

The Challenge to Engage the Whole Patient in the Era of Directly Acting Antiviral (DAA) Therapy for Hepatitis C virus (HCV) Infections

Gisela LP Macphail^{1,2}, Lynda Watson Waddington², Rachael Edwards²

Affiliations: (1) Division of Infectious Diseases, University of Calgary; (2) CUPS, Calgary, Alberta, Canada

Publication Date: 25 September 2015



Question: How to continue to engage the whole patient?

Historically

- Interferon-containing regimens required multidisciplinary support
- Ensured “stability” before interferon, facilitate ability to tolerate regimen
- Patients’ lives improved even without sustained virologic response (SVR)

Now

- Directly acting antiviral (DAA) therapy has less side effects, particularly psychiatric
- Less obvious need for multidisciplinary support and less funding from our pharmaceutical partners
- Real potential to lessen the gains in overall personal well-being in this paradigm

Methods

- CUPS: inner-city non-profit dedicated to helping individuals and families in Calgary overcome poverty.
- Three pillars: Health, Education, Housing
- For 15 years, the on-site HCV program at CUPS has linked patients with:
 - Walk-in/self-referred nursing assessments
 - On-site Infectious Disease consults
 - Housing / financial support through Social Services
 - Mental health assessment and counselling
 - Addictions counselling and treatment
- Treatment of HCV with ongoing weekly nursing support for patient engagement
- Our SVR rates are comparable to registration trials (ref 1)
- DAA therapy approved April 2015 through Alberta Blue Cross for fibrosis stage 2 (F2) or higher
- Funding for nursing assessment and support decreased markedly.
- Need to formulate a new approach to avoid losing the holistic approach and gains in patient well-being through being engaged with HCV program

Results

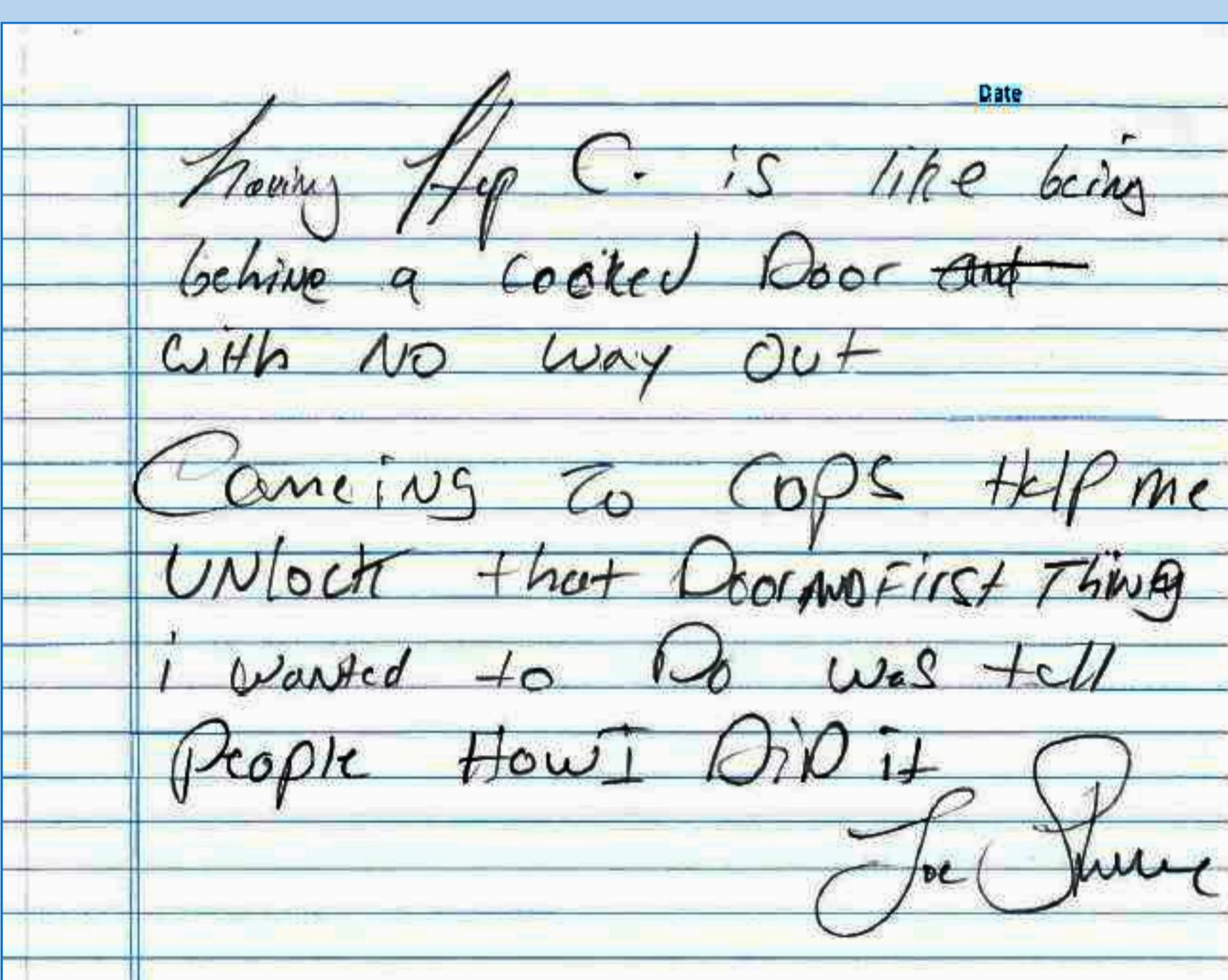
- CUPS motto: Engage, Motivate, Achieve
 - Engage through education
 - Motivate to successfully complete therapy (adherence)
 - Achieve SVR
- Feedback sought for an iterative process
- **Three part group medical visits**
 1. Basic background on HCV
 2. Medications
 3. Empowerment and maintenance of positive lifestyle changes through an informal peer support network

Ultimately equip the person to reach out to other affected persons from a position of strength and knowledge to reduce the stigma and break down barriers.

Conclusions

- DAA therapy requires a paradigm shift in care delivery so the HCV care continues to be holistic
- Group-based education and support shifts the responsibility from the health care worker to the affected person, resulting in development of many people who can reach out to other affected individuals so they too can engage, be motivated, and achieve.

Engage. Motivate. Achieve.



“Having Hep C is like being behind a locked door with no way out. Coming to CUPS helped me unlock that door and first thing I wanted to do was tell people how I did it”

- Joe Skinner

Disclosure

Dr. Macphail has received clinic support or participated in studies with Abbvie, Gilead, Merck, Roche, and Vertex.

Reference

Directly observed pegylated interferon plus self-administered ribavirin for the treatment of hepatitis C virus infection in people actively using drugs: a randomized controlled trial. Hilsden RJ1, Macphail G, Grebely J, Conway B, Lee SS. Clin Infect Dis. 2013 Aug;57 Suppl 2:S90-6.

Contact Information

Dr. Gisela LP Macphail (giselam@cupscalgary.com)
 Lynda Watson Waddington (lyndaw@cupscalgary.com)
 Rachael Edwards (rachaele@cupscalgary.com)