
POSTER ABSTRACT

INTEGRATING HEPATITIS C CARE FOR AT RISK GROUPS: FINDINGS FROM A MULTI-CENTRE OBSERVATIONAL STUDY IN PRIMARY AND COMMUNITY CARE

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

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Introduction: Hepatitis C HCV infection is a major cause of chronic liver disease and death. In the EU, primary care is increasingly providing long-term care for people who inject drugs PWID, many of whom are infected with HCV. Although the barriers to HCV care in this population are well understood, real world solutions remain relatively unstudied. The 'HepLink' project aims to address this gap by developing an integrated model of HCV care and evaluating its feasibility and acceptability among PWID attending at four primary care / community-based sites.

Methods: The integrated model of care comprises: education of primary and community care professionals on recent developments in HCV diagnosis and treatment and academic detailing on the 'HepLink' project, clinical support/outreach by a HCV trained nurse to primary care and community sites, and enhanced community-based HCV evaluation of patients including on-site Fibroscan to stage liver disease, blood borne virus testing/vaccination, HCV and harm reduction education. Practices/clinical sites in Dublin, London, Bucharest and Seville were recruited from the professional networks of consortium members. Patients were eligible to participate if aged over 18 years, on opiate substitutions treatment or at risk of HCV, and attending the practice/service for any reason during the recruitment period. Data on patient demographics and HCV care processes were collected on participating patients at baseline.

Results: Twenty-seven practices/services Dublin n=14, London n=1, Seville n=3 and Bucharest n=9 are currently participating. A total of 452 patients have been recruited across the four

sites Dublin n=135; London n=39, Seville n=109; Bucharest n=169 and baseline data has been collected on 438 patients. The 'HepLink' model of care is currently being delivered at the four sites, tailored according to local primary care organisation and population need. To date, 53 GPs have received HCV education/academic detailing, 18 practices/services have received nurse specialist liaison; and 20 practices/services have delivered enhanced community-based HCV evaluation.

Discussion: To address the growing burden of HCV-related liver disease among PWID, an integrated model of HCV care comprising education and training, clinical support / outreach and improved access to assessment has been developed and its feasibility / acceptability established in a real-world setting.

Conclusions: Our research findings will determine the feasibility and acceptability of an integrated model of care for engaging and retaining PWID in the continuum of HCV care.

Lessons learned: Lessons learned from the study can be incorporated into national and European guidelines and strategies for HCV. In addition, with health systems promoting 'integrated care' as a solution to many of the challenges facing healthcare today, this project provides valuable real-world insights on how such a model of care may be operationalised.

Limitations: As a pre-post feasibility study, 'HepLink' does not employ a controlled trial design and lacks the scientific rigour of a RCT which could definitively determine effectiveness of the intervention.

Suggestions for future research: This feasibility study can provide the key parameters for the design of a future cluster RCT.

Keywords: hepatitis c; pwid; integrated model of care
