Hepatitis C Treatment by Primary Care Teams in Inner-City Clinics: A Prospective Cohort Study

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Disclosures

- Dr. Susan Nouch has no disclosures.
- This study was entirely supported by a grant from the Vancouver Coastal Health Research Institute.

Vancouver CoastalHealth Research Institute

Background/aims

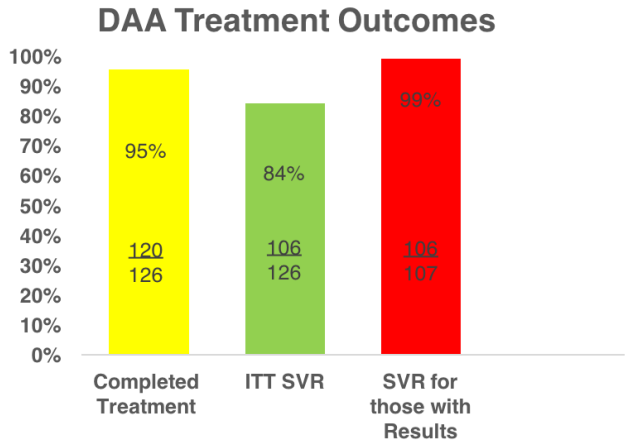
- HCV direct acting antiviral (DAA) therapies highly effective, but limited real-world data in marginalized populations.
- Efforts to scale-up treatment of HCV in these populations including persons who inject drugs (PWID), necessitates integrated models of care.
- Prescribing restricted to specialists in many regions
- **Study Aim: To determine the effectiveness of an HCV treatment model, implemented by family physicians working in interdisciplinary teams within inner-city primary care clinics.**

Methods

- **Inner-City HCV Treatment Programs:**
  - Located within 3 Vancouver primary care/addiction clinics
  - Family physician treaters/prescribers with HCV and addiction expertise along with interdisciplinary teams
  - Embedded support from Infectious Disease Consultant
  - Optional group/peer support
- **Prospective cohort of individuals undergoing HCV therapy since Sept 2015**
  - Baseline questionnaire including questions on substance use
- **Study Endpoints:**
  - **SVR 12:** HCV RNA undetectable 12 weeks following the end of therapy
  - **LTFU:** No follow-up HCV visit within 10 weeks of SVR 12 due date
- **Analysis:** Multivariate regression analysis for factors associated with LTFU

Results

- N of 135: due for SVR 12 before June 1st, 2017
- 76% male, median age 53 (IQR 47- 60), 36% cirrhosis, 18% treatment experienced, 70% genotype 1
- 74% IDU ever, 24% injected month prior to treatment, 53% were on ORT
- Of those on ORT, 67% received ORT at HCV treating site
- 89% not seen directly by specialist MD for HCV in year prior to treatment



No documented cases of early reinfection (before SVR 12)

24% Lost to Follow-Up*

(*42% evidence engaged in care but no bloodwork done)

Participants with ORT at treating clinic less likely to be LTFU (AOR 0.18; 95% CI 0.05 – 0.61)

Conclusions/implications

- HCV treatment in the primary care setting by interdisciplinary teams including family physicians can be successful in inner-city populations in the era of DAAs
- Integrating opiate replacement therapy at HCV treatment site associated with lower rate of LTFU
- Improving follow-up is important:
  - To document SVR outcomes and reinfection
  - To ensure appropriate follow-up continues for those with cirrhosis
  - To continue engagement in primary care/addiction care