Measuring Treatment Outcomes in Hepatitis C: Care Cascade in Tertiary Care Referrals

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Background

As Australia approaches HCV elimination and is committed to the goal of eliminating it as a public health threat by 2030, treatment rates have slowed, and there are challenges in identifying remaining cases and linking them into care.

Treatment initiations by GPs and nurse practitioners have declined, and little is known about what happens next for these cases.

The Coordinated Hepatitis response to Enhance the Cascade of Care (CHECCS) project, which aimed to improve follow-up of newly diagnosed HCV, identified 117 HCV RNA-positive cases notified to the Victorian Department of Health between September 2021 and March 2022, 50(43%) of which were referred for non-general practice (GP) specialist care by their diagnosing doctor.

This study followed up the 50 cases referred to specialist care, aiming to shed light on post referral care pathways and treatment outcomes between July 2024 and September 2024.

Methods

Assessed CHECSS data and identified 50 eligible patients for further follow up.

Followed up with tertiary specialist clinicians. Ascertained whether patients had:

- Attended appointments
- Received treatment
- Completed SVR testing
- Been tested for cirrhosis

Analysis of the cascade of care to determine where patients dropped out.

Comparison of treatment rates by demographic data.

The cascade of care

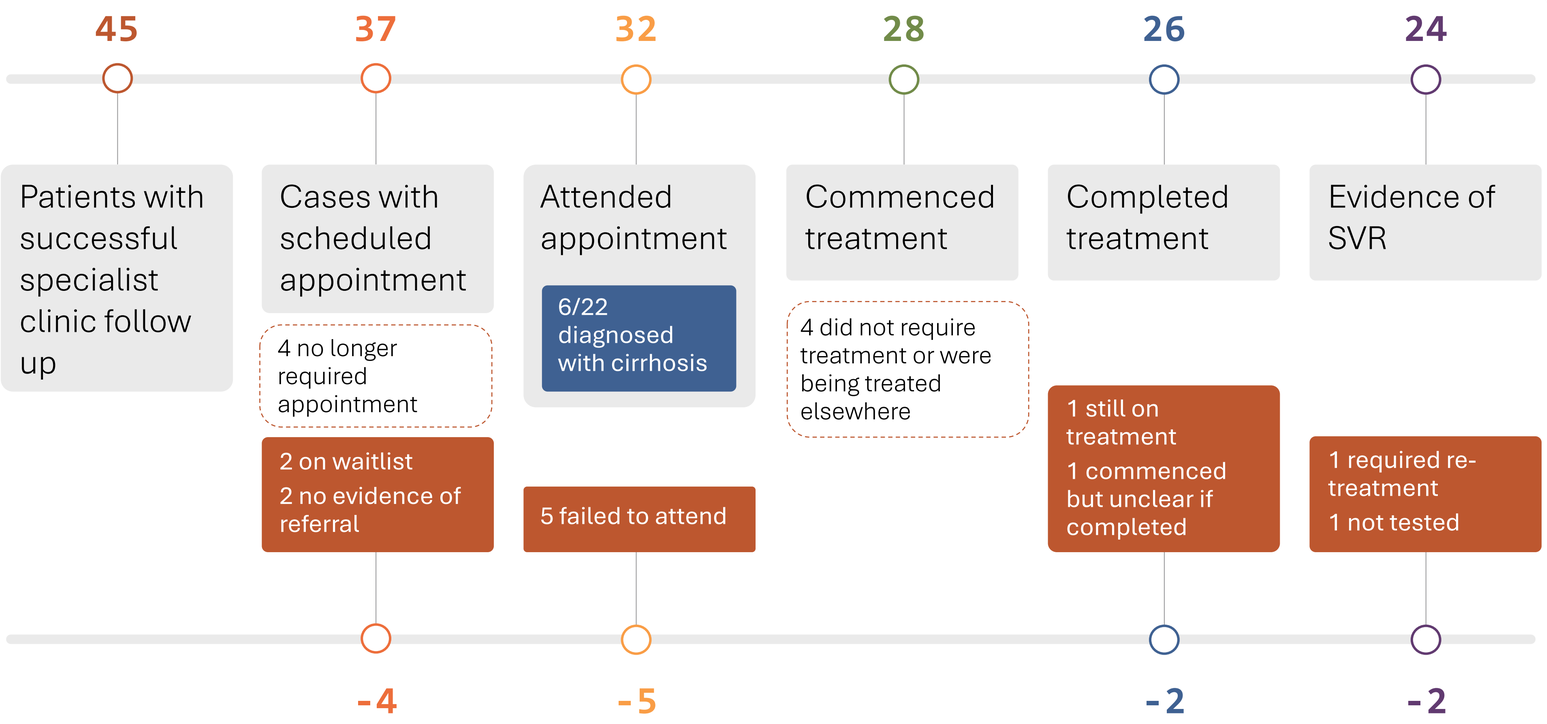

Figure 1: The cascade of care of 45 cases with successful follow up, leading to 24 with evidence of SVR.

Key findings

- Most HCV-diagnosed patients referred to non-GP specialists commenced treatment and achieved SVR (Figure 1).
- Only a small number had evidence of cirrhosis, despite age profile of those referred suggesting heightened risk.
- Treatment commencement was higher among males and those born overseas and older patients (Table 1).
- Treatment uptake was 100% among those reporting no injecting drug use history, 88% in those with a history of injecting drug use >2 years ago, and 20% in people reporting more recent injecting drug use (Table 1).
- Referral Pathways need to be centred on individual needs with community services linkages.

Demographics completing treatment

	Cases with successful follow up (inclusion in study) (n=45)	Percentage treatment eligible who commenced treatment	Referred, treatment eligible patients (n=41) who commenced treatment
Total	45	32	78%
Male	29	21	81%
Female	16	11	73%
Australia	16	11	79%
Overseas	14	12	92%
Not reported	15	9	64%
<40 years	12	5	50%
>=40 years	33	27	87%
Yes, not in past two years	9	7	88%
Yes, in past two years	6	1	20%
No	16	15	100%
Not reported	14	9	69%

Figure 2: Demographics completing treatment.

Conclusion

Other studies have found higher treatment uptake in primary care settings than specialist care, possibly linked to the reported stigma experienced by people who inject drugs in hospital settings.

Our findings indicate that, for some patients, referral to specialist care for HCV treatment can deliver successful outcomes.

We need greater awareness of non-tertiary care HCV referral pathways among diagnosing clinicians, including models of care integrated with primary care services specialising in care for people who use drugs.

The choice of referral pathways should be patient-centred.

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