
POSTER ABSTRACT

Integrating Primary and Secondary Care to Optimise Hepatitis C Treatment: Development and Evaluation of a Multidisciplinary Educational 'Masterclass' Series

18th International Conference on Integrated Care, Utrecht, 23-25 May 2018

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Background and Aims: Chronic hepatitis C HCV infection is responsible for considerable health and economic burden in EU. In the last decade, Romania faced an alarming increase in the number of newly diagnosed HIV/HCV co-infected injecting drug users IDUs. It is increasingly being recognised that addressing this global challenge requires effective cooperation between primary and secondary care and multidisciplinary approaches to care. Besides there is urgent need to implement efficient programs to lower HCV spread among patients from vulnerable groups. As part of a project to integrate primary and secondary care for patients at risk of, or infected with HCV HEPCARE, we developed Multidisciplinary Educational Masterclass Series for healthcare professionals working in primary care, in partner countries UK, Ireland, Spain and Romania. Peer-support sessions and educational materials for patients were also developed in all partner countries. This paper aims to describe and evaluate the series and examine how this model might be implemented in practice

Method: From local general practice, NGOs and Addiction Treatment Services, GPs/other healthcare professionals working in primary care were invited to eight one-day symposia HCV Masterclass series examining the burden of HCV, how to prevent new infections, why/how to screen, new approaches to diagnosis/treatment, management of HIV/HCV co-infection in IDUs, and treating coexisting problem alcohol use. Peer-support sessions as training day programmes and flyers were offered to homeless people and IDUs.

Results: Over 200 participants involved in HCV care in the community from participating countries attended the Masterclass series. 100% of participants 'strongly agreed' or 'agreed' that the Masterclass helped them "appreciate the role of primary care" and "secondary care"

in "the management of patients with HCV" as well as "describing new approaches to assessment Fibroscan" 97-100% and "treatment" 88-96% of patients with HCV especially in countries where the Interferon-free regimens were implemented more recently e.g. Romania. In regards to making an integrated model of care happen in practice, 100% of participants indicated the importance of a "designated nurse to liaise with hospital services" and that "educational programmes" 91-100% and "computerised-decision making" 88-92% would also be of value. Patients from vulnerable groups were addressed also in 11 peer-support sessions and by distributing printed educational materials for high risk behaviour patients/ HCV positive patients in waiting rooms at primary care facilities or emergency rooms of hospitals.

Conclusion: This paper highlights the potential importance of integrated approaches to healthcare and also addressing the educational level of the patients in optimising hepatitis C care in the community, strategies that can enhance effective implementation.

Keywords: integrated care; hepatitis c; multidisciplinary healthcare
