

Hepcare Europe

Presentation for Civil Society Forum
Health system preparedness

Dec, 2017

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Co-funded by
the Health Programme
of the European Union



Acknowledgements

- 🌿 Co-funded by European Commission through its EU Third Health Programme and Ireland's Health Services Executive
- 🌿 Participating GPs and patients
- 🌿 Our partners: Univ College London, Univ Bristol, SAS Seville, Victor Babes Hospital - Bucharest

Website: <http://www.ucd.ie/medicine/hepcare/>



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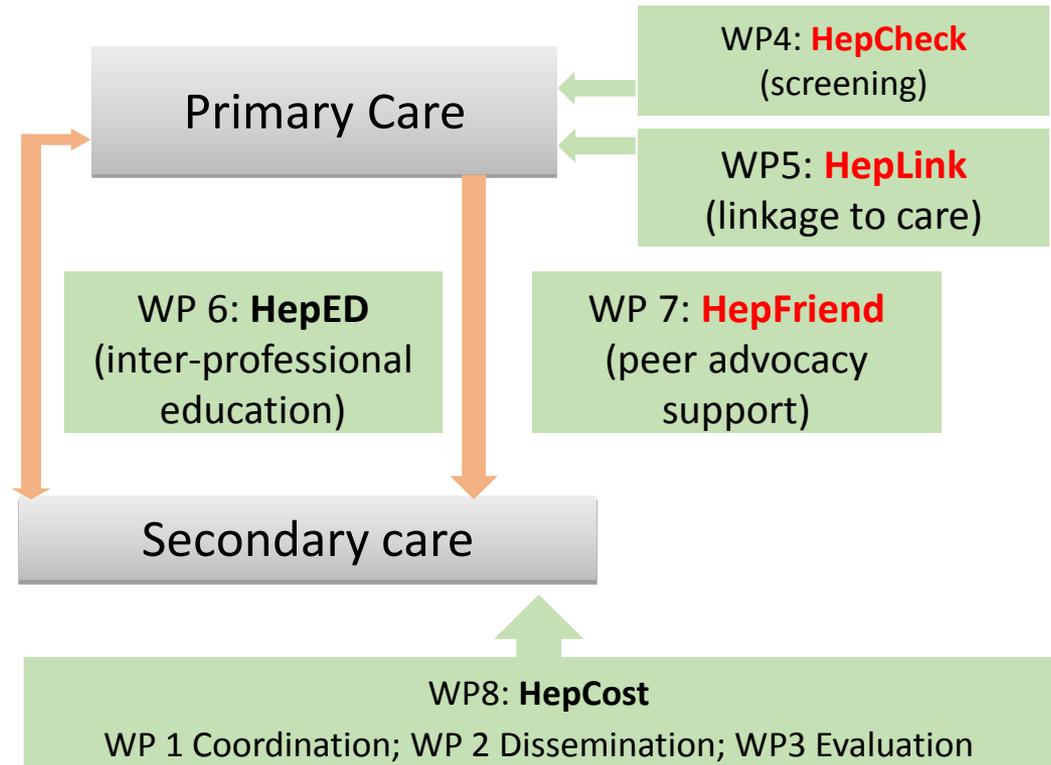


HEPCARE: A new Hepatitis C Care service model

OBJECTIVE: Improve access to HCV testing/treatment among risk groups, through outreach and integration of primary / secondary care

HEPCARE EUROPE: €1.8M 3-year EU-supported project at 4 member state sites

Consortium members: UCD (Ireland); SAS (Spain); SVB (Romania); University of Bristol (UK); University College London (UK)



HCV elimination is on the global agenda



Sept.
2015

Glasgow Declaration

"It is possible and essential to set as a goal the elimination of both hepatitis B and C as public health concerns"



Feb.
2016

Elimination Manifesto

"Our vision for a Hepatitis C-free Europe"



May
2016

Global Health Sector Strategy on Viral Hepatitis

"Eliminating viral hepatitis as a major public health threat by 2030"



Sept.
2016

Action plan for the prevention and control of Viral Hepatitis

"A WHO European Region that is free of new hepatitis infections"



WHO strategy comes with targets, by 2030



Incidence targets

- **30%** reduction in new HCV infections by 2020
- **90%** reduction in new HCV infections by 2030



Mortality targets

- **10%** reduction in mortality by 2020
- **65%** reduction in mortality by 2030



Harm reduction

- Increase in sterile needle and syringes provided per PWID/year from **20** in 2015 to: **200** by 2020 and **300** by 2030



Testing targets

- **90%** of people aware of HCV infection by 2030



Treatment targets

- **80%** of people treated by 2030

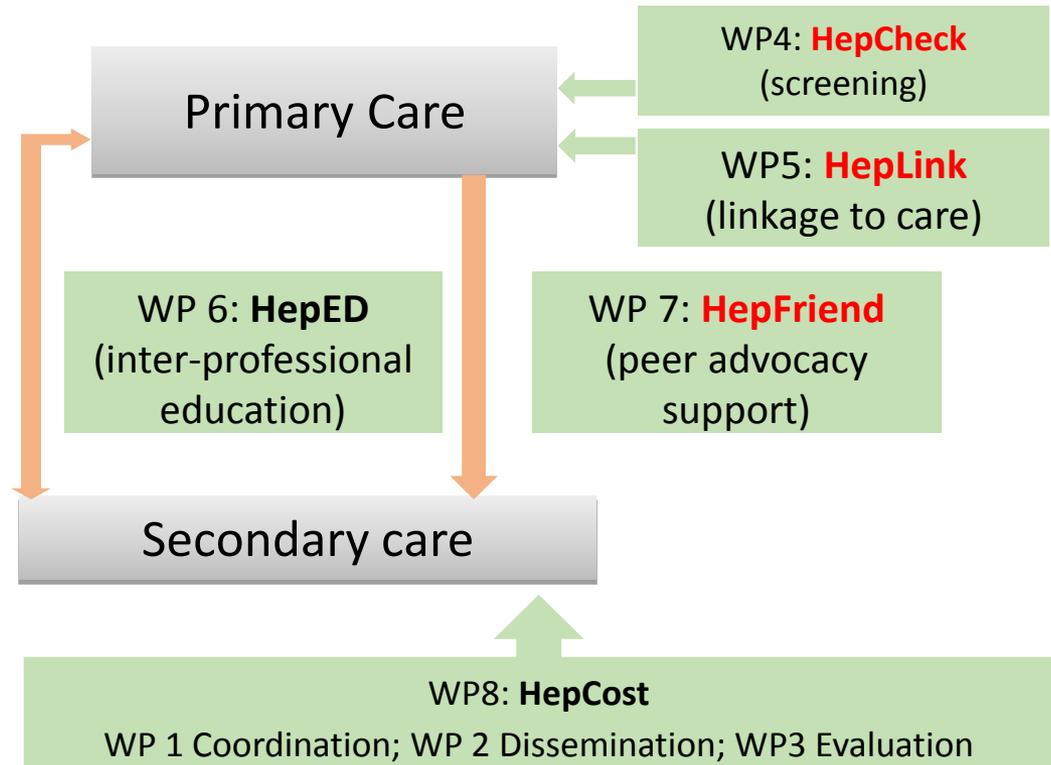


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1. Hepcheck

- To support primary care, homeless services, drug treatment centres and the Irish prison service in screening and clinical evaluation through fibroscanning of Hepatitis C patients
- Use an outreach worker and nurse liaison to optimise interaction with primary care/ homeless services/drug treatment centres, Mountjoy prison and secondary care
- This study aimed to establish the effectiveness of intensified screening for HCV among these cohorts



1. Hepcheck

- Active case finding (HCV liaison nurse and community outreach worker) at services used by 'at risk' groups
- Identify HCV patients (with positive PCR or HCV antigen)
- Fibroscan testing
- Providing harm reduction advice on preventing reinfection
- Work in partnership with NGO / Third Sector / Primary care / Secondary care / Prison health services / Addiction Treatment Services



1. Hepcheck - progress to date

	DUBLIN	LONDON	BUCHAREST	SEVILLE	TOTAL
1. No. of individuals offered/screened	712/569	-/310	-/469	657/401	1,749
2. Proportion of individuals with positive HCV antibody on screening	137/569 24%	123/310 41.8%	166/469 35%	140/401 34%	559
3. No. of individuals screened (Ab only, bloods only, both Ab and bloods)	Pending	Pending	Ab 365 Ab + bloods 104	Ab: 264 Bloods:116 Ab + bloods: 21	-
4. No. of HCV Ab+ individuals (either new or previously diagnosed) attending specialist appointment for HCV assessment.	Pending	60	65	51	222+



The Irish Safetynet Primary Care Overview

- ☘ Safetynet Primary care is a charity that aims to ensure that marginalised groups have access to high quality primary care
- ☘ Network of affiliated services using shared platforms
- ☘ In-reach team for homeless services
- ☘ Mobile Health and screening unit
 - Migrant health screening (IRPP, EROCs, others)
 - Homeless and prison populations
 - Other marginalised groups



Safetynet
PRIMARY CARE





Mobile Health and Screening Unit

- Mobile unit containing clinic and x-ray machine
- Permanently staffed with GP, 2 nurses
- Temporary support from radiographer as required
- Can provide clinical assessments, phlebotomy, chest x-rays, vaccinations



2. Heplink

To improve HCV care outcomes among patients receiving OST in general practice, by:

- developing integrated model of HCV care
- evaluating feasibility, acceptability and likely efficacy



Link to care

Academic detailing, education

Nurse consultation

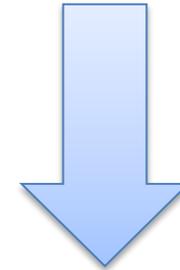
Explain role, assessment, referral procedures
Checks participant's HCV Ab and risk status



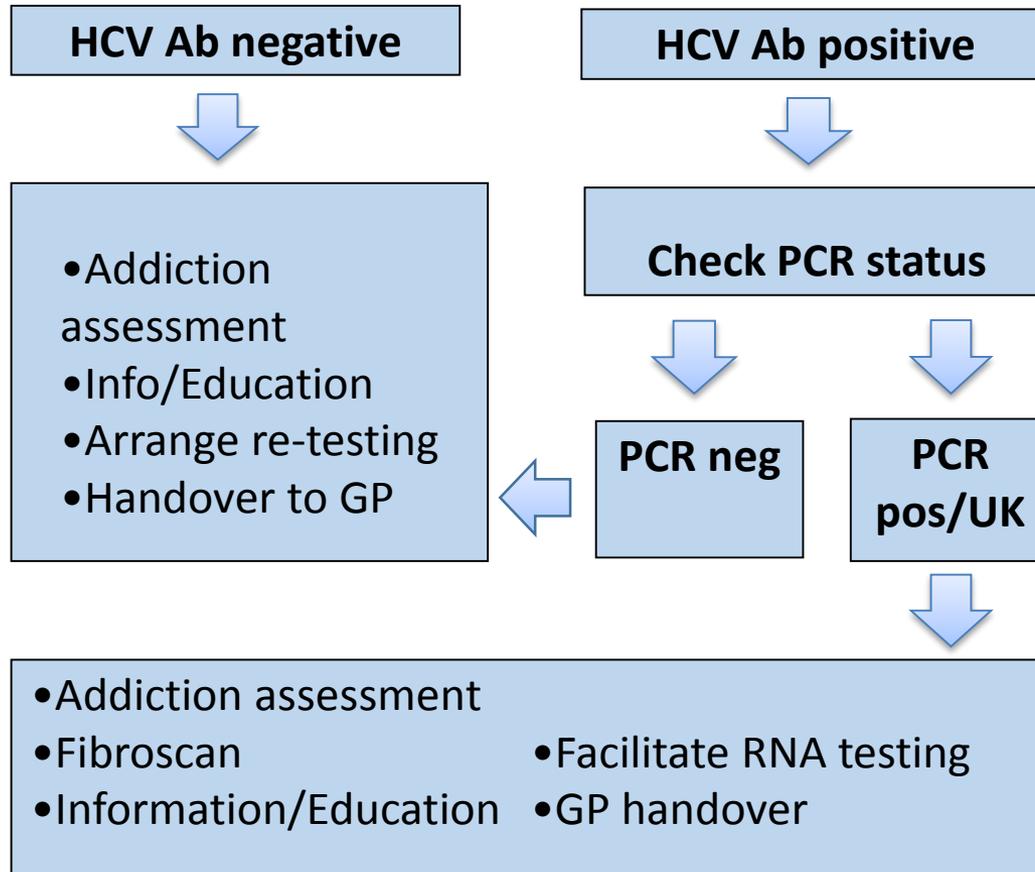
HCV Ab status: Unknown
Nurse arranges HCV testing



HCV Ab status: Known



Link to care



Link to care

REFERRAL CRITERIA:

HCV Ab+ and Ag/RNA positive /
unknown

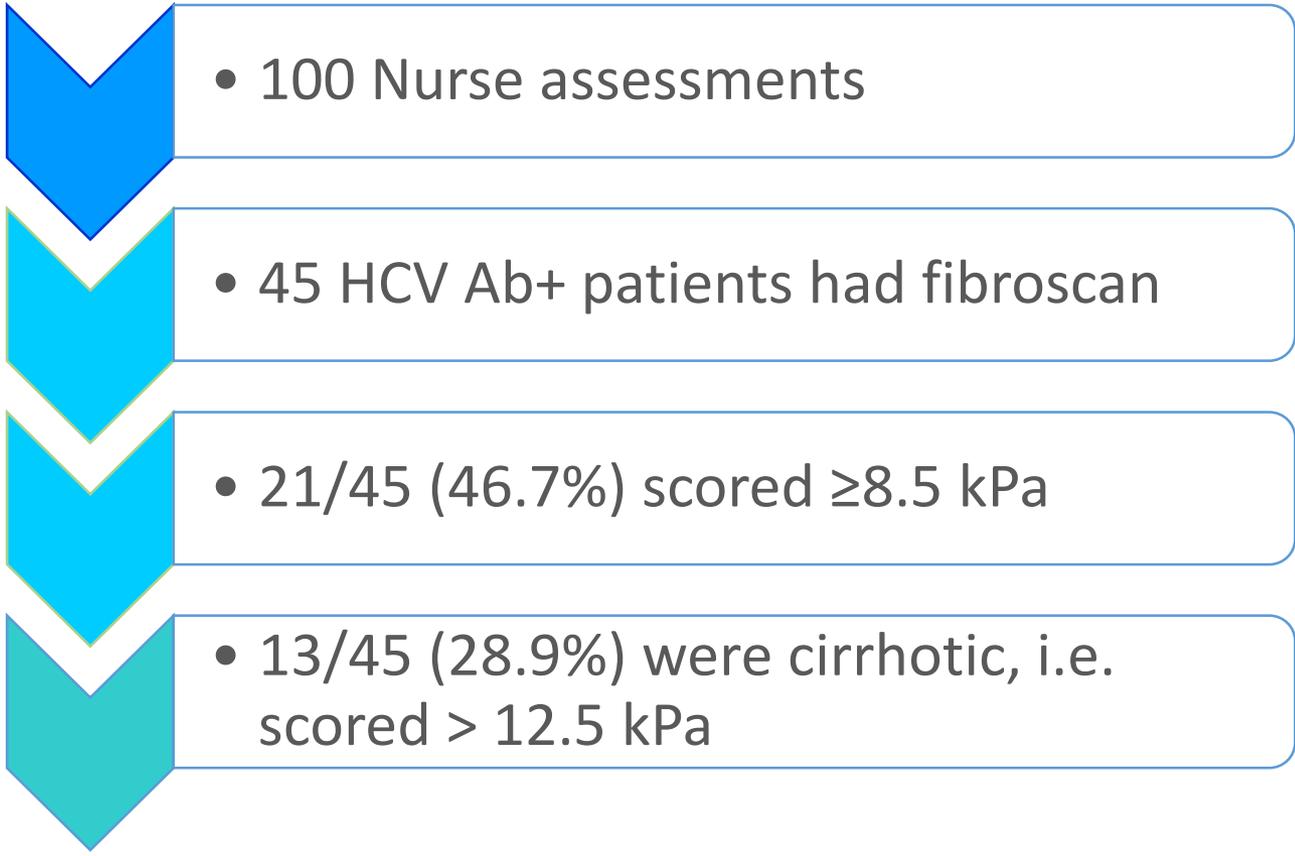


- Referral to Hepatology/ID
- Liaison between GP/patient and hospital clinic



2. Heplink

- The integrated model of HCV care has been piloted in 14 practices



- 100 Nurse assessments

- 45 HCV Ab+ patients had fibroscan

- 21/45 (46.7%) scored ≥ 8.5 kPa

- 13/45 (28.9%) were cirrhotic, i.e. scored > 12.5 kPa



2. Heplink – progress to date

	DUBLIN	LONDON	BUCHAREST	SEVILLE	TOTAL	TARGET
GP practices/clinical sites recruited	14	1	9	3	27	24
No. of patients recruited	135	39	169	109	452	240
Baseline data has been collected	134	39	169	96	438	240
Clinical sites - HCV education	14	1	35	3	53	24
No. of GP practices/clinical sites received nurse specialist liaison	14	1	0	3	18	24
No. of GP practices/clinical sites received enhanced specialist assessment	14	1	2	3	20	24



Learnings

- 🌿 Most targets achieved / interventions appear feasible, acceptable to patients and professionals
- 🌿 High HCV prevalence, but access to assessment/treatment a challenge (47%/15%)
- 🌿 Replicated in other sites – adaptability to local needs important
- 🌿 Research into practice and policy
- 🌿 **Community outreach and service integration key**



Integrated Care

- ✿ *'...a worldwide trend in health care reforms focusing on more coordinated forms of care provision...may be seen as a response to the fragmented delivery of health and social services ... in many health systems*
- ✿ *...a concept bringing together inputs, delivery, management and organization of services related to diagnosis, treatment, care, rehabilitation and health promotion. Integration is a means to improve services in relation to access, quality, user satisfaction and efficiency'*

Gröne & Garcia-Barbero, World Health Organization, 2002.



Thank you

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