TREATMENT OF HEPATITIS C IN THE HOMELESS DRUG USING POPULATION: AN INNOVATIVE SHARED CARE APPROACH REMOVING BARRIERS TO ACCESS

McElroy K[1,2], Dwyer R[1,2], O'Shea A[1,2], O'Carroll A[1,2], O' Reilly F[1,2], Moran C[4], O'Connor M[4], Kiely B[1], Farrell J[4,] Lambert JS[3,4]

[1]SafetyNet Homeless Primary Healthcare Network [2]North Dublin City GP Training Scheme [3]School of Medicine University College Dublin 4, Ireland [4]Mater Misericordiae University Hospital, Dublin 7, Ireland

Background:
It is estimated that up to 30,000 people in Ireland have Hepatitis C Virus (HCV) infection, with injecting drug use as the most common risk factor, accounting for 80% of cases. Chronic infection leads to cirrhosis in 20% of patients; this carries a huge burden in terms of patient morbidity, mortality and healthcare spending. Direct-acting antivirals (DAAs) have revolutionized the treatment of HCV due to their high cure rates (95-99%) and patient tolerability. Standard treatment requires frequent hospital attendances which poses a major barrier to those most in need: follow-up rates as low as 1% have been documented in newly diagnosed HCV cases in our population.

Description of model of care/intervention:
The following describes a pilot project of community HCV treatment, directed by General Practitioners with clinical governance provided by the Mater Hospital Infectious Disease team. The process involves one hospital appointment with the remainder of the patient's care being carried out through their community clinic, where they receive Opioid Substitution Therapy (OST). A 'low-threshold' approach is taken in an attempt to improve access to treatment for this group who often have multi-morbidity, including active addiction. A key component to the success of the programme is supervised consumption of DAA's with OST.

Effectiveness:
16 patients have been enrolled. 6 have completed treatment with sustained viral response, 10 are currently on treatment and one treatment has been discontinued due to non-compliance. We are continuing to enroll patients.

Conclusion and next steps:
The aim of this pilot is to demonstrate that HCV treatment in the community is safe and effective, but also that 'hard to reach' groups can be engaged readily with an innovative person-centered approach. Interim results are encouraging and support a shift to the delivery of treatment in the community.

Disclosure of Interest Statement:
None to declare.