



Rapporteur session on linkage to care and treatment

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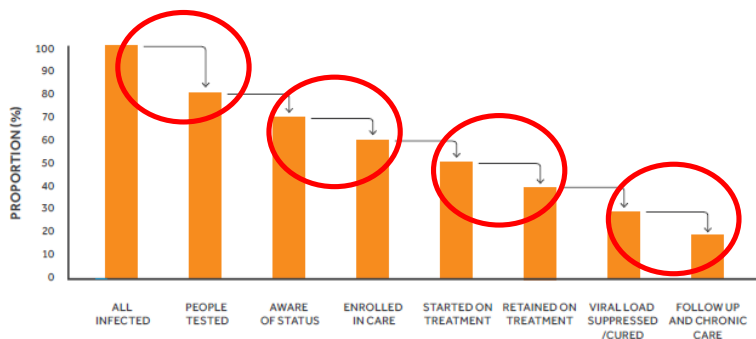


Linkage to care and treatment

- ⦿ **Identifying barriers to linkage to care & treatment uptake**
 - ⦿ Understanding gaps across the cascade of care
 - ⦿ Targeting these with interventions and innovation

- ⦿ **Enhancing our Hepatitis C Care Pathways**
 - ⦿ Enhancing testing uptake – Rapid POC tests
 - ⦿ Enhancing treatment uptake – ‘Revolutionise’ our treatment pathways

Identifying barriers to linkage to care & treatment uptake



CONTINUUM OF SERVICES – CASCADE OF CARE



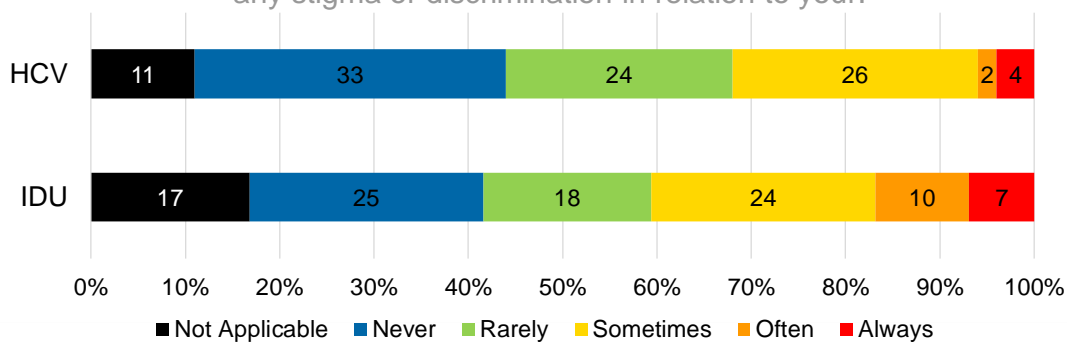
Adapted from Karin Lacombe, INHSU 2018

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Understanding gaps across the cascade of care

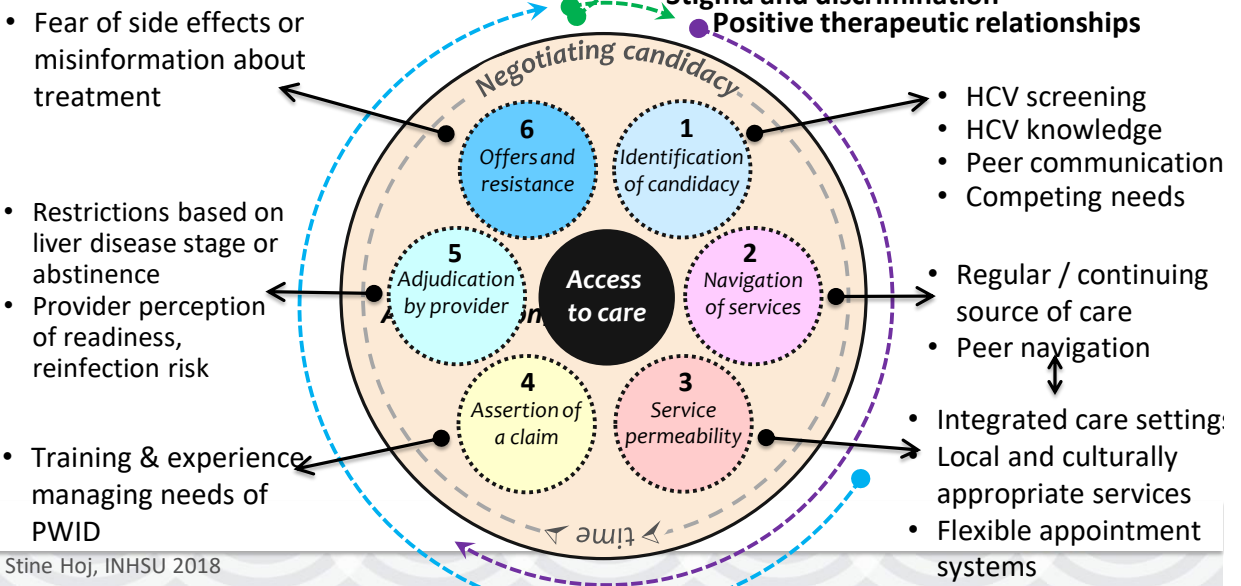
How is stigma impact in on people living with hepatitis C and people who inject drugs access to treatment and linkage to care?

In the last 12 months, to what extent have you experienced any stigma or discrimination in relation to your:



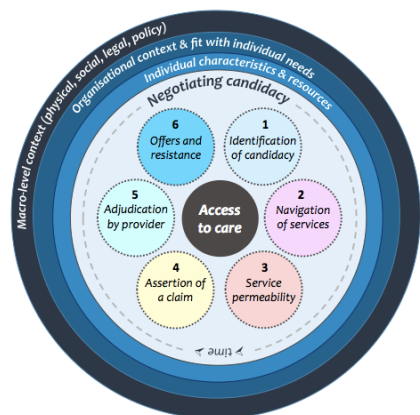
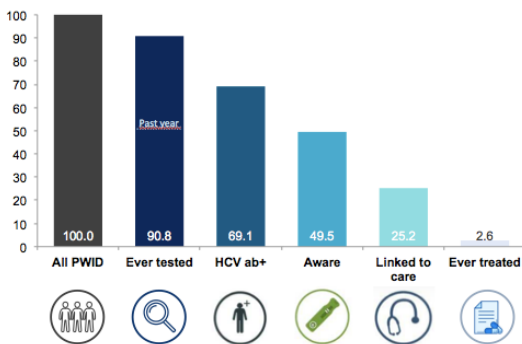
Carla Treloar, INHSU 2018

Understanding gaps across the cascade of care



Understanding gaps across the cascade of care -

CanHepC 'Virtual Cohort' study



To benchmark service access & identify targets To guide analysis of barriers & facilitators to care

Identifying challenges for linkage to care – for PWID in LMICs



Challenge

- Do not have access to the latest DAAs
- Limited health insurance programs / unregulated private sector
- Limited laboratory infrastructure
- Harm reduction availability uneven

Opportunity

- Generic medications available and CHEAP!
- Government programs for related diseases (HIV, TB)
- Gene Xpert for HIV, TB
- Community-based programs can be leveraged



- Training is limited; no continuing medical education

- Labor is cheap (the role of peer/community health workers)



- Poverty / daily wage earners

- Minimal incentive may be used to support transportation, lost wages

- Homelessness / instability

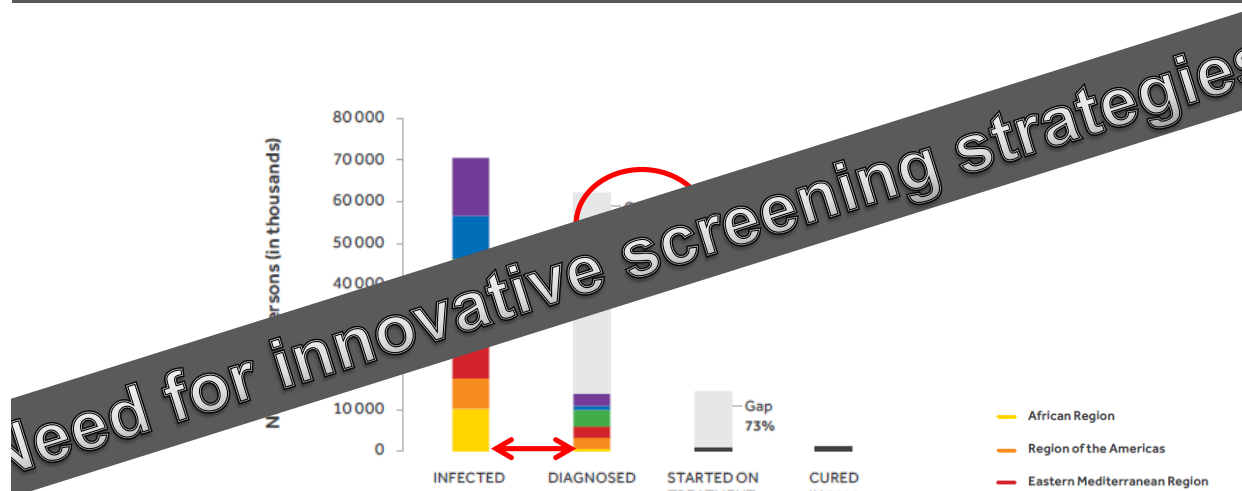
- Good mobile phone penetration, data cheap

- Substance use

- Family support may play an important role

Shruti Mehta, INHSU 2018

Targeting these with interventions and innovation



Karin Lacombe, INHSU 2018

Enhancing our Hepatitis C Care Pathway



Jason Grebely, INHSU 2018

Enhancing testing uptake – Rapid POC

Rapid diagnostic tests



Dried blood spot testing



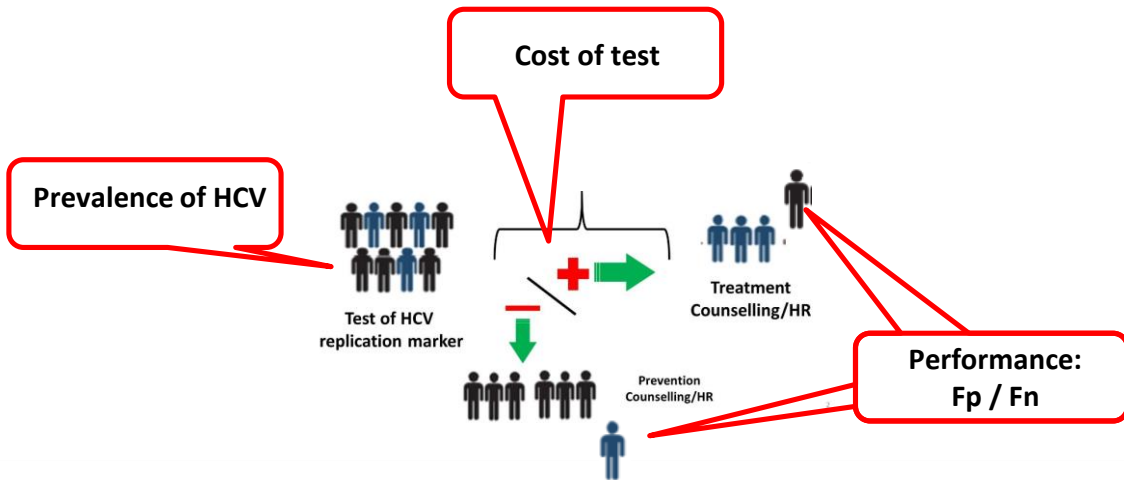
Point of care and random access HCV RNA testing



Fourati S, et al. INHSU 2017, New York, United States, September 6-8, 2017

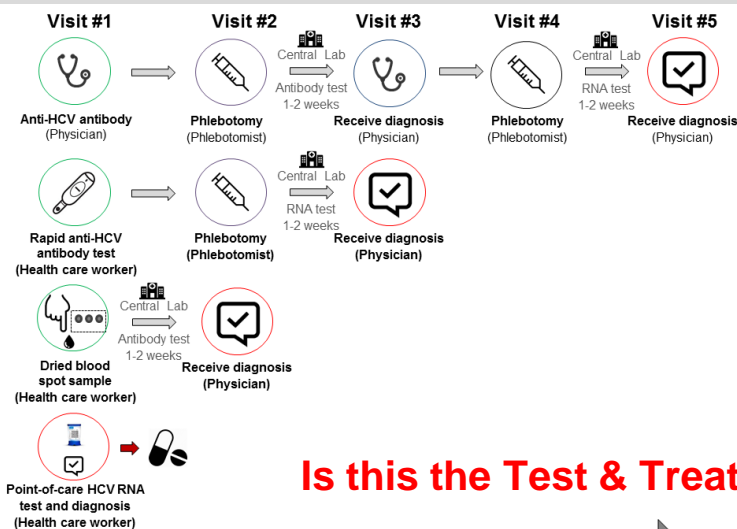
Jason Grebely, INHSU 2018

Enhancing testing uptake – Considerations for RPOC



Karin Lacombe, INHSU 2018

Moving to a single-visit hepatitis C diagnosis



Is this the Test & Treat - Holy Grail?

Increased time, visits and lost of follow up

Grebely J, et al Exp Rev Mol Diag 2017

'Revolutionise' our care pathways

What do we need for treatment to start?



John Dillon, INHSU 2018

Benefits of task-shifting

- Making HCV therapy and cure more widely available
- Empowering the workers
- Empowering the people and their peers
- Making it more cost effective
- **MAKING IT EASIER**



John Dillon, INHSU 2018

Enhancing testing and treatment uptake in primary care

Risk algorithm to identify at-risk patients from the HepCATT (Hepatitis C Assessment to Treatment Trial) in Primary Care

Criteria :	Six-month pre-study period	Twelve-month study period
	Antibody test (%)	Antibody test (%)
History of HCV exposure or testing	23 (2.55)	86 (9.54)
History of injecting drug use	13 (2.74)	71 (14.98)
History of HIV or HBV infection	23 (4.68)	89 (18.13)
History of blood transfusion <1991	3 (1.36)	40 (18.18)
History of prison/ childhood in care	47 (6.82)	101 (14.66)
Altered ALT level	7 (1.87)	20 (5.33)
Overall (11376)	380 (3.34)	1163 (10.22)

Adapted by Matt Hickman, INHSU 2018

Interventions & innovation for enhancing linkage to care



Co-location / leverage existing programs

- **Integrate** HCV testing and treatment with other services (OAT programs, SSP, HIV care programs, TB, prisons)
- Simplify **diagnostic testing / monitoring**

Field-based services



Task shifting

- **Telemedicine** to link specialists to primary / community health care settings
- **Community health worker** - led models

• **Deliver testing and treatment by mobile / field-based approaches**



Increase Demand / Support

- **Education / literacy**
- **Peer/ community health worker** facilitated referral / navigation
- **Incentives**

Shruti Mehta, INHSU 2018

Enhancing our Hepatitis C Care Pathways

- **Keep it local**
- **Keep it known**
- **Keep it simple**
- **And more tea and a hot soup**