**POSTER ABSTRACT**

**Facilitate access to hepatitis C treatment in opiate dependant patients: an strategy between different assistance levels**

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**Introduction:** The worldwide prevalence hepatitis C virus (HCV) is 2-3%. One of the most frequent route of infection is the use of injectable drugs, being the injecting drugs users (IVDU) and ex-IVDU a risk group, responsible for the majority of the transmissions.

**Short description of practice change implemented:** The program began after previous meetings of the services involved: psychiatry, digestive and pharmacy. Once the HCV infection is diagnosed, the gastroenterologist must fill out a form included in the electronic medical record, based on compliance with the chronic hepatitis C therapeutic action plan (CHC) in Basque Health Service (BHS). The pharmacist receives the requests from the nurse of the digestive service, proceeds to its validation and reviews the interactions with his usual treatment.

The treatments are approved by a CHC Committee of the hospital that meets monthly. Later, they are sent to the BHS Central Organization, which finally authorizes them.

The approval is communicated by the pharmacist to the nurse and psychiatrist of the MHNG. The MHNG nurse notifies the pharmacist the treatments start dates and the subsequent dispensations. The pharmacy service sends the treatments for 4 weeks with the weekly distribution of methadone. The delivery frequency of medication to the patient is decided by the psychiatrist and supervised by the RSMG nurse depending on the characteristics of the patient, giving it at the time of methadone dispensation.

**Aim and theory of change:** A circuit between an specific center of the Mental Health Network of Gipuzkoa (MHNG) and Donostia University Hospital (DUH) has been established to facilitate the access to hepatitis C treatment of opiate dependent patients and asses the percentage of undetectable patients at the end of treatment.
**Targeted population and stakeholders:** Injecting drugs users (IVDU) and ex-IVDU depending on opiates of the MHNG

**Timeline:** January 2018-August 2018

**Highlights (innovation, impact and outcomes):** The treatment was approved in 96 patients. 76 (79%) patients have completed the treatment, 98% monoinfected. Genotypic distribution: 1a: 31(40.8%), 3: 25(32.8%), 4: 11(14.5%), 1b: 7(9.2%) and 2: 2(2.6%). 48(63.2%) patients had a degree of liver fibrosis ≤F3, 23 (30.2%) patients F4 and 5 (6.6%) unknown fibrosis.

At the end of the treatment, 69 (90.8%) of patients were undetectable and 7 patients have no blood test yet. The sustained viral response remains to be assessed.

**Comments on sustainability:** The available resources have been used

**Comments on transferability:** It can be extrapolated to other levels of care

**CONCLUSIONS (COMPRISING KEY FINDINGS):** The results of the program are satisfactory, it has been achieved that the majority is undetectable. This, allows to reduce the prevalence of HCV in a group of risk and its transmission

**Discussions:** Taking advantage of the methadone dispensing, we have facilitated the access of hepatitis C treatment to a population at risk that would have been difficult to treat.

**Lessons learned:** Cooperation between levels of care results in an improvement in the health system

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**Keywords:** opiate dependant patients; hepatitis c treatment