Developing a theory informed pathway for primary care-initiated hepatitis C virus treatment in Scotland

Whiteley, D, Speakman E, Elliott L, Davidson K, Jarvis H, Quinn M & Flowers P

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Why?

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BMC Health Services Research

RESEARCH ARTICLE Open Access

A systematic review and meta-analysis of community and primary-care-based hepatitis C testing and treatment services that employ direct acting antiviral drug treatments

Andrew Radley[1,2*], Emma Robinson[2], Esther J. Aspinall[3], Kathryn Angus[4], Lex Tan[2] and John F. Dillon[2]

Antiviral (DAAs) drugs have a much lower burden of treatment and monitorin
is containing interferon and ribavirin, and a much higher efficacy in treating he
mean that initiating treatment and obtaining a virological cure (Sustained Viral
on of treatment, in non-specialist environments should be feasible. We investig
evaluating community and primary care-based pathways using DAAs to treat H

l; Embase; Medline; PsycINFO; PubMed) were searched for studies of treatment
ngs to achieve SVR. Relevant studies were identified including those containing
nmunity and specialist services where available. A narrative synthesis and linked

Clinical Infectious Diseases

MAJOR ARTICLE

IDSA Infectious Diseases Society of America hivma hiv medicine association OXFORD

Outcomes of Treatment for Hepatitis C in Primary Care, Compared to Hospital-based Care: A Randomized, Controlled Trial in People Who Inject Drugs

Amanda J. Wade,[1] Joseph S. Doyle,[1,2] Edward Gane,[3] Catherine Stedman,[4,5] Bridget Draper,[1] David Iser,[2] Stuart K. Roberts,[6,7] William Kemp,[6,7] Dennis Petrie,[8] Nick Scott,[1,9] Peter Higgs,[1,9,10] Paul A. Agius,[1,9,11] Janine Roney,[2] Lisa Stothers,[12] Alexander J. Thompson,[12,13,a] and Margaret E. Hellard[1,2,9,a]

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PLOS ONE

RESEARCH ARTICLE

Effectiveness of implementing a decentralized delivery of hepatitis C virus treatment with direct-acting antivirals: A systematic review with meta-analysis

Rodolfo Castro[1,2]*, Hugo Perazzo[3], Letícia Artilles Mello Mendonça de Araujo[1], Isabella Gonçalves Gutierres[1], Beatriz Grinsztejn[3], Valdiléa G. Veloso[3]

1 Fundação Oswaldo Cruz, Escola Nacional de Saúde Pública Sergio Arouca, Rio de Janeiro, RJ, Brazil,
2 Universidade Federal do Estado do Rio de Janeiro, Instituto de Saúde Coletiva, Rio de Janeiro, RJ, Brazil,
3 Fundação Oswaldo Cruz, Instituto Nacional de Infectologia Evandro Chagas, Rio de Janeiro, RJ, Brazil

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Abstract

Direct-acting agents (DAAs) for hepatitis C virus (HCV) treatme
tive. Few studies described the sustained virologic response ra
by non-specialists. We performed a systematic review and met
effectiveness of decentralized strategies of HCV treatment with
Scopus and LILACS were searched until March-2019. Studies
researchers according to the following inclusion criteria: HCV tr
life cohort studies or clinical trials conducted by non-specialized

OPEN ACCESS

Citation: Castro R, Perazzo H, de Araujo LAMM, Gutierres IG, Grinsztejn B, Veloso VG (2020) Effectiveness of implementing a decentralized delivery of hepatitis C virus treatment with direct-acting antivirals: A systematic review with meta-analysis. PLoS ONE 15(2): e0229143. https://doi.org/10.1371/journal.pone.0229143

Articles

Decentralisation, integration, and task-shifting in hepatitis C virus infection testing and treatment: a global systematic review and meta-analysis

Ena Oru, Adam Trickey, Rohan Shirali, Steve Kanters, Philippa Easterbrook

Summary

Background Increasing access to hepatitis C virus (HCV) care and treatment will require simplified service delivery models. We aimed to evaluate the effects of decentralisation and integration of testing, care, and treatment with harm-reduction and other services, and task-shifting to non-specialists on outcomes across the HCV care continuum.

Methods For this systematic review and meta-analysis, we searched PubMed, Embase, WHO Global Index Medicus, and conference abstracts for studies published between Jan 1, 2008, and Feb 20, 2018, that evaluated uptake of HCV testing, linkage to care, treatment, cure assessment, and sustained virological response at 12 weeks (SVR12) in people who inject drugs, people in prisons, people living with HIV, and the general population. Randomised controlled trials, non-randomised studies, and observational studies were eligible for inclusion. Studies with a sample size of ten or less for the largest denominator were excluded. Studies were categorised according to the level of decentralisation: full (testing and treatment at same site), partial (testing at decentralised site and referral elsewhere for treatment), or none. Task-shifting was categorised as treatment by specialists or non-specialists. Data on outcomes across the HCV care continuum (linkage to care, treatment uptake, and SVR12) were pooled using random-effects meta-analysis.

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See Comment page e375

Department of Global HIV, Hepatitis and STI Programmes, World Health Organization, Geneva, Switzerland (E Oru MD, Prof P Easterbrook MD); Population Health Sciences, University of Bristol, Bristol, UK (A Trickey PhD); Precision

HEPATOLOGY COMMUNICATIONS, VOL. 5, NO. 3, 2021

Effectiveness of a Decentralized Hub and Spoke Model for the Treatment of Hepatitis C Virus in a Federally Qualified Health Center

Sarah A. Rojas[1,2] Job G. Godino[1,3] Adam Northrup[1] Maureen Khasira,[1] Aaron Tam,[1] Lisa [illegible] Catherine Frenette[4] and Christian B. Ramers[1,5]

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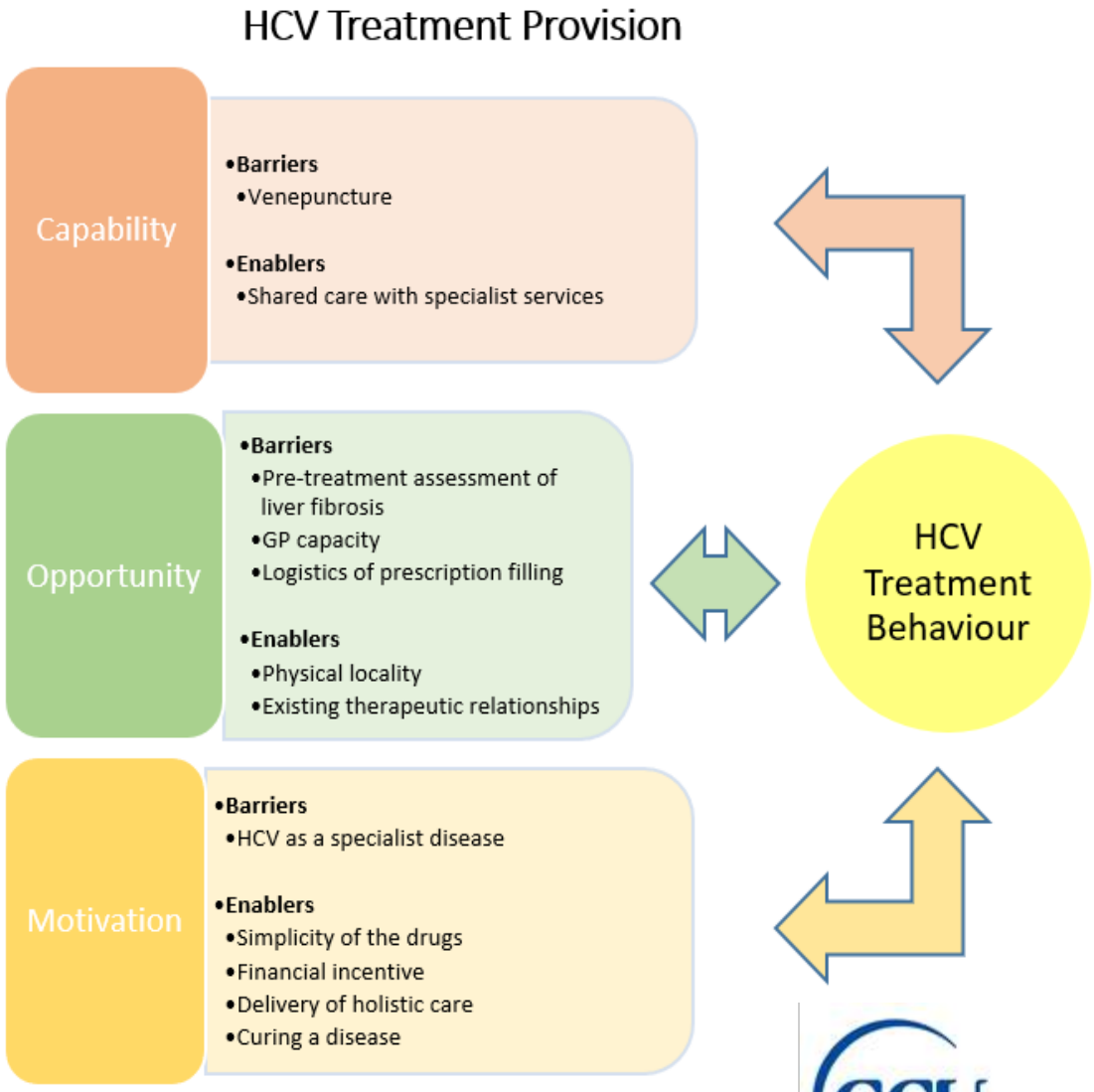
What we did

Interviews with GPs, HCV doctors and nurses, and third sector agencies.
(October 2019 – March 2020)

COM-B analysis: Barriers and facilitators from a provider perspective.
(April 2020 – August 2020)



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Whiteley D, Speakman E, Elliott L, Davidson K, Hamilton E, Jarvis H, Quinn M & Flowers P (2021) Provider-related barriers and enablers to the provision of hepatitis C treatment by general practitioners in Scotland: A behaviour change analysis. *Journal of Viral Hepatitis,* **28**(3): 528-537

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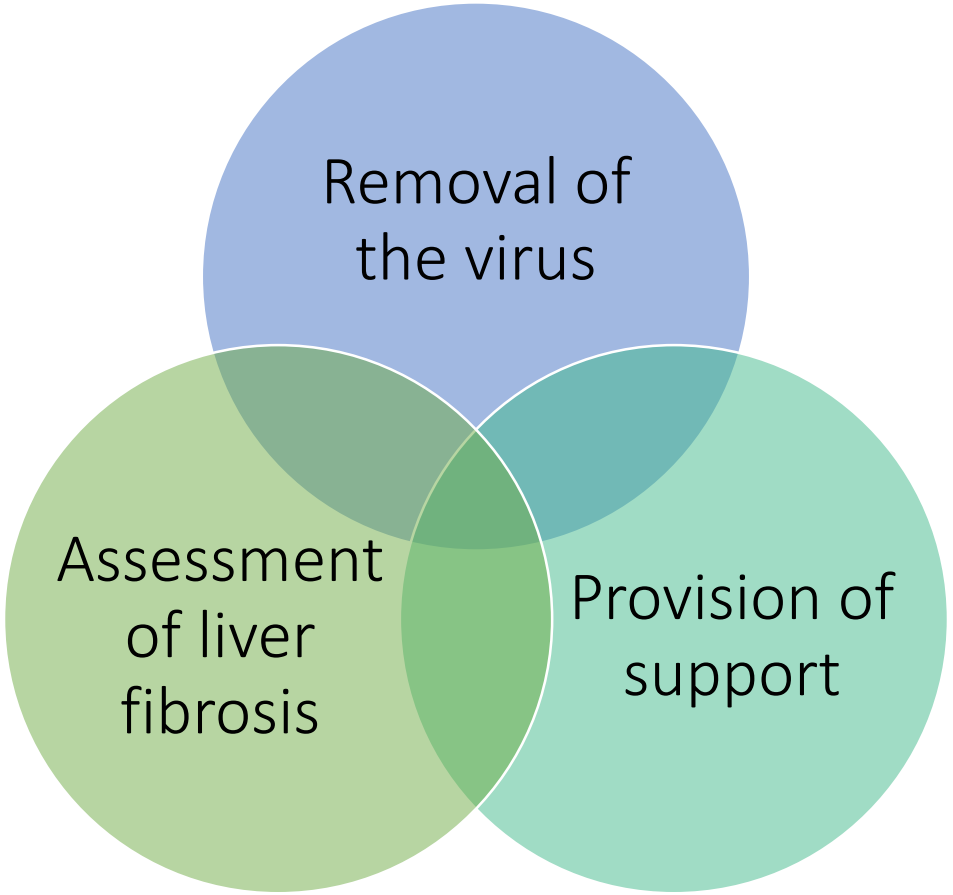

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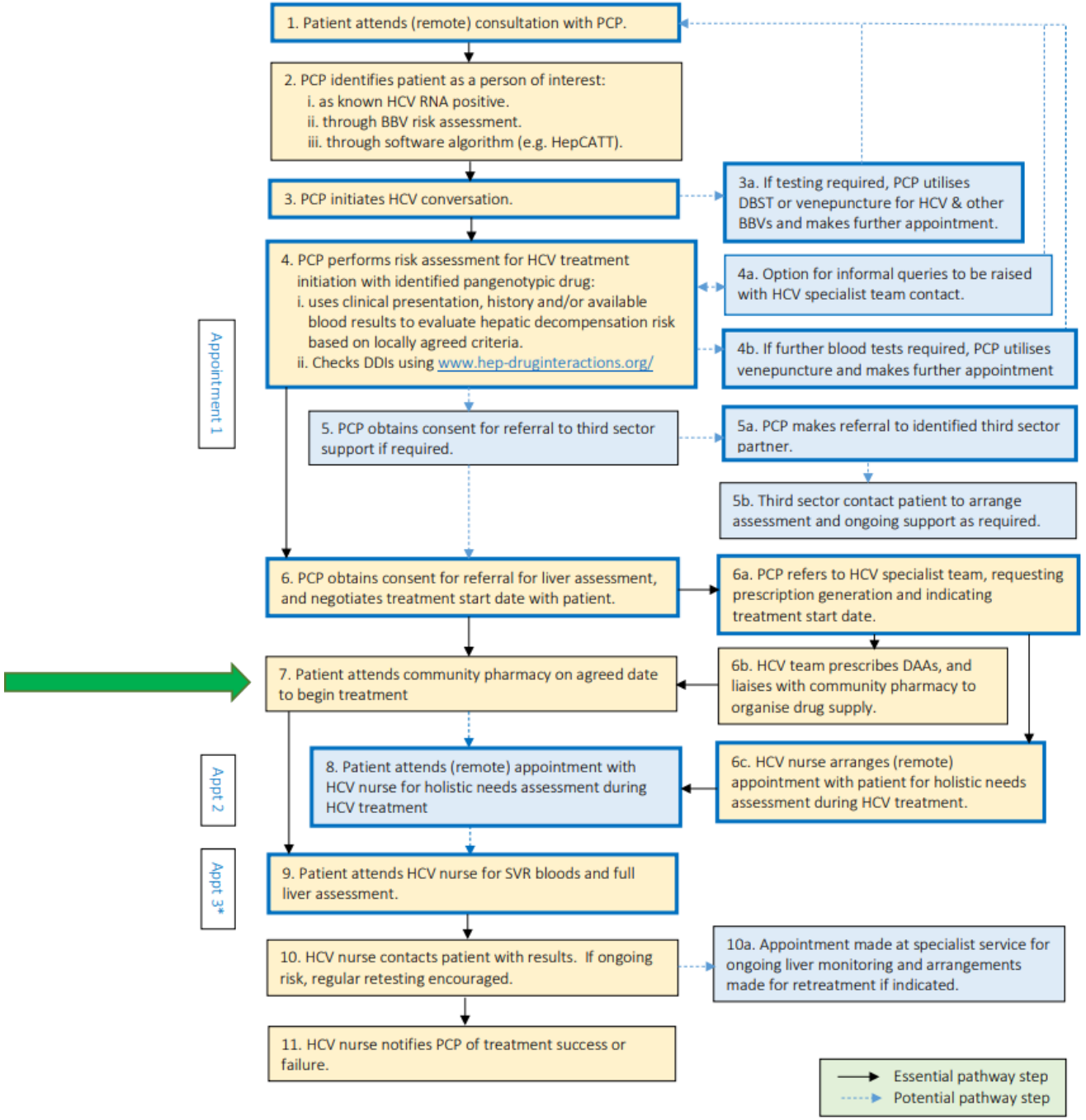

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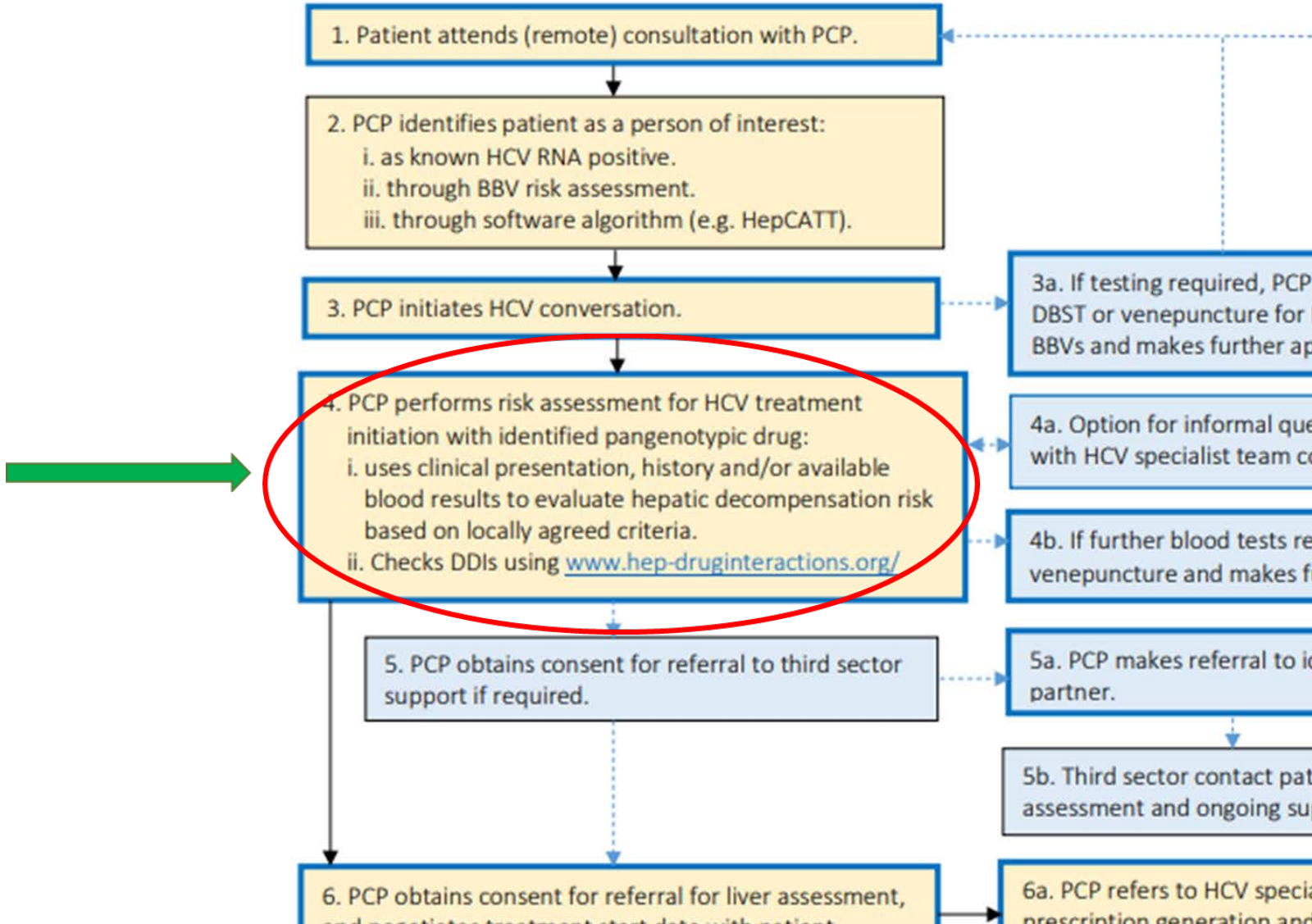

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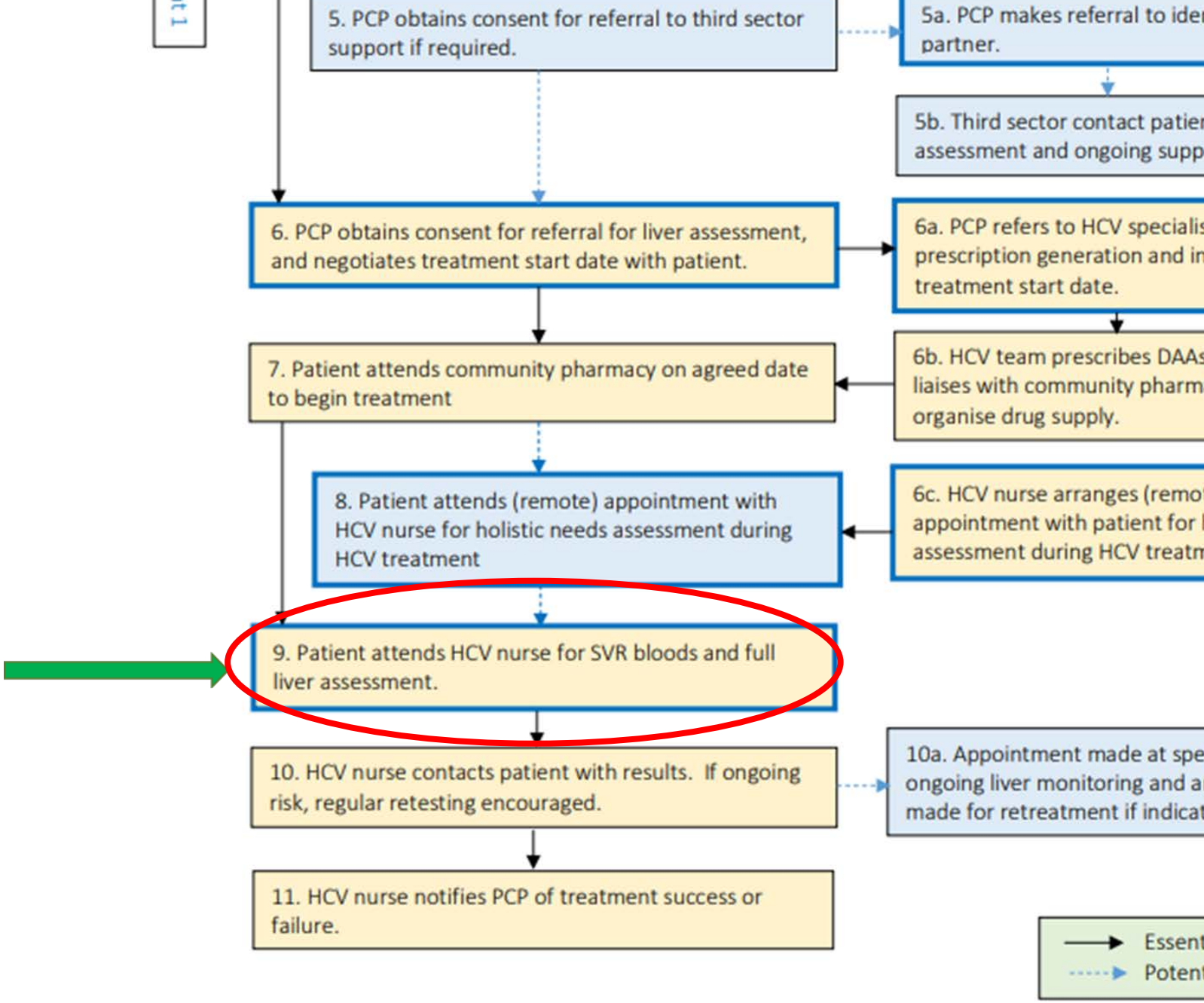

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Michie S, van Stralen MM, West R. The behaviour change wheel: a new method for characterising and designing behaviour change interventions. *Implement Sci.* 2011;**6**:42.

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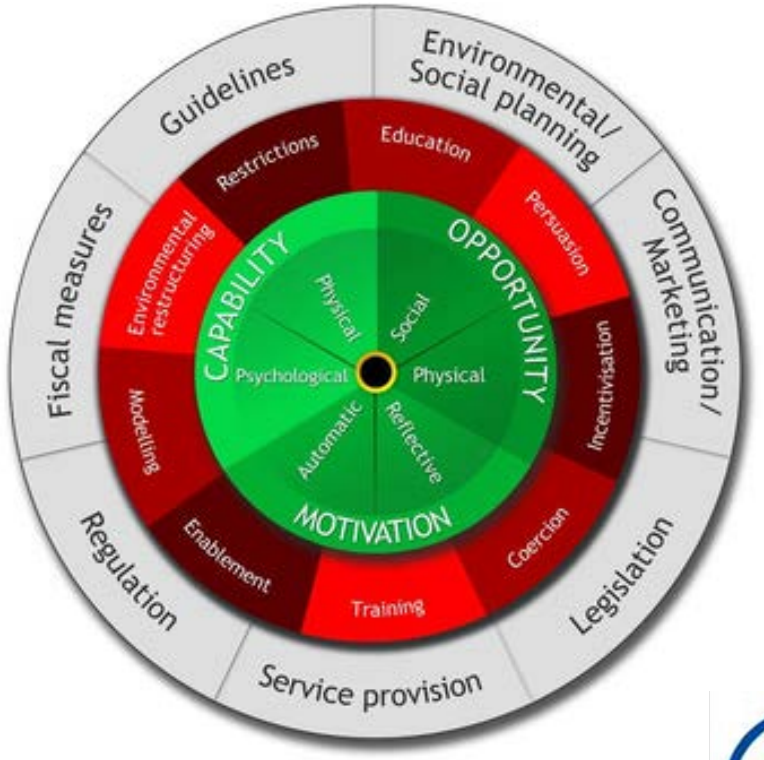
TDF & BCW analysis: Behaviour change interventions for pathway implementation
(November 2020 – April 2021)

Focus groups to sense-check recommendations
(May 2021)

Sources of behaviour

Intervention functions

Policy categories



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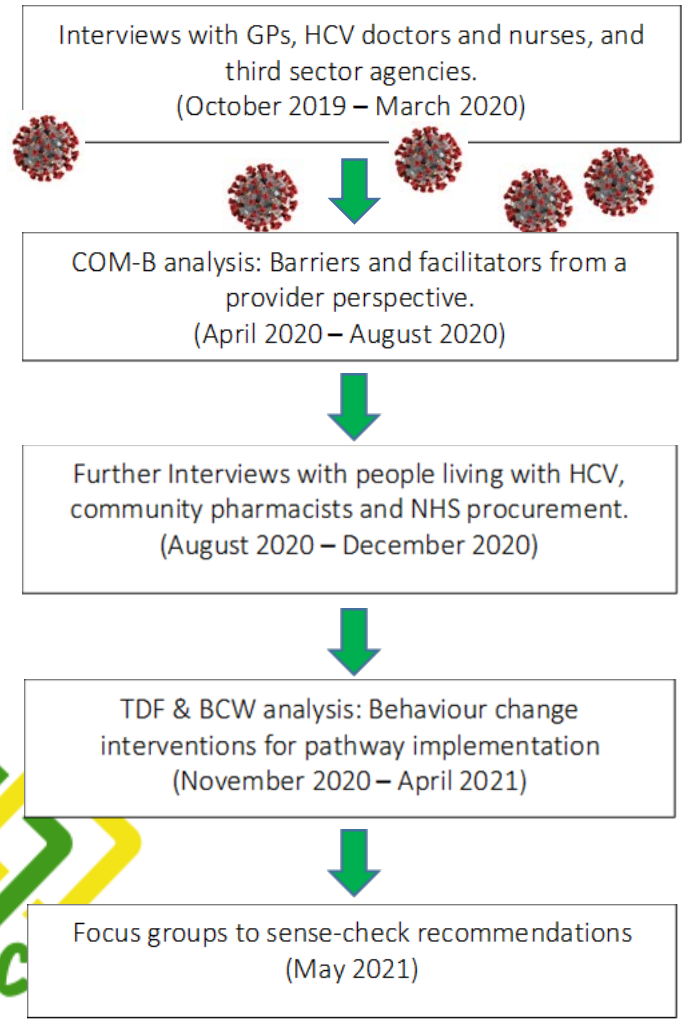
Recommendations



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Thank you

Interviews with people living with hepatitis C were conducted by peer researchers engaged through the Scottish Drugs Forum user involvement programme. A big thanks to…

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Thank you

This study was funded by the Chief Scientist Office of the Scottish Government Health Directorates (HIPS/18/49). No pharmaceutical grants were received to support the development or conduct of this study.

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