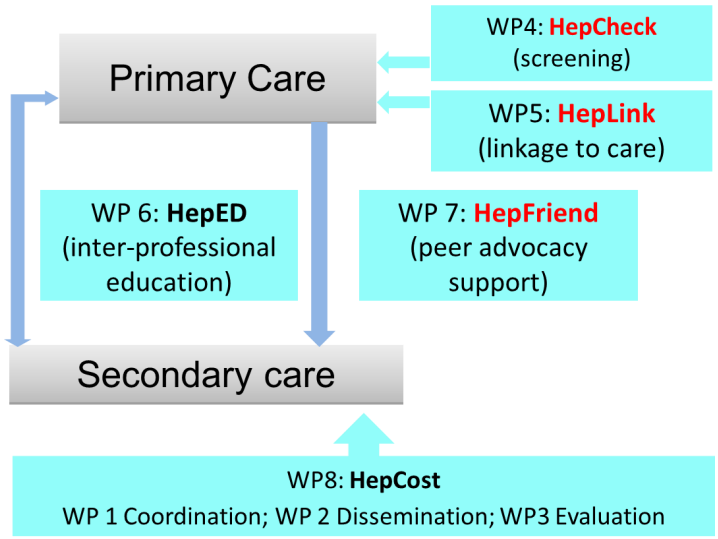
HEPCARE MANIFESTO

Bridging the Gap in the Treatment of Hepatitis C

WHAT IS HEPCARE EUROPE?

The Hepcare Europe project, a collaboration between five institutions across four member states (Ireland, UK, Spain, Romania), has developed, implemented and evaluated interventions to improve the identification, evaluation and treatment of HCV in vulnerable populations (homeless, prisons, PWID). Hepatitis C (HCV) infection is highly prevalent among vulnerable populations. Many are unaware of their infection and few have received HCV treatment. Recent developments in treatment offer cure rates >95%. However, the potential of these treatments will only be realised if HCV identification in vulnerable populations with linkage to treatment is optimised. A system of care containing several work packages has been set up aiming at intensified screening (HepCheck), Linkage to Care (HepLink), Education (HepEd), intensified Peer Support (HepFriend) and cost effectiveness (HepCost) to provide a comprehensive NEW SYSTEM OF CARE for vulnerable populations.



IMPACT IRELAND

- The project has linked up stakeholders in prisons, community setting, Non Governmental Organisations (NGOs) and developed new collaborations. It has recruited 753 patients (n=618 for HepCheck-/n=135 for Heplink).
- The Hepcare project has developed an advocacy document (HEPMAP) aiming at influencing future HCV policy which has been disseminated to the Irish Health Service Executive (HSE).
- The Ireland East Hospital Group (IEHG) is planning to adopt the Hepcare vision and to create a new service within its structure. The IEHG is the largest and most complex of Ireland's hospital groups. Comprising 11 hospitals (6 voluntary and 5 statutory), IEHG spans eight counties and serves a population of over a million people.
- The number of patients who have commenced treatment is impressively high at 53% for our preliminary results of a sample of our population (n=50) compared to a rate of 3% among a similar population of HCV positive people who inject drugs from the Dublin area. This suggests that current Hepcare project interventions to improve care processes and outcomes of hepatitis C are successful.

HEPCARE IN NUMBERS

Cut off point for data May 2018

HEPCHECK	Individuals offered screening	2822
	Individuals screened/ Target	2079/ 2000
	HCV Ab positive	728 (34.2%)
	HCV RNA positive	397 (19%)
	New cases of active infection found	136 (7%)
HEPLINK	Primary care/community sites recruited/Target	29/24
	Patients recruited/ Target	485/ 240
	Primary care/community sites received HCV education	55
	Primary care/community sites received HCV nurse support/outreach	22
	Primary care/community sites delivered enhanced HCV assessment	22
HEPED	Health Care Professionals trained/ Target	>500 120
	Masterclasses held	12
HEPFRIEND	Peers recruited/ Target	29/ 4
	Patients contacted	395

Hepcare Europe Dissemination

- 46 conference presentations
- 5 peer reviewed publications to date
- 5 agreed publications
- Regular briefings with national and international policy makers

HEPCARE EUROPE

IMPACT ROMANIA

Romanian patients from target population have to face multiple important social barriers in order to access free DAA treatment for their hepatitis C infection: for instance they often do not have health insurance, identity and health cards (often homeless, incarcerated, unemployed etc). Social workers from the hospital- team members in the HEPCARE project, intensified their activities of helping the patients to solve these issues as they cannot access healthcare without them. The project also facilitated intensive cooperation between our medical team and the NGOs social workers, who were traditional strategic partners of the hospital. HEPCARE therefore helped higher numbers of patients (n=510) with risk behaviour to access care .

Until 2018, DAA treatment was only available in Romania for patients with advanced liver fibrosis (Metavir F3 and F4 score), so a majority of our database patients (who have lower fibrosis stages) were not eligible for reimbursed investigations by the national insurance system. Due to the HepCare Project funding, we were able to perform investigations as to HCV viral load and liver fibrosis staging (using Fibromax/Fibrotest). In addition, we were also able to evaluate the level of liver fibrosis for patients from our database and also incarcerated patients (they can't have their health card while in prison). In order to improve HCV management for key populations, more informal discussions between the HEPCARE team and the local committees responsible for HCV management took place and an official letter with specific recommendations was sent to the National Infectious Diseases Committee and to the Director of the National Programmes from the Ministry of Health. HepCare successfully impacted on HCV treatment policies toward at–risk populations by promoting the recent removal of disease-based and laboratory restrictions. However social barriers remain to date. Since September 2018, it is now possible to treat all patients and for this reason, continuing the work would be extremely important. Also, collaboration with NGOs is now very strong as NGOs now have a venue near the hospital to help patients overcome barriers to treatment.

IMPACT SPAIN

Hepcare has involved stakeholders in drug addition units, therapeutic communities, NGOs and primary care centres, within 20-100 km from the Hospital de Valme setting and promoted an approach to diagnose HCV in a single blood draw, with reflex determination of HCV-RNA in those anti-HCV Ab positive samples. The experience has been proposed in a formal protocol, adopted within our autonomous region and proposed at national level.

We have screened 490 people for HCV, including vulnerable groups (i.e. people using illicit drugs encountering difficulties access healthcare). Of those screened, 171 (35%) had a positive anti-HCV test, and 91 (53% of those who tested positive) had detectable HCV-RNA. 39 (8% of all of those screened), were new detections of anti-HCV positive Ab, with confirmed active HCV infection. 58 people with active HCV infection were subsequently linked to care (to date), and of these 41 (45%) have started antiviral treatment to date. These results clearly represent an improvement in previous HCV care, given that a significant proportion of people at risk have been diagnosed, linked to care and successfully started on HCV treatment. This model has been presented at national and regional meetings to stakeholders including physicians, nurses, NGO representatives and patients. The work is being replicated at other tertiary care centres in Spain. Centres in the eight Andalusian provinces are willing to incorporate the model, which means ten tertiary care centres. Three of them have started the programme. Outside Andalusia centers in Valencia and Galicia are planning to implement the model.

IMPACT UK

The HepCare project in London has enabled 496 people (461 for HepCheck & 35 for HepLink) to be screened for HCV identifying 221 (48%) as being infected and is successfully supporting those into treatment using peer support (data cut off on May 2018). We continue to build on the unique links we have with homeless service providers across London and have a contacts with over 30 different providers. We have now a developed distinct model of care which has inspired other services. Hepcare has been a good framework in which to provide training to peers, staff. Our partner organisation (the Hepatitis C Trust) is launching its own mobile screening service with and NHS Trust in southern England to access hard to reach clients directly based on our model. Our peer partner organization, Groundswell, has now the experience and expertise to work with clients with HCV. Such mobile facilities can be used to address other health issues for groups that are challenging to reach. Other impacts we have had on service development are: Drug and Alcohol Services – outreach clinics have been established in London which link patients into treatment using the 'HepLink' model; Health Inclusion Team – established links with a network of specialist nurses who work in homeless hostels and help engage their clients with treatment; St Mungo's – regular screening programme with one of the largest providers of homeless accommodation.

COST EFFECTIVENESS EVALUATION

Evaluation has shown the Hepcare intervention in the UK to be cost effective and such evaluation is ongoing in other sites.

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FUTURE STEPS

Hepcare Europe highlights considerable differences in HCV care across Europe. Despite the work achieved to date in supporting access to care, system enhancement and policy makers, further development of HCV strategies are needed to achieve the World Health Organization goal of 'eliminating viral hepatitis as a major public health threat by 2030'. The Hepcare Europe consortium aims to build on the learnings from its work to continue to help realise the aims and objectives of the EU HCV elimination manifesto. Hepcare Europe already contains a high level of involvement from stakeholders and civil society groups as advised in the manifesto and has also developed a flexible integrated system of care that is adaptable for different healthcare systems and easily accessible to patients. HepCare Europe intends to further collaborate with policy makers to support adequate monitoring of the implementation of elimination plans.

SCALE UP HEPCARE EUROPE

- The Hepcare Europe intervention intends to expand to other areas in the EU, to increase the number of patients accessing treatment in Europe including new countries with an economic modelling of the impact of the new approaches to care and contribute to rapid scaling up of testing and treatment as recommended by the WHO 'Global Hepatitis Report' (2017). The project will continue to work with policy makers in new EU countries.
- This scaling up should include the establishment of a HCV Cohort Study. The cohorts established within the Hepcare Europe project provide an optimal platform to develop a longitudinal cohort study involving at-risk populations that can be tracked along the care pathway from diagnosis to specialist care and treatment, and post DAA treatment with assessment at baseline, and 12 and 24 month follow up and including follow up of cured cirrhotic patients to establish what a "cure" means for them. Previous research has shown the efficacy of such studies being carried out in primary care settings.

TARGET "HIGH TRANSMITTER" GROUPS FOR PRIMARY PREVENTION, HARM REDUCTION, DIAGNOSIS AND TREATMENT

- Enhancing access to testing / harm reduction is a key priority. Viral elimination will require identifying those who are actively injecting drugs, as they are the "high transmitters" and we will only be able to eliminate HCV in Europe by targeting this group. To ensure that, a number of measures need to be taken: inclusion of this patient group in national strategies and action plans; integration of the cascade of care with community and harm reduction services; increasing access to testing and treatment by barrier free 'Point of Care' services.

  Hepcare Europe highlights the efficacy of using an HCV community outreach team to enhance HCV patient care. Specific projects which would achieve these goals include:

- Further micro-elimination of HCV in settings such as networks of homeless hostels, prisons, addiction treatment centres with peer & key worker implemented strategy to test and treat patients using outreach diagnostics and treatment support. Training of local staff for testing, using HCV Ab mouth swab tests for new residents or clients and linkage to care with direct referral for treatment using a network of peer support workers to support attendance away from community settings where DAA treatment is not available on site.
- New project target groups for micro elimination would include needle and syringe exchange programmes, supervised injecting rooms, case finding among contacts of positive patients thus attempting to find "high transmitters" not accessing services, case finding in emergency rooms and migrant populations. Active injectors are a high priority.

RE-ENGAGE PATIENTS WITH HEPATITIS C INFECTION ONTO THE HCV CARE PATHWAY

Despite highly effective and simplified therapeutic regimens, and improved community models of HCV screening, research indicates high levels of non-attendance for initial outpatient appointments at specialist HCV clinics. Many of these patients have been tested but lost to follow-up. We will develop patient centred interventions that emphasise tailored implementation at a local level to re-engage and provide additional support for patients who have failed to attend referral appointments. Enabling treatment in primary care, general practice and other community-based clinical sites is a priority.

FUTURE STEPS

ENHANCE MULTIDISCIPLINARY AND INTEGRATED APPROACHES TO CARE

- We will ensure involved country participation to Hepatitis C Awareness week to support elimination strategies.
- We will further develop collaboration with GPs, addiction clinics, NGO's/third sector and include an educational programme raising awareness of HCV and its management and further develop support systems from secondary to primary care as more community treatment programmes are developed and support the management of cirrhotic patients in particular where community settings are not adequate to look after these patients. Specific training for healthcare professionals working with patients at-risk of HCV infection, supporting community workers (e.g. outreach and peer support workers) and facilitating point of care testing are priorities.
- We will use testing opportunities to include chronic illnesses, Infectious diseases (STI's, TB, HIV), health behaviour change, mental health and well-being.
- We will link up with other EU funded projects such as Integrate and E-Detect TB.
- We will share best practice lessons learnt during the project to disseminate our findings and help plan for future Integrated care interventions in high risk "vulnerable" populations.

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REFERENCES

1. Mravčík V, Strada L, Štolfa J, et al. Factors associated with uptake, adherence, and efficacy of hepatitis C treatment in people who inject drugs: a literature review. Patient preference and adherence 2013;7:1067.

2. O'Kelly FD, O'Kelly C. The natural history of injecting drug use: a 25-year longitudinal study of a cohort of injecting drug users in inner city Dublin. Irish journal of medical science 2012;181(4):541-48.

3. Crowley D, Cullen W, Laird E, Lambert JS, McHugh T, Murphy C, et al. Exploring patient characteristics and barriers to Hepatitis C treatment in patients on opioid substitution treatment attending a community based fibro-scanning clinic. J Transl Intern Med 2017; 5: 112-119.

4. Swan D, Cullen W, Macias J, Oprea C, Story A, Surey J, Vickerman P, Lambert JS. Hepcare Europe - bridging the gap in the treatment of hepatitis C: study protocol. Expert Review of Gastroenterology & Hepatology, 2018, 12:3, 303-314.

5. McCombe G, Swan D, O'Connor E, Avramovic G, Vickerman P, Ward Z, Surey J, Macias J, Lambert JS, Cullen W. Heplink: Integrated Hepatitis C Care: Protocol for a feasibility study in primary care JMIR Res Protoc 2018, 7:6: e149

The following articles have been accepted for publication:

6. Lambert JS, Murtagh R, Menezes D, O'Carroll A, Murphy C, Cullen W, McHugh T, Avramovic G, Tinago W, Van Hout MC. 'HepCheck Dublin': An Intensified Hepatitis C Screening Programme in a Homeless Population Demonstrates the Need for Alternative Models of Care. BMC Infectious Diseases (accepted)

7. Murtagh R, Swan D, O'Connor E, McCombe G, Lambert JS, Avramovic G, Cullen W. Hepatitis C prevalence and management among patients receiving opioid substitution treatment in general practice in Ireland. Interact J Med Res (in press) doi:10.2196/10313

8. Hatzakis A ,Hepatitis C Elimination in Europe European Policy Guidelines, Co-Chair Hepatitis B and C Public Policy Association ASBL Registration No: F7987 Report November 2017

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