

# Integrating Hepatitis C care for at-risk groups: Findings from a Multi-centre Observational Study in Primary and Community Care

Nic An Riogh E<sup>1</sup>, Swan D<sup>1</sup>, McCombe G<sup>1</sup>, O'Connor E<sup>1,2</sup>, Avramovic G<sup>1</sup>,  
Macias J<sup>3</sup>, Oprea C<sup>4,5</sup>, Story A<sup>6</sup>, Surey J<sup>7</sup>, Vickerman P<sup>8</sup>, Ward Z<sup>8</sup>,  
Lambert JS<sup>1,2</sup>, Tinago W<sup>1</sup>, Ianache I<sup>4</sup>, Iglesias M<sup>3</sup>, Cullen W<sup>1</sup>

<sup>1</sup> University College Dublin, <sup>2</sup> Mater Misericordiae University Hospital, <sup>3</sup> Hospital  
Universitario de Valme, <sup>4</sup> Victor Babes Clinical Hospital for Infectious and Tropical  
Diseases, <sup>5</sup> Carol Davila University of Medicine and Pharmacy, <sup>6</sup> NHS London,  
<sup>7</sup> University College London, <sup>8</sup> University of Bristol



# Background



- In the EU, primary care is increasingly providing long-term care, including opioid substitution treatment, for PWID
- Primary care is thus well placed to address HCV-related morbidity among PWID through interventions which optimise primary / secondary prevention
- Characterisation of the HCV cascade of care among PWID is crucial to developing appropriate strategies and monitoring their impact



# Background

- 🌿 HepCare Europe is a project, co-funded by the European Commission, whose aim is to improve access to HCV testing, diagnosis and treatment among key risk population, through outreach to the community and integration of primary and secondary care services.



Swan D, Cullen W, Macias J, Oprea C, et al;(2018) Hecare Europe - bridging the gap in the treatment of hepatitis C: study protocol, Expert Review of Gastroenterology & Hepatology, 12:3, 303-314

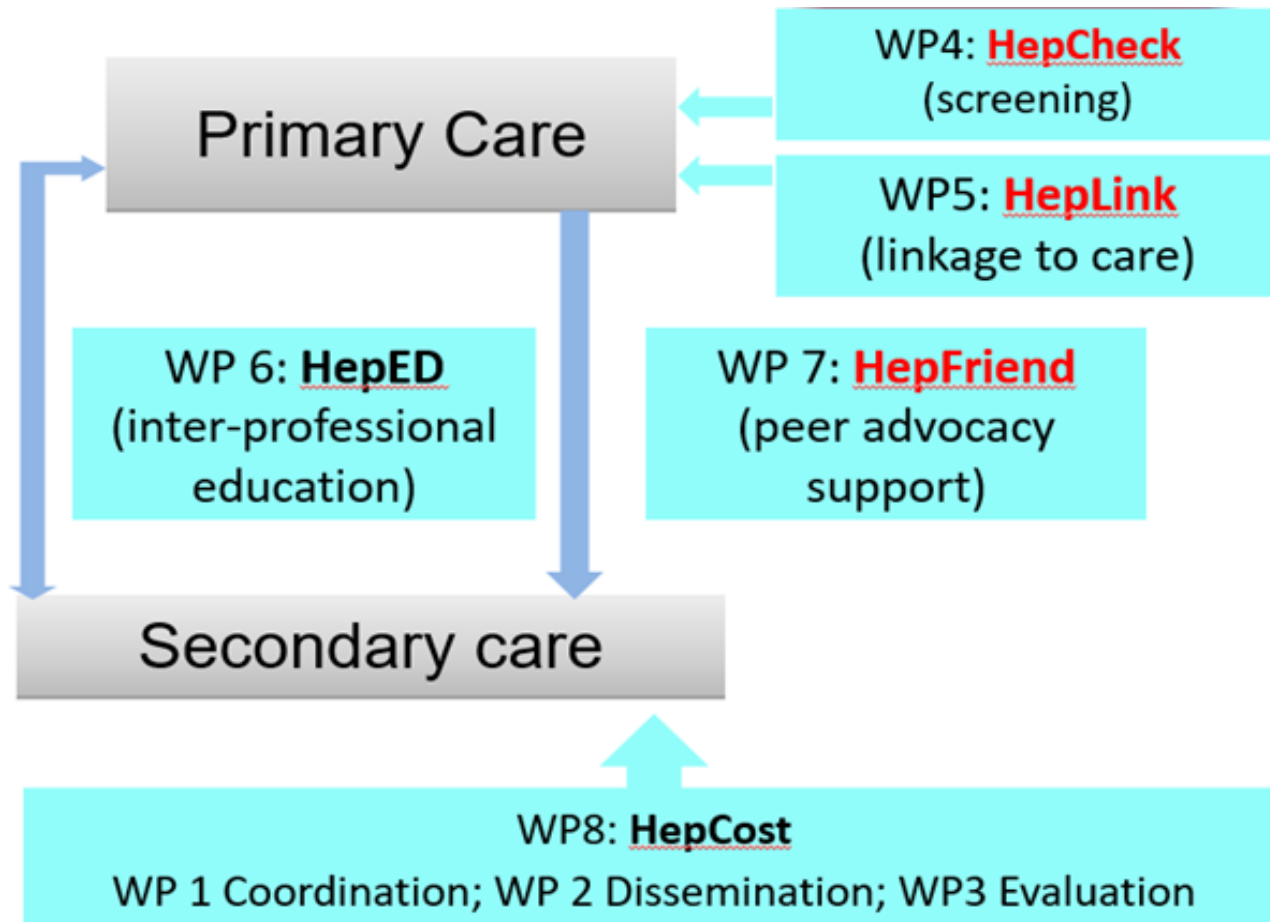


# Background



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More work packages were developed to enrich management of HCV in key risk populations:



Swan D, Cullen W, Macias J, Oprea C, et al;(2018) Hecare Europe - bridging the gap in the treatment of hepatitis C: study protocol, Expert Review of Gastroenterology & Hepatology, 12:3, 303-314

# Aim

To examine **HCV prevalence and management** among PWID attending primary care and other community-based health agencies at four EU sites, using baseline data from a multi-centre feasibility study of a complex intervention (**'HepLink'**)



# HepLink Study

**Aims to improve HCV care outcomes among PWID, by:**

- Developing an integrated model of HCV care
- Evaluating its feasibility, acceptability and likely efficacy among PWID attending primary care and other community-based health agencies at four EU sites



# Methods

**Setting:** Primary care and community-based health agencies in **Dublin, London, Bucharest and Seville**

**Participants:** Eligible to participate if:

- $\geq 18$  years of age
- On OST or at risk of HCV
- Attended the service during the recruitment period





# Methods

Data on **patient demographics** and prior **HCV management** collected on participating patients at baseline by

- Researcher-administered questionnaires; and/or
- Review of patient clinical records



# Study Recruitment

	Dublin	London	Bucharest	Seville	TOTAL
Primary care / community services recruited	14	2	9	5	<b>30</b>
Patients recruited	135	35	230	130	<b>530</b>
Patients on whom baseline data has been collected	135	35	230	130	<b>530</b>



# Patient demographics

	Dublin N=135	London N=35	Bucharest N=230	Seville N=130	TOTAL N=530
Gender: Male n (%)	97 (72%)	25 (71%)	197 (86%)	116 (89%)	435 (82%)
Age: Mean (SD)	43 (7.6)	51 (8.8)	35 (7.9)	50 (6.4)	N/A



# HCV screening and prevalence

	Dublin N=135	London N=35	Bucharest N=230	Seville N=130	TOTAL N=530
VARIABLE	% (n)	% (n)	% (n)	% (n)	% (n)
HCV Antibody Tested	95% (128)	94% (33)	65% (150)	86% (112)	80% (423)
HCV Antibody Positive/Tested	78% (100)	94% (31)	95% (143)	88% (98)	70% (372)



# Management of HCV antibody-positive patients

	Dublin N=100	London N=31	Bucharest N=143	Seville N=98	TOTAL N=372
VARIABLE	%(n)	%(n)	%(n)	%(n)	%(n)
HCV RNA tested	57% (57)	84% (26)	17% (24)	69% (68)	47% (175)
Referred to Hepatology/ID	69% (70)*	55% (17)	45% (65)	46% (45)	53% (197)
Attended Hepatology/ID	50% (51)*	6% (2)	41% (59)	46% (45)	42% (157)

\*Includes one patient who was HCV antigen positive but antibody negative

## Management of HCV antibody-positive patients

	Dublin N=100	London N=31	Bucharest N=143	Seville N=98	TOTAL N=372
VARIABLE	%(n)	%(n)	%(n)	%(n)	%(n)
HCV treatment initiated	20% (20)*	3% (1)	10% (15)	33% (32)	18% (68)
HCV treatment completed	14% (14)*	3% (1)	8% (11)	26% (25)	14% (51)
Sustained virologic response	14% (14)*	3% (1)	3% (4)	21% (21)	11% (40)

\*Includes one patient who was HCV antigen positive but antibody negative

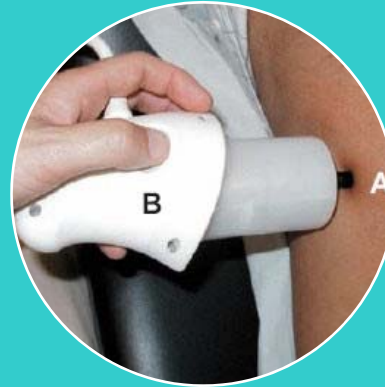
# HepLink Model of Care



**Education of  
primary and  
community care  
professionals**



**Clinical support  
/outreach by a HCV-  
trained nurse to  
primary care and  
community sites**



**Enhanced  
community-based  
HCV evaluation of  
patients, including  
on-site FibroScan to  
stage liver disease**



# Discussion

**Baseline assessment of the HCV cascade of care** among PWID attending primary care/community-based services at four EU sites showed:

- High levels of screening in Dublin and London (>90%) and a need for increased screening in Bucharest and Seville
- Wide variability in HCV RNA testing of antibody-positive patients across sites (17% Bucharest to 84% London)
- Substantial proportions of HCV antibody-positive patients at all four sites (50%-94%) had never attended a hepatology/infectious disease service
- Low rates of HCV treatment initiation (3%-33%) at all four sites





# Discussion

- To address the growing burden of HCV-related liver disease and to improve outcomes among PWID, we have developed an integrated model of HCV care (**'HepLink'**)
- 'HepLink' will be tailored to health service infrastructure and population health needs locally at the four EU sites
- Our research will determine the feasibility and acceptability of the 'HepLink' model of care in the different EU sites to engage and retain PWID in the HCV cascade of care
- Lessons learned from the study can be incorporated into national and European guidelines and strategies for HCV



# Acknowledgements

- Co-funded by European Commission through its EU Third Health Programme and Ireland's Health Services Executive
- Participating GPs and patients
- Our partners: UCL, U Bristol, SVB Bucharest, SAS Seville



Website: <http://www.ucd.ie/medicine/hepcare/>



Co-funded by  
the Health Programme  
of the European Union

