Improving Svr12 Follow-Up in Primary Care With a Structured Hepatitis C Assessment Tool

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Background:

A community-based public health facility in Sydney, Australia, the Kirketon Road Centre (KRC) provides healthcare to people who inject drugs (PWID), homeless and other marginalised people. Data from March 2016 to March 2018 revealed of 242 individuals commenced on direct acting anti-virals (DAAs), 29% did not attend for sustained virological response testing 12 weeks after treatment completion (SVR12) (Read et al 2019). Although this is comparable to the Australia-wide REACH-C data which reported 21-35% non-attendance for SVR12 in the PWID population, improving SVR12 attendance enhances patient outcomes, assists in detection of re-infection and has wider reaching public health implications.

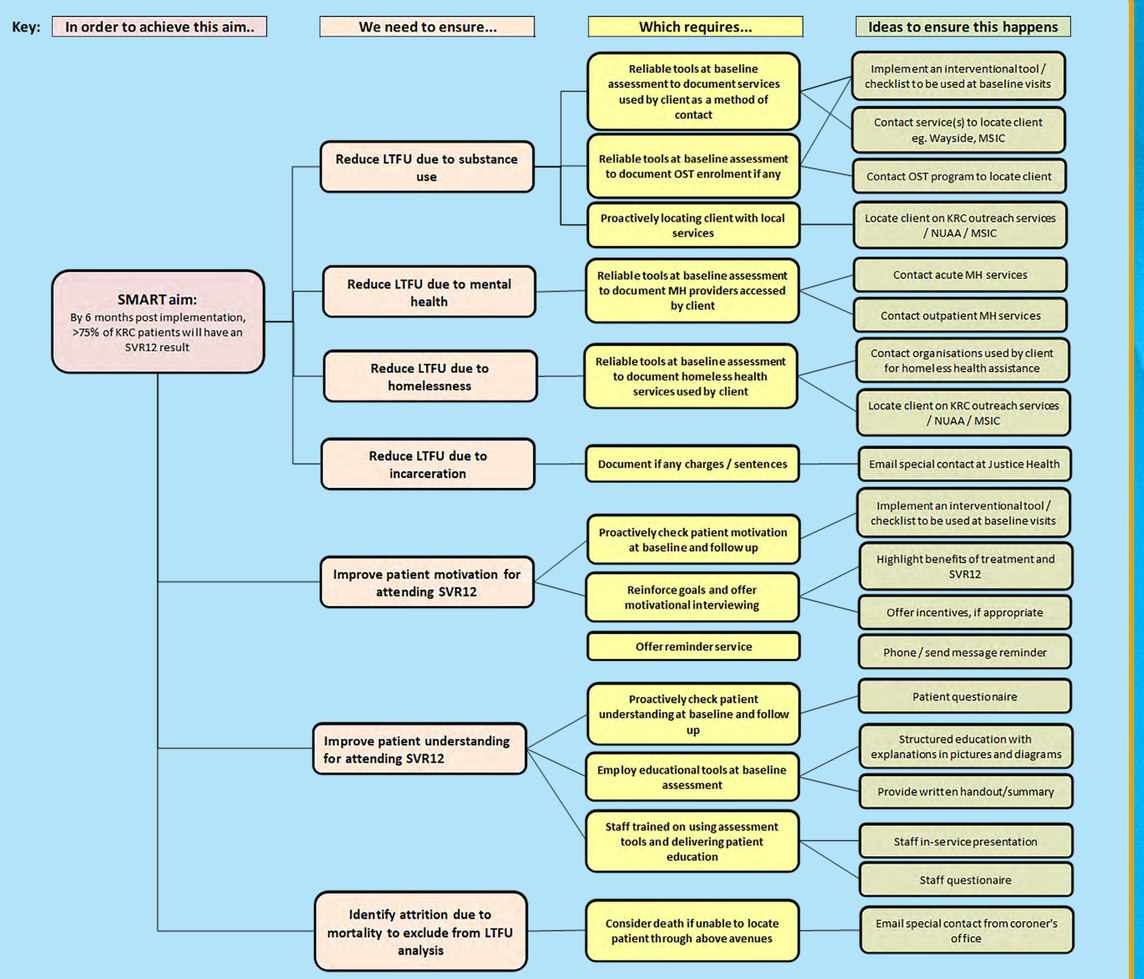
Description of Model of Care:

We aimed to improve our SVR12 testing rate to >85% (by 6 months post implementation) through modifying an existing hepatitis C virus (HCV) assessment tool used by clinicians at the initial clinical encounter to reduce loss to follow-up (LFTU). A driver diagram was chosen as our model for improvement framework to be implemented in Plan-Do-Study-Act (PDSA) cycles.

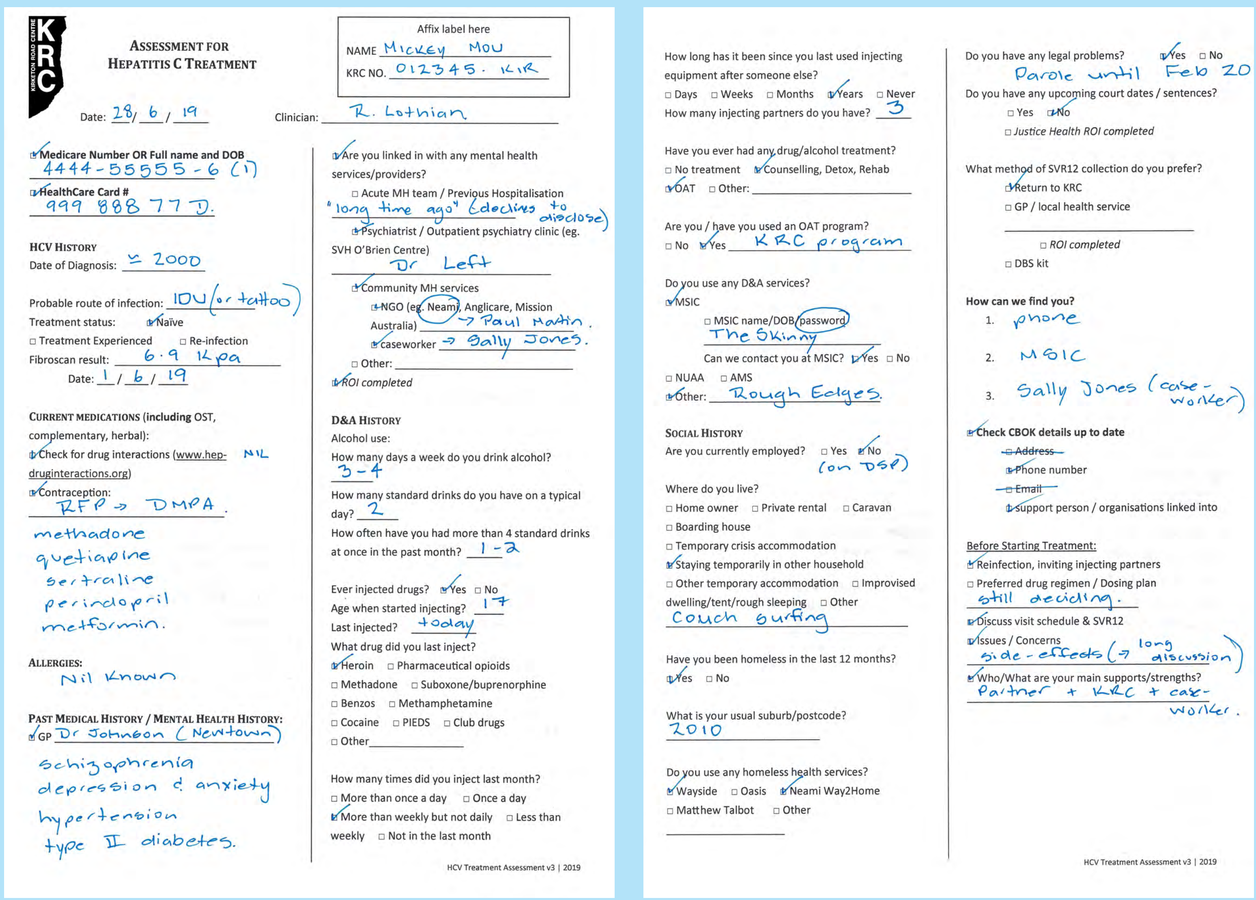
Effectiveness:

Reasons for LTFU by SVR12 and barriers to access were identified as primary drivers in the driver diagram. This included substance use, mental health issues, homelessness, incarceration and attrition due to mortality. Patient motivation and patient understanding were also identified as universal primary drivers in all patient groups.

The common secondary driver to all primary drivers was to have a reliable tool at baseline assessment. This tool ensures accurate knowledge, empowers clients to self-select optimal SVR12 testing options, captures up-to-date client contact details and explores other means of client contact in the event that the former is unsuccessful. This includes documentation of external services accessed by clients across the various primary driver domains. The tool is designed to help identify clients perceived to be susceptible to LTFU and provide engagement strategies such as motivational interviewing and incentives.



Driver Diagram



ASSESSMENT FOR HEPATITIS C TREATMENT

Affix label here
NAME Mickey MOU
KRC NO. 012345. KIR

Date: 28/6/19 Clinician: R. Lothian

✓Medicare Number OR Full name and DOB 4444-55555-6 (1)
✓HealthCare Card # 999 888 77 D.

HCV HISTORY
Date of Diagnosis: ≈ 2000
Probable route of infection: IDU (or tattoo)
Treatment status: ✓Naïve □ Treatment Experienced □ Re-infection
Fibroscan result: 6.9 kpa
Date: 1/6/19

CURRENT MEDICATIONS (including OST, complementary, herbal):
✓Check for drug interactions (www.hep-druginteractions.org) NIL
✓Contraception: RFP → DMPA.
methadone
quetiapine
sertraline
perindopril
metformin.

ALLERGIES:
Nil Known

PAST MEDICAL HISTORY / MENTAL HEALTH HISTORY:
✓GP Dr Johnson (Newtown)
schizophrenia
depression & anxiety
hypertension
type II diabetes.

✓Are you linked in with any mental health services/providers?
□ Acute MH team / Previous Hospitalisation
"long time ago" (declines to disclose)
✓Psychiatrist / Outpatient psychiatry clinic (eg. SVH O'Brien Centre)
Dr Left
✓Community MH services
✓NGO (eg. Neami, Anglicare, Mission Australia) → Paul Martin.
✓caseworker → Sally Jones.
□ Other:
✓ROI completed

D&A HISTORY
Alcohol use:
How many days a week do you drink alcohol? 3-4
How many standard drinks do you have on a typical day? 2
How often have you had more than 4 standard drinks at once in the past month? 1-2
Ever injected drugs? ✓Yes □ No
Age when started injecting? 17
Last injected? today
What drug did you last inject?
✓Heroin □ Pharmaceutical opioids
□ Methadone □ Suboxone/buprenorphine
□ Benzos □ Methamphetamine
□ Cocaine □ PIEDS □ Club drugs
□ Other
How many times did you inject last month?
□ More than once a day □ Once a day
✓More than weekly but not daily □ Less than weekly □ Not in the last month

How long has it been since you last used injecting equipment after someone else?
□ Days □ Weeks □ Months ✓Years □ Never
How many injecting partners do you have? 3

Have you ever had any drug/alcohol treatment?
□ No treatment ✓Counselling, Detox, Rehab
✓OAT □ Other:

Are you / have you used an OAT program?
□ No ✓Yes KRC program

Do you use any D&A services?
✓MSIC
□ MSIC name/DOB/password The Skinny
Can we contact you at MSIC? ✓Yes □ No
□ NUAA □ AMS
✓Other: Rough Edges.

SOCIAL HISTORY
Are you currently employed? □ Yes ✓No (on DSP)
Where do you live?
□ Home owner □ Private rental □ Caravan
□ Boarding house
□ Temporary crisis accommodation
✓Staying temporarily in other household
□ Other temporary accommodation □ Improvised dwelling/tent/rough sleeping □ Other
Couch surfing
Have you been homeless in the last 12 months?
✓Yes □ No
What is your usual suburb/postcode? 2010
Do you use any homeless health services?
✓Wayside □ Oasis ✓Neami Way2Home
□ Matthew Talbot □ Other

Do you have any legal problems? ✓Yes □ No
Parole until Feb 20
Do you have any upcoming court dates / sentences?
□ Yes ✓No
□ Justice Health ROI completed

What method of SVR12 collection do you prefer?
✓Return to KRC
□ GP / local health service
□ ROI completed
□ DBS kit

How can we find you?
1. phone
2. MSIC
3. Sally Jones (case-worker)

✓Check CBOK details up to date
~~□ Address~~
✓Phone number
~~□ Email~~
✓support person / organisations linked into

Before Starting Treatment:
✓Reinfection, inviting injecting partners
□ Preferred drug regimen / Dosing plan
still deciding.
✓Discuss visit schedule & SVR12
✓Issues / Concerns
side-effects (→ long discussion)
✓Who/What are your main supports/strengths?
Partner + KRC + case-worker.

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HCV Assessment Tool

Conclusions:

We developed a novel HCV assessment tool to be used by clinicians at the baseline clinical visit with the aim of reducing LTFU and increasing SVR12 collection. We have now implemented this tool and will evaluate its impact. Despite high observed efficacy of DAAs, determining virological cure has individual health implications, informs elimination goals, and is clinically important in a population at higher risk of reinfection.

References:

Read et al J Viral Hepatitis 2019 The Kirby Institute. Real world efficacy of antiviral therapy in chronic hepatitis C in Australia (Issue 2). The Kirby Institute, UNSW Sydney, Sydney, NSW, Australia, July 2018 (available online at: https://kirby.unsw.edu.au).

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