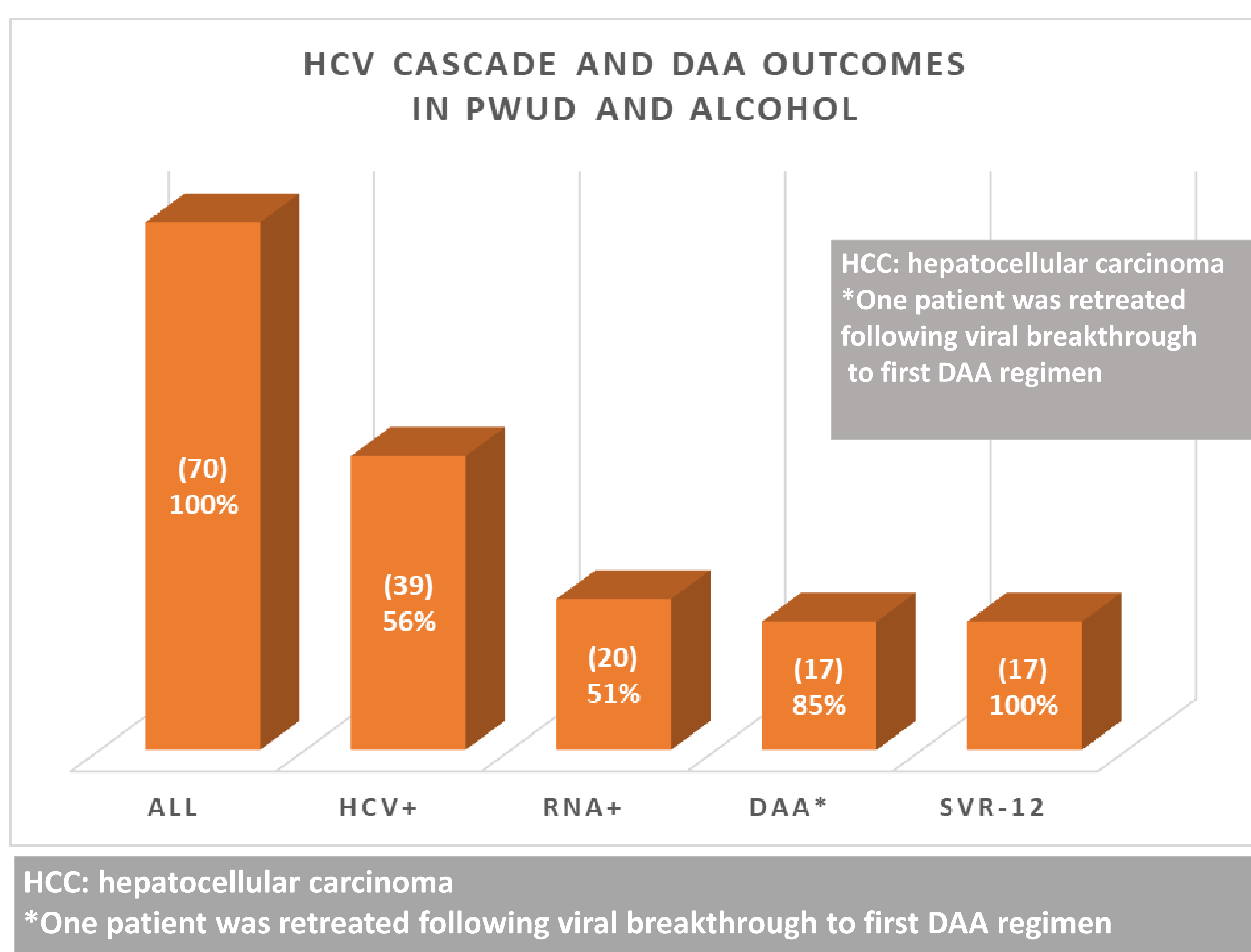
## Description of model of care/intervention:

We conduct face-to-face meetings with physicians participating in quality circles and larger meetings on yearly basis, we collaborate with other partners as Swiss Hepatitis on creating information videos, we meet stakeholders, we advice general practitioners and health workers seeking for DAA treatments support, we screen, treat and follow-up patients with chronic hepatitis B and C under request of the network.

Our private practice is home to the Hepatitis C Virtual Clinic initiative. It provides support to the network for diagnose, follow-up and/or DAA treatment within an addiction medicine approach.

We use hybrid working for medical exchanges and telemedicine is available for patients as required.

Undergraduate medical students contribute to data analysis.



## Conclusion:

Decentralized settings can provide integrated care for PWUD and alcohol as well as synergism opportunities with the local network.

Healthcare workers were key players for patient's adherence to care.

In 2023 the Virtual Clinic becomes mobile and will deliver on-site services in decentralized healthcare facilities based in canton Vaud.

## Acknowledgement:

We are grateful to Swiss Hepatitis for sharing their resources and contributing to the joint venture of <https://youtu.be/diR4RLVmkhI?si=fRCn3q6NfMXdeLXX>

## Effectiveness:

The main referral partners were general practitioners, addiction medicine services and sexual health centers. Undergraduate medical students contribute to data analysis.

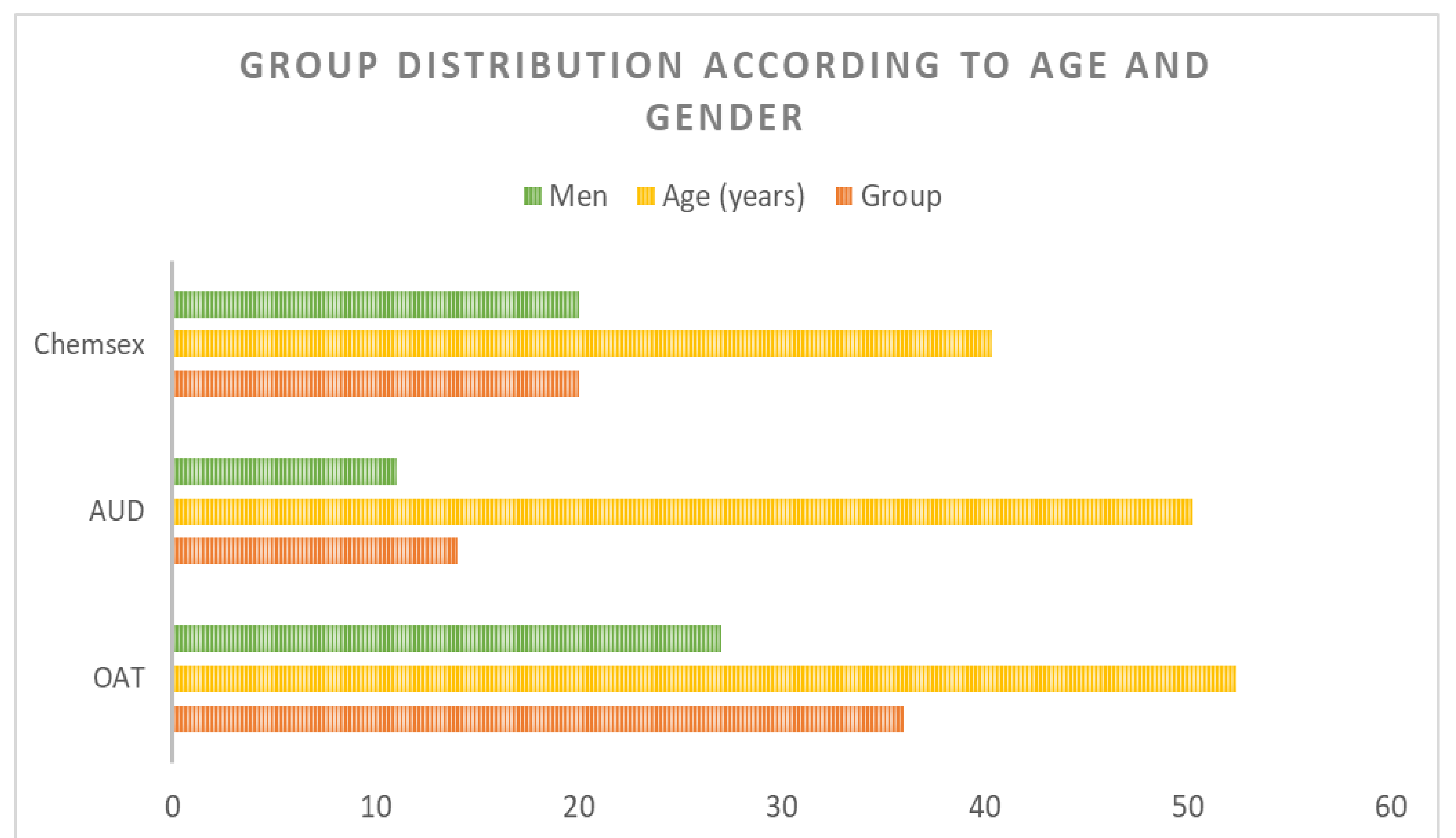
Between 2019 and 2022 we followed 70 patients referred for opioid agonist therapy OAT=36 (51%), chemsex use=20 (29%) and alcohol use disorder =14 (20%).

The OAT group was 52± 8 years old, men=73%, HIV+= 33%, HCV+=78%, HBV+=17%, and liver fibrosis F3/F4=36%. Patients with detectable\_HCV\_RNA=12 of which 9 received DAA therapy (75%) and achieved SVR-12 (100%) during follow-up. Late HCV presenters (LP) represented 67% of detectable\_HCV-RNA patients, hepatocellular carcinoma (HCC) was present in 80% of LP with 1 fatal case.

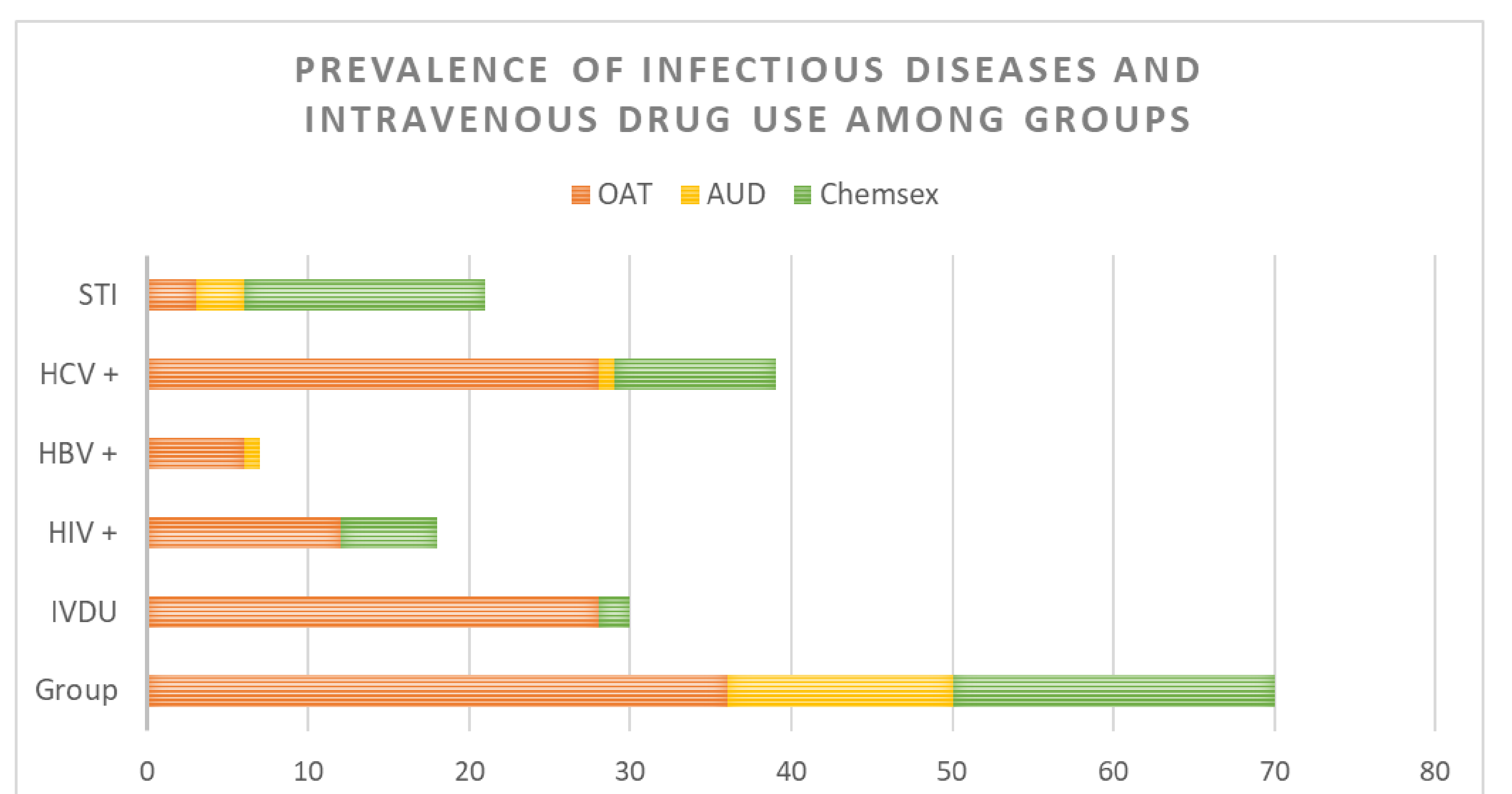
The chemsex users' group was 40± 7 years old, MSM=100%, HIV+= 30%, HCV+=50%, HBV+=0%, and liver fibrosis F0-F2=100%. Patients with detectable\_HCV\_RNA=8, all received DAA therapy (100%) and achieved SVR-12 (100%) during follow-up. PrEP was prescribed in 45% of the group.

Patients with alcohol use disorder were 50± 9 years old, men=79%, HCV+=7%, HBV+=7% and liver fibrosis F3-4=21%. No positive screening was retained for HCV\_RNA or HIV. HCC was detected in one patient (7%).

Network referral and collaboration with the Virtual Clinic allowed to identify 20 (28%) patients with untreated chronic hepatitis C, treat 85% of them and achieve 100% cure rate.



AUD: alcohol use disorder OAT: opioid agonist therapy



## Disclosure of Interest Statement:

During 2019 to 2022, the Virtual Clinic was co-sponsored by Gilead and the Loterie Romande with the promotion of the Fondation du Levant from Lausanne, Switzerland.