Increase in Hepatitis C Treatment in a Marginalised and Disadvantaged Community in Adelaide, South Australia

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Introduction

- In Australia, chronic hepatitis C (CHC) infection affects approximately 230,000 people.
- In March 2016, the Australian Government, via the Pharmaceutical Benefits Scheme (PBS), became the first country in the world to offer unrestricted access to direct-acting antiviral (DAA) therapy for CHC infection.
- The PBS modified treatment criteria, allowing General Practitioners (GPs) to treat CHC patients: "*Must be treated… in consultation with a gastroenterologist hepatologist or infectious diseases physician experienced in the treatment of chronic hepatitis C infection*"[1]
- Gastroenterological Society of Australia (GESA) and the Australian Liver Association (ALA) created a standardised Remote Consultation Form (RCF) that allowed GPs to initiate DAA therapies in the community with the support of tertiary Specialists.

- The **Royal Adelaide Hospital** (RAH) is the largest public teaching hospital in South Australia (SA).

- The **Brian Burdekin Clinic** (BBC) is a unique multidisciplinary health service that provides health care to disadvantaged, marginal and homeless population within Adelaide, SA. The clinic was established and is coordinated by Dr Damian Mead (GP).

Aim

To determine the efficacy of a national Remote Consultation Form (RCF) in initiating DAA treatment in the community.

Methods

- Established new integrated model of care (MOC) between primary (BBC) and tertiary (RAH) healthcare centres for DAA treatment initiation
- Retrospective audit to assess this collaboration was carried out for the period between 1st March 2016 and 28th February 2017
- RCFs completed at BBC were faxed to the Viral Hepatitis Centre (RAH) to be reviewed by a Specialist prior to treatment initiation in the community

Figure 1: National Remote Consultation Form

Results

Total of 51 patients with active CHC infection identified and referred:

- 44 patients initiated on DAA treatment through GP/Specialist collaboration via RCF
- 1 patient yet to commence treatment and 1 patient with delayed treatment initiation (ITT: 88%)

[3 patients treated via other services, 2 patients moved interstate]

- SVR12 achieved for 22 patients (50%)

Table 1: Baseline characteristics, treatment regimens and outcomes for patients initiated on DAA treatment using RCF

Total patients treated via RCF (between BBC & RAH)	N =44
Demographics	
Age, mean, years range	47.0 (29-65)
Male, n (%)	40 (91%)
Current Opiate Substitution Therapy (OST), n (%) Yes	25 (57%)
Current OST, n (%) No	19 (43%)
People Who Inject Drugs (PWID) past 6 months n (%) Yes	20 (45%)
PWID past 6 months n (%) No	24 (55%)
Unemployed or Disability Pension (Government)	39 (88%)
Community Corrections (parole/bail)	2 (5%)
Homeless	2 (5%)
Employed	1 (2%)
Genotype , n (%)	
1 a/b	22 (50%)
2	1 (2.5%)
3	20 (45%)
4	1 (2.5%)
AST-Platelet Ratio Index (APRI) <1, n (%)	41 (94%)
Treatment Regimen *	44 (100%)
Sofosbuvir/Ledipasvir 8 weeks	10 (22%)
Sofosbuvir/Ledipasvir 12 weeks	11 (25%)
Sofosbuvir & Ribavirin 12 weeks	1 (2%)
Sofosbuvir & Daclatasvir 12 weeks	21 (47%)
Elbasvir/Grazoprevir 12 weeks	2 (4%)
Current Treatment Status **	44 (100%)
Ceased early due adverse effects n (%)	2 (4%)
Currently on treatment or follow up n (%)	17 (37%)
Need or Lost follow –up n (%)	4 (9%)
SVR 12 n (%)	22 (50%)

** 45 treatments approved 1 patient stopped early due to adverse event and retreated on different regimen.*
*** 11 Delayed treatment starts by >3 months after been provided script for treatment.*

Conclusions

- Remote Consultation Form bridges the gap between GPs and Specialists
- This new MOC, whilst in its infancy, caters for those marginalised patients who are reluctant to engage with tertiary hospitals
- Further large-scale studies are needed to fully assess the efficacy of this new MOC

References

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2. *Appendices -Australian recommendations for the management of hepatitis C virus infection: a consensus statement* 2016. Available at: www.hepcguidelines.org.au