

## **HEPLINK: INTEGRATING HEPATITIS C TREATMENT IN PRIMARY CARE**

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### **Background:**

In Ireland, general practice is increasingly providing long-term care, including opioid substitution treatment (OST), for people who inject drugs, 62-81% of whom are infected with HCV. Complex barriers mean few have received HCV treatment. The HepLink study aims to improve HCV care outcomes among OST patients in general practice by developing an integrated model of HCV care and evaluating its feasibility, acceptability and likely efficacy.

### **Methods:**

The integrated model of care comprises: education of community practitioners, outreach of a HCV-trained nurse into GP practices, and enhanced access of patients to community-based evaluation of their HCV disease (including Fibroscan). OST-prescribing GP practices in North Dublin were recruited from the professional networks of the research team to participate in the pilot study. Patients were eligible if  $\geq 18$  years of age, on OST, and attend the practice during the recruitment period. Baseline data on HCV care processes/outcomes were extracted from the clinical records of participating patients.

### **Results:**

14 GP practices and 134 patients were recruited. Baseline data on 133 patients (71.4% (n=95) male; 28.6% (n=38) female; mean age 43 years (range 27-71 years)) showed that 92.5% (n=123) had been tested for HCV. Of those tested, 77.2% (n=95) were HCV antibody positive (Ab+). Just a minority (14.7%; n=14) of HCV Ab+ patients had ever initiated HCV treatment. The HepLink model of care is currently being piloted in 13 practices: of 35 HCV Ab+ patients who have undergone a fibroscan, 17 (48.6%) scored above  $\geq 8.5$  kPa; 12 (34.3%) were cirrhotic (scored  $>12.5$  kPa).

### **Conclusion:**

A substantial proportion of HCV-positive patients on OST in general practice are not engaged with specialist hospital services but qualify for the new direct-acting antiviral treatments for HCV. One-third of patients fibroscanned were cirrhotic. There is an urgent need to develop effective strategies to support patients' access to HCV treatment.

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