Optimizing the Cascade of HCV Care in People Who Inject Drugs

Engagement & Retention

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Disclosure
• Not currently affiliated with the University of Copenhagen
HCV care cascade

Equalizing the HCV care cascade

What are the remaining provider barriers to engaging patients in HCV care and treatment?

- People who inject drugs are adherent to treatment
- People who inject drugs achieve cure rates equal to people who do not inject drugs

People who inject drugs are a key piece of global HCV control.

Dave Thomas 2012

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HCV Elimination

“People who inject drugs represent a hard to reach population who find it difficult to access traditional models of care. A service that relies on a traditional secondary care model of care for these groups will fail, with high levels of did not attends.”

Eradicating Hepatitis C is a realistic aim. Ryder S and Dillon J, 2014
Different models of care delivery are now being recognized – SIMPLIFY
The Therapies have changed

- Tolerability
- Efficacy
- Duration
- Accessibility - criteria
- DDI considerations
- Adherence
- DWI possible with STR/QD

Engagement

- Step 1: The Diagnosis - Be Hopeful - CURE
- Step 2: Demographics – Know your Clients
- Step 3: Understand the Continuum of HCV Tx
- Step 4: Create an Integrated Support Team of HCPs/Peer Support Group/ Champion on the ground
- Step 5: Encourage Post Tx Follow-up and Discussion
Case Study : DH

- HIV dx 1997, HBV dx 1995
- Weekly group attendee, Live Band Groupee
- HCV geno 3a treated in 2006 with peg/riba 24 weeks – Relapsed
- Treated 2nd time in 2008 with peg/riba x 48 weeks – SVR
- Reinfection dx in 2012 – now geno 1a
- Fibrosis score 13.8 kpa June 2017
- HIV well controlled, HBV DNA undetectable
- Attends outlying clinic for MMT – NP has been encouraging him to be treated with new DAAs
- Presented to our clinic so that he can be retreated – familiarity with staff and group dynamics – taken 5+ years to return
- Polysubstance IDU ongoing – brief attendances now at Group
- Followed up with referrals for all investigations
- Renal concerns – CrCl 42, plts 172, hgb 110, albumin 39

engagement

- consistency of care
- trust
- non judgmental
Case Study: RM

- HCV geno 3a – 46 year male, diagnosed 2004 – primary care pt
- MMT – adherent - ongoing substance use - IDU
- Fibroscan August 2015 24 kpa
- Only Option for HCV treatment was Peg/Riba
- Physician reluctant and pt refused – wants to wait
- April 2017 – Criteria changed – Epclusa available
- Endoscopy booked, Abdominal U/S missed again – peer engaged
- Pt verbalizes he is interested but pre contemplative
- Difficult vascular access ++
- Resistance testing drawn
- Clinic visits every 3 weeks for OAT – change script to every 2 weeks.
- Pharmacy willing to dispense DWI
- Plts 86, HGB 115, Albumin 39

engagement

- daily witness therapy
- DAAs - simplified
- proactive
- persistence due to advanced liver disease

? Have we used fibroscan results as justification for not treating patients?
Are patients living with an infectious disease not equally deserving of cure?
**Case Study: DH**

- HCV Geno 1a
- Ongoing substance use, housing instability and relationship volatility
- Presented in Jan 2016 for HCV Visit – LTF – presented in February 2017 to revisit HCV – followed up with all investigations – Fibroscan 9.0 kpa
- Group attendance regularly
- Treatment start delayed purposefully but pt demonstrated engagement and Zepatier started May 8, 2017 – weekly dispense
- Misplaced meds – girlfriend has them – he thinks - fronted him 1 week – recovered the meds
- Presented with black eye to clinic – took a sucker punch “over a money issue”
- Call from Provincial Corrections on June 15 informing clinic that pt is in custody, pending trial
- But...he presented with 7 doses of Zepatier
- Transferred to Regina Corrections – forgot to transport HCV meds

**engagement**

- Education
- Self - Advocacy
Case Study: CB

- HCV Geno 1a
- TB, Renal Dx, hospitalized
- TB Meds – DOT weekly - Physician #1
- Methadone Maintenance – Physician #2
- Hepatitis C Treatment – Physician #3
- TB nurse not comfortable dispensing DWI – rules and restrictions
- Pharmacy agreed to dispense HCV treatment with Methadone
- HCV Meds delivered to out of town pharmacy
- Q 3 monthly visit to Methadone prescriber
- Carries initiated
- 5 doses/28 days

engagement

- nil
La Ronge Clinic

- Specialist 2 day clinic q 3 months
- May 2017 – 17 treatment initiations planned
- 3 Patients started
  - Suicide pact
  - Child trauma
  - Incarceration
  - Alcohol relapse
  - Pregnancy
  - Assault

Step 1: The Hep C Diagnosis

Deliver a hopeful message

- Help patients to feel positive about their future and treatment options for Hep C (Cure rates, new drugs, slowing the progression of liver damage)
- Encourage and enable patients to deal with their HCV proactively – education is instrumental. Repeat, repeat, repeat...
- Where possible connect clients with counselling/addiction support to help them deal with underlying issues (PTSD, body image, abuse, etc.) and/or psychiatry to address issues of mental health.
Step 2: Demographics - Know your clients

- stability and support network – using network
- education and skill set (reading level, ability to focus and retain info)
- stage of fibrosis/genotype
- OAT? Pharmacy?
- What co-morbidities must be managed? (substance use, mental health, HIV, HBV, TB, cirrhosis, extra hepatic manifestations)
- Are there Indigenous or other cultural /ethnic aspects/languages that you need to consider?
- Men and women often require different kinds of attention – respect

Relationships

Nurse

Physician

Patient

“bring a friend”
Nurses’ Role:
Proactive
Make treatment pathway accessible
Explain the 5 easy steps
Switch from s/e mgmt to:
• focus on adherence
• focus on harm reduction
• reinfection education
• post treatment follow up
• (Coordinate)

Bring a Friend
• Pt DS and EP visit September 2017
• 28 years, cousins, polysubstance use
• HIV + - undetectable viral loads
• HCV – historical testing
  – Lab work
  – Suboxone discussion
  – Liver Health event
  – Abdominal ultrasounds? fibrosis / comorbidities
• visit January 2018 – stable on suboxone and preparing to start HCV therapy
Step 3: Understand the HCV Tx Continuum (pre -> post)

- There are areas of wellness that need to be addressed before treatment can begin (finances, housing, nutrition, safety, physical and emotional health – even taxes)  HARM REDUCTION

- Don’t overwhelm individuals with preparations - invite them into the process and let them engage. Any barriers can be met one by one

- Post Treatment follow up is very important for: SVR time points repeat testing when reinfection is a possibility HCC vigilence

A Progressive Three-Stage Approach

Stage 1 Pre-Treatment 50%
- Information
- Motivation
- Barriers

Stage 2 Initiating Treatment 10%
- Decision-Making

Stage 3 On-Treatment 40%
- Behavioural Skills

SVR
Step 4: Create an Integrated Support Team/Support Group

- Physicians, Nurses, Counselors, Patients Advocates, Social Workers, Pharmacists
- Peer-driven education/experience and social support for patients who have completed, initiated, or are contemplating HCV treatment (time and cost-effective)
- Seeing other group members move towards and through treatment is a powerful motivational tool
- No barriers – walk in

“What encouraged you to pursue Hep C Treatment?”

Focus Group Comments:

“Take the time to educate me and answer my questions.”

Consistent once a week meetings, 52 weeks a year

Safe environment – “we all have a relationship with Hep C”

Consistent staff and nurse present at each meeting

“I don’t want to tell my story over and over.”

“Come to my neighbourhood – meet me here.”

Keep demands simple – one step at a time.
Focus Group Comments: cont’d

Perceived knowledge level and credibility of physican, nurse, counsellor – trust and respect is earned.

“Buddy talked me into it – I finally came to a group meeting. I stayed.”

Peers talk to each other – best advocates

“I was afraid to find out how bad my liver was.”

“My best friend died from Hep C.”

(Food is good and there are bus tickets)
Step 5: Post Tx Follow-up and Discussion

- Follow-up is a part of treatment (both for clinical investigations, harm reduction and psychological support)
- Help clients set appointments for counselling, recovery programs, etc. as a part of the Hep C Treatment continuum.
- Regular ongoing testing post treatment in safe environment
- Tell them you are proud of their achievements/courage to change – make positive choices
- Seed capital

Unless someone like you cares a whole awful lot, nothing's going to get better. It's NOT.

-Dr. Seuss