

HEPCATT (HEPATITIS C ASSESSMENT TO TREATMENT TRIAL) IN PRIMARY CARE: A CLUSTER RCT OF WHETHER A COMPLEX INTERVENTION BASED ON RISK PREDICTION ALGORITHM TOOL AND EDUCATION CAN INCREASE TESTING AND DIAGNOSIS OF HCV IN PRIMARY CARE

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Background:

In England as in many countries there remains a substantial gap between number of people with chronic HCV infection, diagnoses and HCV treatments. Models suggest interventions to promote HCV case-finding in “higher risk” people in primary care (mainly people with an injecting history or people who inject drugs) would be cost-effective. But is little robust RCT evidence of specific interventions.

Approach:

Complex intervention in primary care:- offer of educational training on HCV for practice staff; poster and leaflets displayed in the waiting room; HCV risk prediction algorithm using information from electronic patient record (including drug use, drug treatment history, previous HCV test, raised ALT, and other adverse exposures) run using Audit+ software to generate a list of higher risk patients. Patients were invited for an HCV testing opportunistically through computer pop-ups and by sending out screening invitation letters and follow-ups. Control practices followed usual care.

Outcome:

Cluster RCT of 45 general practices with data successfully collected from 22 intervention practices and 21 control practices. A total of 21,847 “high risk” patients were identified (11,407 in intervention and 10,440 in control practices). There was strong evidence that the intervention increased HCV case-finding (13% vs 8.35%; Risk Ratio 1.59 95%CI 1.12-2.26 $p=0.01$); and increased referral and assessment for HCV treatment (32.6% vs 11%). A nested qualitative study found that participating health care professionals increased knowledge and awareness on HCV and valued the intervention.

Conclusion:

An economic evaluation is underway and will be presented and determine whether HepCATT primary care intervention can be recommended for implementation.