

MAXIMISING ACCESS TO HEPATITIS C (HCV) TREATMENT - THE SUNSHINE COAST EXPERIENCE

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Introduction:

Maximising access to directly acting antiviral agents (DAA) is central to achieving eradication of HCV from Australia. Treatment models based in secondary care represent a barrier to access due to resources, geography and expense. To improve access, the Sunshine Coast Hospital and Health Service (SCHHS) has explored new models of DAA therapy.

Methods:

SCHHS Hepatology service offers 3 models of care for HCV patients. 1. Traditional secondary care where treatment is initiated and monitored by hospital staff, 2. high throughput rapid evaluation liver clinic (RELIC) where a treatment recommendation is made and treatment is initiated and monitored in primary care. 3. Nurse led regional Fibroscan based assessment clinics with a treatment recommendation by MDT and initiation and monitoring in primary care (Hepatology partnership). The aim of these models of care is to maximise access to HCV therapy whilst identifying patients with advanced fibrosis who require follow up in secondary care.

Results:

Since March 1st 2016 598 patients have been initiated on DAA therapy. 482 hospital based secondary care, 91 through RELIC and 25 through the Hepatology partnership. Mean age 51 yrs (18-69), 50% Genotype 1, 40% Genotype 3. 30% F4 and 26% treatment experienced. SVR 12 data is available for 242 patients (203 Hospital based, 39 RELIC). Overall SVR rate is 96.7%. In the hospital cohort SVR rate was 97% and in the RELIC treated cohort SVR was 94.9%. (P=NS). No SVR data is available yet for patients treated in the Hepatology partnership.

Conclusion:

RELIC facilitates the initiation and monitoring of DAA treatment in primary care whilst also identifying patients with advanced fibrosis who require secondary care. SVR rates are similar and this model is being further evaluated in the Hepatology Partnership program.

Disclosure of Interest Statement:

No conflict of interests to declare