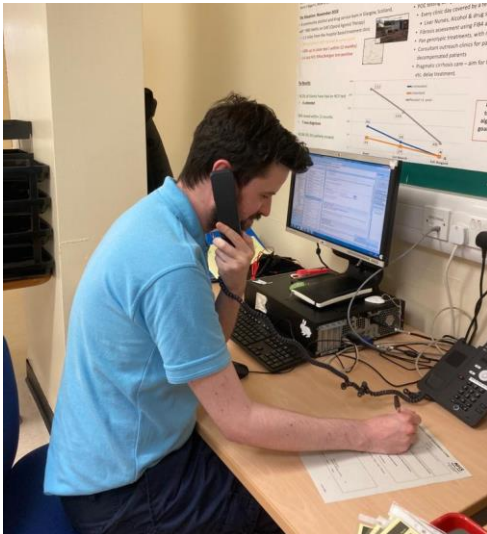


# Pharmacist-led telephone clinic is an effective strategy for treating patients with hepatitis C and removing barriers to appointment attendance

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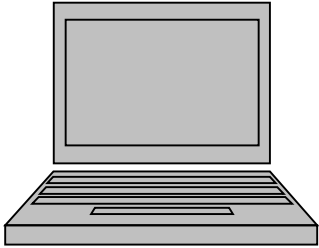
# DISCLOSURES

- Funding for the clinic was provided by a grant from Gilead
- Ms Boyle has received speaking and teaching fees from Abbvie and Gilead and grants from Abbvie
- Ms Marra has received speaking and teaching fees from Abbvie, Gilead, MSD and Viiv
- Dr Barclay has received speakers fees and advisory board fees from Abbvie and Gilead, and grants from Gilead

# BACKGROUND

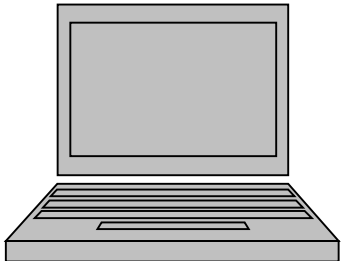
- Attending clinic appointments can be a barrier for assessment and treatment of hepatitis C (HCV) infection
- As NHS GGC stratifies fibrosis using FIB-4 score, many patients have the required minimum laboratory tests for assessment from other healthcare encounters
- We sought to create a pharmacist-led telephone clinic to initiate HCV treatment for patients without a face-to-face appointment, allowing suitable patients to be treated at a time and place that worked for them

# INTERVENTION

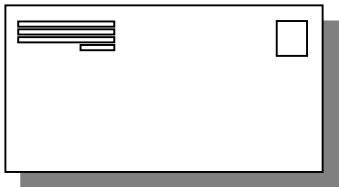


Historical diagnoses

New diagnoses lost to follow up

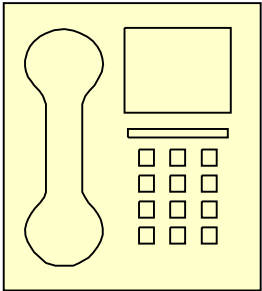


Inclusion: FIB-4 <1.45 or F0-F2 fibrosis and blood results within locally agreed ranges  
Exclusion: bloods >1 year old, HIV or HBV co-infection, cirrhosis, pregnancy, previous DAA treatment failure

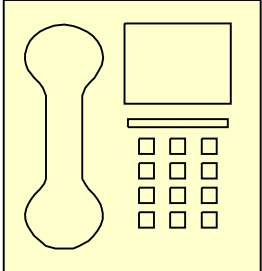


Letter sent inviting patient to make appointment, follow up phone call after 4 weeks if no response

# INTERVENTION



Initial consultation with HCV pharmacist to discuss treatment, manage drug interactions and arrange a suitable pharmacy to dispense the treatment

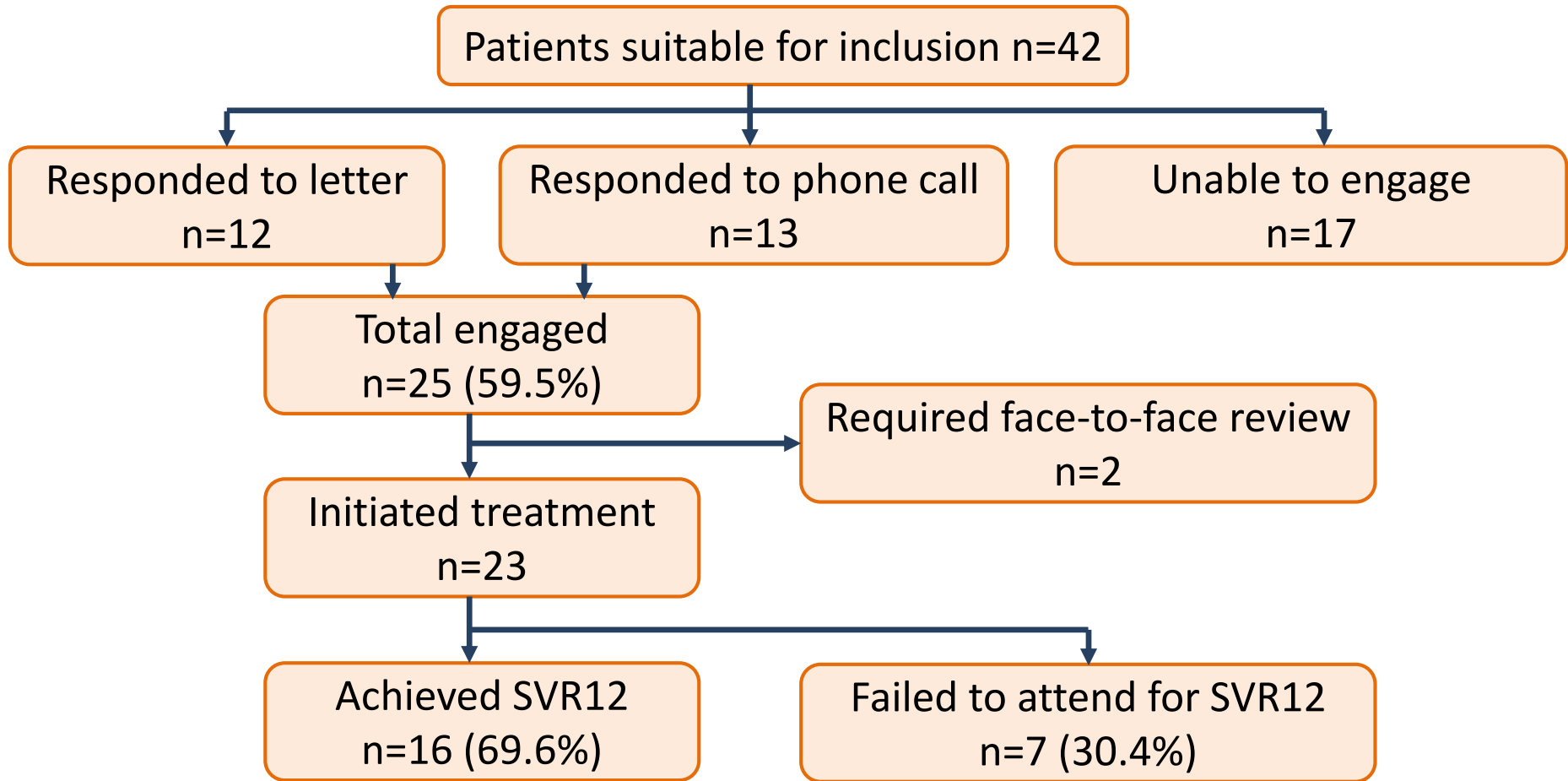


Follow up phone calls at the start and end of treatment



Post-treatment bloods arranged via nurse specialists or phlebotomy clinics

# EFFECTIVENESS



# EFFECTIVENESS

- Average of 6 previous DNAs for treatment appointments per patient
- 7 patients (30.4%) treated were diagnosed with HCV >10 years ago

“Much easier than a two hour journey to a hospital for an appointment”

“I’m very anxious about attending appointments so grateful for this instead”

# CONCLUSION

- Pharmacist-led telephone clinics are an effective model for engaging and treating patients with HCV
- Over half of patients meeting inclusion criteria commenced treatment, SVR12 confirmed in 70% and no treatment failures
- Engaged patients with a high rate of prior DNAs and a long duration of infection



# NEXT STEPS

- Continue case finding
- Expand inclusion criteria
- Develop referral pathway