



Management and care of HCV infected people who inject drugs

Winter 2017-2018



This study was commissioned and solely funded by AbbVie
abbvie

AbbVie had no role in the design and conduct of the study, collection, management, analysis and interpretation of data

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Context and challenges

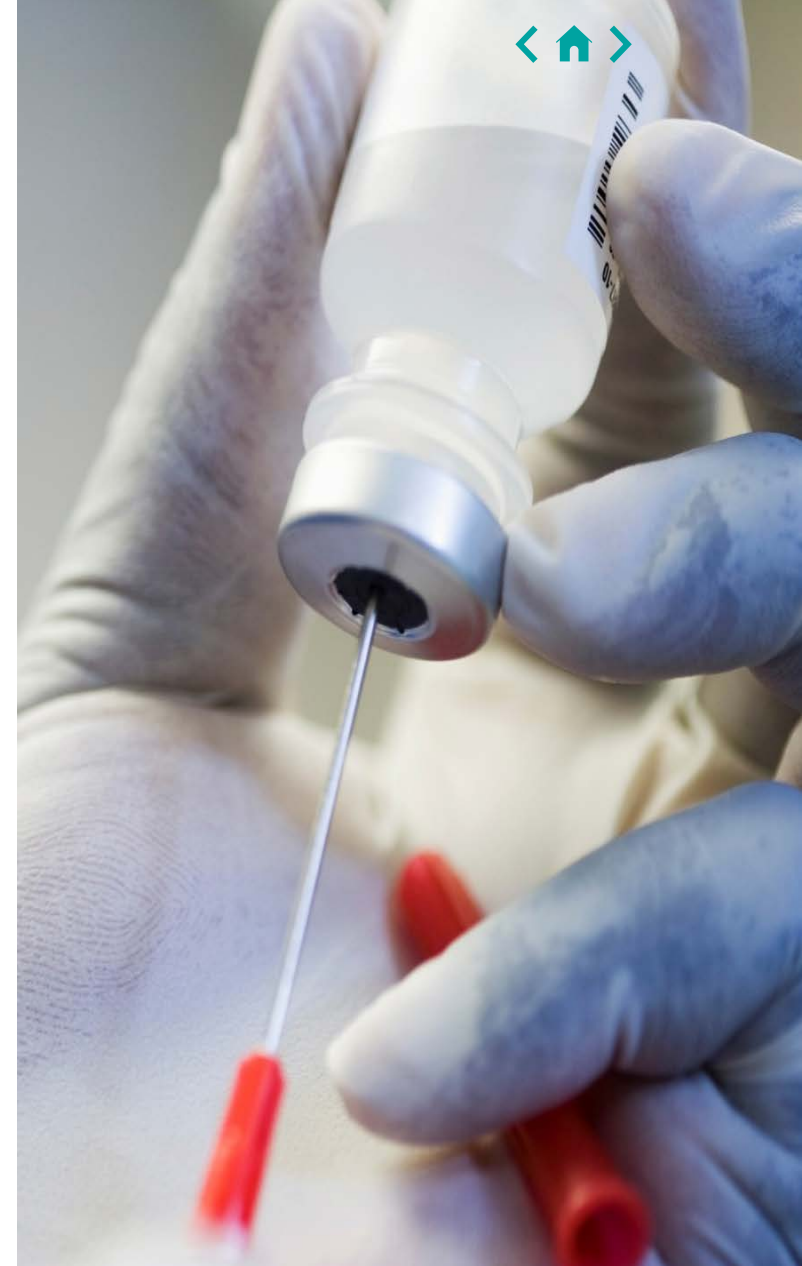
There is a need to improve HCV care with People who inject drugs (PWIDs)

People who inject drugs (PWIDs) are at the centre of the HCV 'epidemic'

- Although country-by-country HCV prevalence varies, the global estimate indicates that 67% of PWIDs are HCV antibody positive¹
- Overall prevalence in PWID population appears to be much more higher than the general population²
- Despite the high prevalence of HCV in this group, treatment uptake is very low,² with known barriers to accessing care
- Among PWIDs, OST patients and harm reduction "clients" are the group of patients that are better connected to society, care and are more willing to initiate treatment
- Harm reduction centers and OST clinics play an important role in this segment, mainly because of the value of peer-to-peer education and the familiar settings for the patients
- Linkage to care and access to medication are the most important issues before initiation of treatment
- EASL Guidelines 2018 recommend that HCV treatment should be considered without delay in individuals at risk of transmitting HCV. It also suggests that PWIDs should be made aware of the risk of re-infection and should apply preventive measures after successful treatment³
- Access to treatment varies from country to country⁴

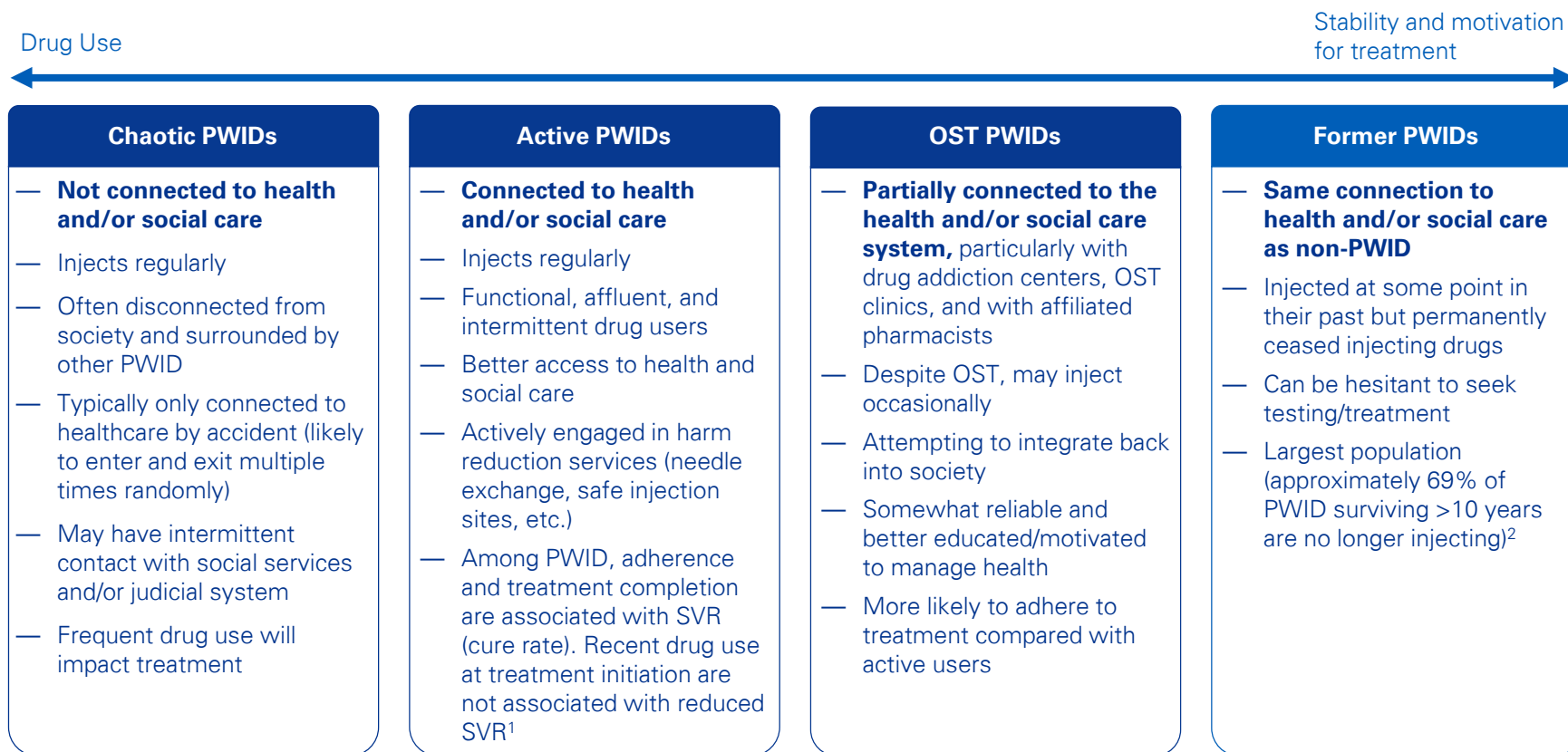
Note: (a) OST- Opioid substitution treatment, ORT - Opioid replacement therapy.

Sources: (1) [Global report on access to HCV treatment](#), (2) [A systematic review of Hepatitis C virus treatment uptake among people who inject drugs in the European Region](#), (3) [EASL Recommendations on Treatment of Hepatitis C 2018](#), (4) [Availability of HIV prevention and treatment services for people who inject drugs- findings from 21 countries](#).



There are generally four population segments in PWIDs

Four PWIDs populations have been identified with behaviours and challenges



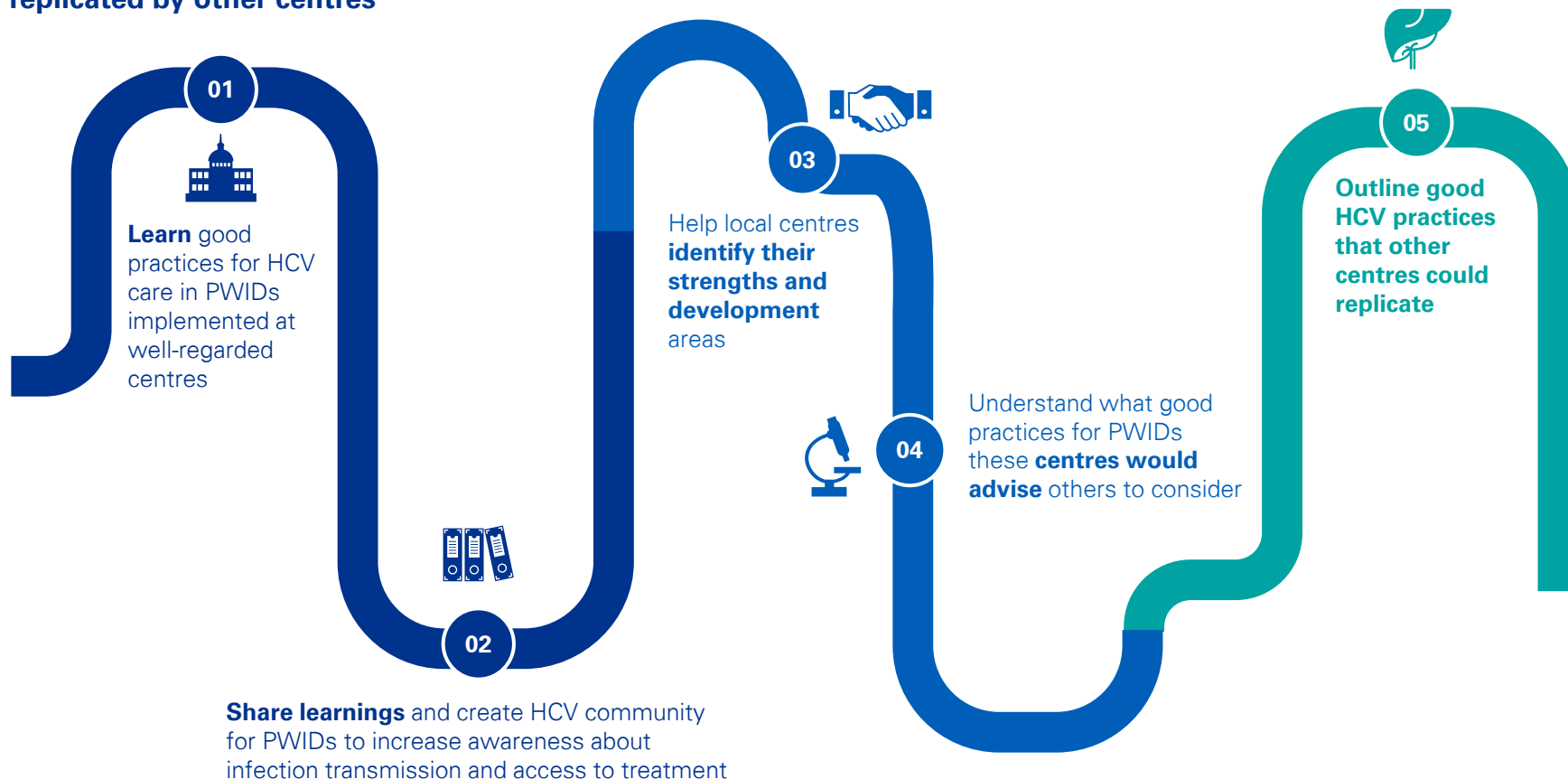
Note: (a) PWID refer to people who inject psychotropic (or psychoactive) substances for nonmedical purposes.

Sources: (1) [Recommendations for the management of hepatitis C virus infection among people who inject drugs](#), (2) [Defining populations and injecting parameters among people who inject drugs: Implications for the assessment of hepatitis C treatment programs](#).

Objectives

The objective is to understand what good practices in HCV care are implemented in leading HCV centres

Following on from our original HCV report, an addendum has been produced to capture good practices and management of care for HCV infected PWIDs. This is to address the challenges associated with this disease area to improve patient care for PWIDs. Once highlighted, we outlined good practices that could be employed and replicated by other centres



Approach

We visited five centres across Europe and spoke to a number of stakeholders involved in HCV care for PWIDs

We interviewed members of five centres in Europe with a primary focus on HCV infected PWIDs. We discussed their respective role and their involvement in providing good HCV care to PWIDs

Centres	Stakeholders			
	Specialist centres <ul style="list-style-type: none"> — Psychologists/ Psychiatrists — Research team* — HCV Specialist physicians — Pharmacists* — HCV Specialist nurses — General practitioners* — Psychiatrists* 	In the community <ul style="list-style-type: none"> — HCV Specialist nurses — Drug addiction services — General practitioners* — Psychiatrists* — Pharmacists* — Social workers* 	Prisons <ul style="list-style-type: none"> — Physicians at the hospital working with prison patients — Prison's nursing staff* 	Patient voices <ul style="list-style-type: none"> — Patients — Patient associations*

Notes: * Information about these stakeholders were gathered during the interviews at the centres from the lead consultants on their involvement in HCV care of PWIDs

Approach

We visited each centre to understand what care practices are in place for HCV infected PWIDs

We investigated each specialist centre and explored the patient pathway, work in the community, use of technology, future of HCV care and key messages for others centres to replicate the models we observed



- We combined structured and open-ended interview questions to obtain a **complete picture of the centre's approach to HCV care in PWIDs**
- We were especially interested in understanding what **key successful practices the centres had implemented and how other centres could replicate these**
- We also wanted to **understand the barriers to success** and how the centres **addressed initial challenges** during implementation

Example questions



Centre background

Which particular strengths of the centre's care model would you like to highlight and why?



Patient pathway

How are the services provided across the patient pathway? How do the patients flow through the centre?

How do you ensure that PWIDs receive access to treatment? Do you have specific mechanisms in place to ensure funding?



Stakeholders

How do you manage PWIDs at your centre/ in your network and who are the stakeholders involved?

What are the roles and responsibilities of the stakeholders involved in the care delivery to PWIDs?



Community care

What model do you have in place to ensure your centre HCPs are aligned with those in the community to manage PWIDs in the most effective way?



Learnings

What key challenges do you see in your practice? How have you addressed them?

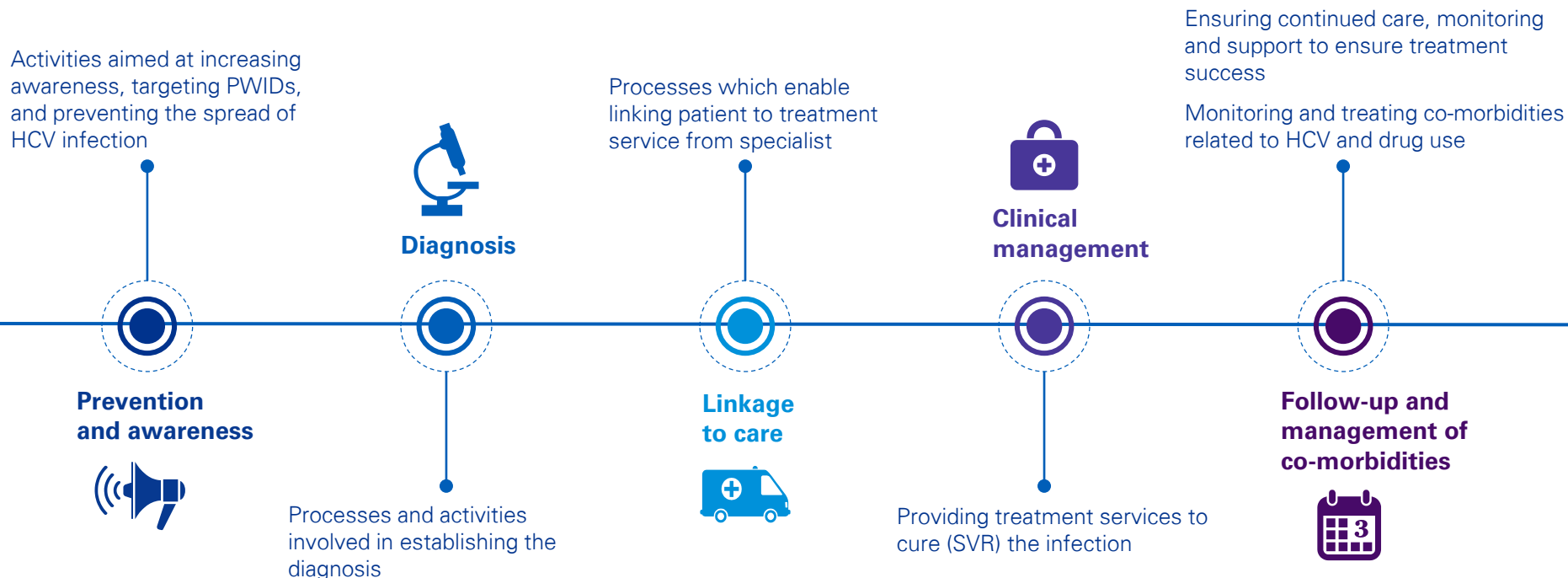
What key areas would you like to see be improved at your centre and at country-level?

How would you replicate your good practice and care models in other HCV centres? What are the first key steps to take?

Our findings

We used high level principles of good HCV care in PWIDs as a guide along the patient pathway






In our original report, we identified the guiding principles along the patient pathway outlined below. In the addendum, we investigated these areas in further detail for the management and care of HCV infected PWIDs



Our findings

We identified challenges across the patient pathway and care settings for HCV PWIDs care and management

We identified multiple challenges and pain points which could impact HCV care delivery in PWIDs. These vary by care setting






Care setting	 Prevention and awareness	 Diagnosis	 Referral/linkage to care	 Treatment/clinical management	 Follow-up management
Community care (primary care/NSP/OST centres/addiction centres/prison) ^(a)	<ul style="list-style-type: none"> — Low awareness about HCV screening and new treatment options available 	<ul style="list-style-type: none"> — Stigma associated with drug users — Difficulty in conducting test due to poor venous access 	<ul style="list-style-type: none"> — Delay in referral to specialist 	<ul style="list-style-type: none"> — Lack of skills and resources to manage HCV care in PWIDs — Lack of expertise in co-morbidities management 	<ul style="list-style-type: none"> — Lack of systems to track PWIDs
Hospital (secondary/tertiary care)	<ul style="list-style-type: none"> — Low HCP awareness on the unique needs of the PWIDs patient 	<ul style="list-style-type: none"> — Stigma associated with drug users — Setting is formal and location may not be ideal for PWIDs 	<ul style="list-style-type: none"> — Lack of regular contact with PWIDs — Risk of losing referred PWIDs 	<ul style="list-style-type: none"> — Unfamiliar setting for PWIDs 	<ul style="list-style-type: none"> — Difficult to access for PWIDs in remote/rural locations

Note: (a) NSP – Needle and syringe exchange programme

Our findings

We identified good HCV practices across the patient pathway and care settings

We identified good practices that other centres could use and replicate, depending on the care setting, in order to address challenges in providing good HCV care for PWIDs

Care setting	 Prevention and awareness	 Diagnosis	 Referral/linkage to care	 Treatment/clinical management	 Follow-up management
Community care (primary care/NSP/OST centres/deaddiction centre/prison)	<ul style="list-style-type: none"> Community support groups raise HCV awareness by educating PWIDs 	<ul style="list-style-type: none"> Offer dried blood spot (DBS) testing for prisoners on entrance One-stop approach - have all the required HCV test in one day Professional education/training amongst community and prison staff 	<ul style="list-style-type: none"> Involve community nurse/patient organisation to help PWIDs with appointment attendance Syringe exchange programmes/community pharmacists to facilitate referrals 	<ul style="list-style-type: none"> Collaborate with specialist to arrange for a regular visit to centre Involve community pharmacists to dispense daily dosage 	<ul style="list-style-type: none"> Use of patient associations to provide extra support to patients and HCPs
Hospital (secondary/tertiary care)	<ul style="list-style-type: none"> Additional room for patient associations to share HCV experiences and learnings Voluntary consultant-led groups to bridge awareness with community 	<ul style="list-style-type: none"> Nurses conduct screening in outreach clinics Provide local access to testing (via pharmacists, OST centres, outreach services, community clinic) 	<ul style="list-style-type: none"> GPs involved in referrals to hospital Collaborate with community clinics/OST centre/drug and alcohol centre/NSP to provide care closer to area of living 	<ul style="list-style-type: none"> Availability of appointments as per PWIDs convenience Nurse-led/virtual clinics to improve access to treatment and support physicians Using MDT to provide holistic care 	<ul style="list-style-type: none"> Psychosocial support to help prevent reinfection and ensure treatment adherence Keep track of patients and reminder call for appointments



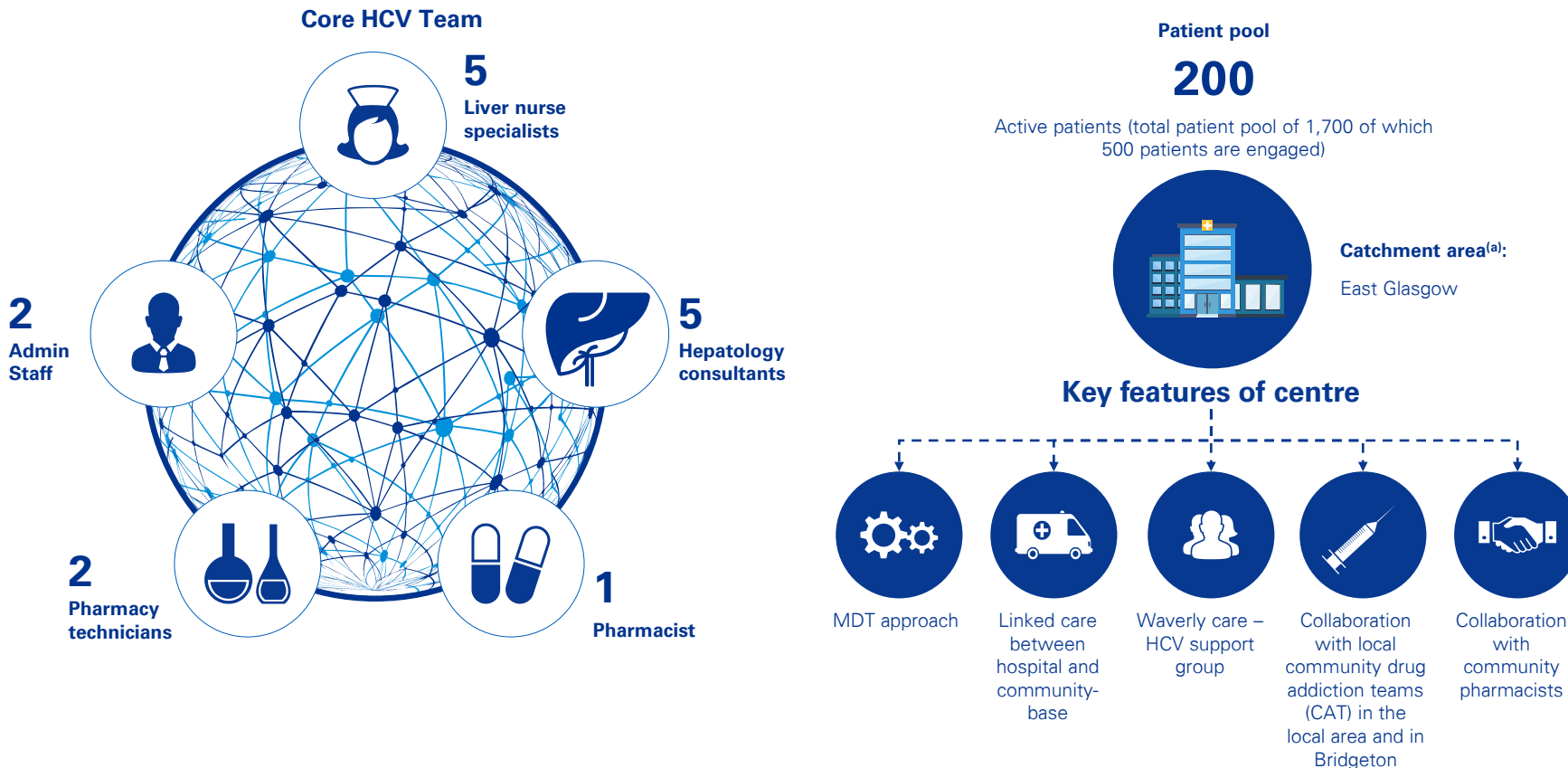
Glasgow Royal Infirmary, Scotland





The Glasgow Royal Infirmary, Scotland

The Glasgow centre is led by Dr. Stephen Barclay, a clinical lead consultant in the gastrointestinal unit for liver. The team leads the management and treatment of Hepatitis C patients and provides the same services in the Bridgeton community-base



Note: (a) The catchment area is the geographic area from which your centre's patients are drawn
The team works between the Royal Infirmary and the Bridgeton community base, which will be subsequently covered in the case study



The Glasgow Royal Infirmary, Scotland



CAT

'Community Addiction Teams (CATs)⁽¹⁾ provide both health and social addiction services within a single team. Addiction workers provide support for patients with drug (and alcohol) problems, patient referrals, knowledge share and together with the patients decide treatment and support in short and long term. 90% of the HCV population has drug use as a risk factor⁽²⁾



Community Pharmacists

These pharmacists are responsible for dispensing OST and co-dispensing HCV treatment according to the OST prescription (daily supervised versus weekly). They notify the hospital pharmacy team/nurse team if patients miss doses or experience any side affects. Patients who are still using drugs/are in the early stages of recovery typically receive OST as daily supervised therapy. Co-administration of HCV therapy allows this less stable population to be treated successfully. Some community pharmacists also offer HCV dried blood spot testing, and can refer in for treatment



Bridgeton – Community-base

A joint HCV and CAT clinic in the community is led by the senior addiction medical Officer. This offers both services found in CAT and at the Royal Infirmary. The lead liver nurse specialist at Royal Infirmary visits once a week to undertake Hepatitis C assessment and initiate treatment following MDT discussion. The consultant visits monthly to review patients with advanced fibrosis/cirrhosis. The addiction medical officer simultaneously in the CAT prescribes methadone, linking both Hepatitis C care and methadone prescription. CATs are also involved with patient referrals (word of mouth from patient-to-patient). While the Royal Infirmary is in close distance to Bridgeton, the care setting is a more central location with combined services and is attractive to PWIDs. Of patients on methadone around 75% are still using drugs, 40% of whom are injecting



HCV Support and planning groups

The Waverly Care group is one example and is involved with referrals and patient support across the patient pathway (e.g. raising awareness through HCV education, helping patients with appointments and HCV care)



Royal Infirmary

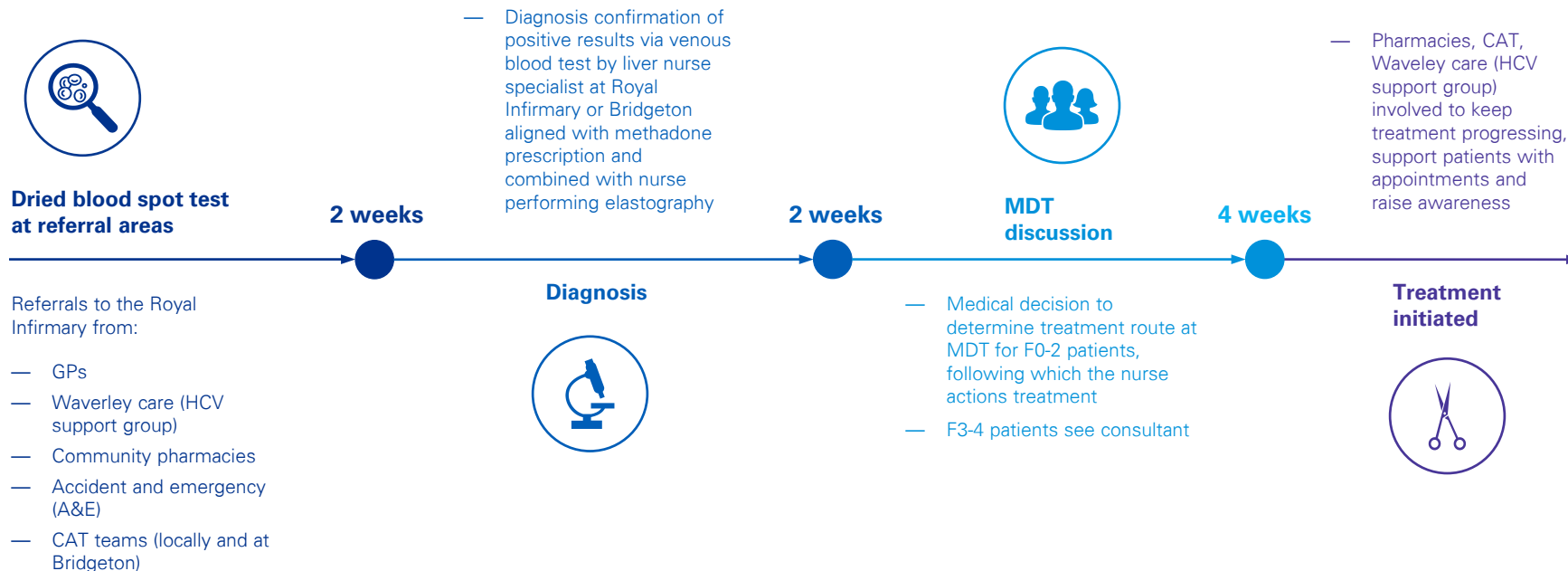
The Royal Infirmary is led by the clinical lead consultant. The liver nurse specialist and consultant are based at the hospital and conduct Hepatitis C assessment, treatment and reach out to local CAT's/CAT at Bridgeton and other community locations. They spend one day a week at Bridgeton closely collaborating. Patients seen by the nurse are discussed at a weekly MDT. The hospital pharmacy team is involved in screening for drug-drug interactions and sending prescriptions for HCV therapy through to community pharmacies



Source: (1) KPMG interviews
(2) [Community Addictions teams NHS](#)



The Glasgow Royal Infirmary, Scotland





The Glasgow Royal Infirmary, Scotland

What are the strengths of your centre?

Strong leadership



- Dr. Stephen Barclay is the clinical lead consultant for viral hepatitis at the Royal Infirmary, and co-chair of the Greater Glasgow and Clyde Viral Hepatitis Managed Care Network (VHMCN). With Trina Ritchie, senior addiction medical officer for Glasgow Addiction Services, a strong alliance between addiction and HCV services has been formed to increase testing in addictions services and improve linkage to care and treatment
- Leadership are supportive of staff when discussing patients and treatments; staff described very good communication in how to proceed with patients during the weekly MDT meetings e.g. linked support from pharmacy referrals or if patients fail to collect methadone prescriptions they notify the lead liver nurse specialist
- Lead liver nurse specialist (Lynne Biggart) and Dr. Barclay are based at Royal Infirmary. Lynne attends Bridgeton community-base weekly with CAT and addiction nurses. This ensures a wider and stronger reach to chaotic, ORT and active PWIDs in the local area. Dr. Barclay attends Bridgeton on a monthly basis to assess those with advanced fibrosis or complex comorbidity
- Dr. Barclay is working with both the teams to achieve the goal to eliminate Hepatitis C by 2030 through connecting the team better with all groups of PWIDs
- The collaborative working is fostered by the VHMCN which regularly brings together different disciplines involved in the management of PWIDs

Community based, centralised access for patients at Bridgeton



- While PWIDs have the option to access services at the hospital, some of them are less inclined to visit this setting. As a result, all services provided at Bridgeton as a one-stop local clinic, e.g. patients access to liver nurse specialists, clinical consultants as well as CAT. A portable elastography machine is taken to the clinic to allow non-invasive assessment of fibrosis. Prescriptions can be collected locally at any pharmacy in the area, which is beneficial for patients both who are financially constrained to take transportation and who live in surrounding
- **Outcome:** The community-base option enables ease of access and has led to an increase in patient number attendance. Patients feel less intimidated in a much more familiar and informal setting in the community compared to the hospital setting, promoting adherence to appointments

Dedicated multidisciplinary approach to care



- **Close collaboration between groups:** Lead liver nurse specialist works closely with local CAT teams as well as CAT in Bridgeton; GPs, Waverley Care (HCV support group), and community pharmacies (all in the local area) throughout the patient pathway, which enables good communication in treatment decisions for PWIDs. Care for PWIDs is not differentiated by PWIDs type and is dependent on a case-by-case basis
- **Network to reduce missed appointments:** If appointments are missed or methadone prescriptions do not get collected from the pharmacy, the pharmacist contacts nursing or hospital pharmacy team to notify missed prescriptions. They contact patients to discuss reasons, demonstrating multidisciplinary approach to ensure patients progress with treatment regime
- **Connected support for PWIDs:** Good trusting relationships borne not only between all teams but also between the teams and the patients, ensuring patients feel motivated to attend appointments with well connected support
- **Outcome:** As the lead liver nurse specialist and consultant provide services at both the Royal Infirmary and Bridgeton, and collaborate with CAT and consultants at Bridgeton, there has been an overall decrease in missed appointments especially with patients that previously proved difficult to reach, who are now attending regularly due to increased access to localised services

Combination of Hepatitis C care with methadone prescriptions



- Combining single attendance for Hepatitis C and addictions care, including opiate substitution prescribing is key to enabling the centre to reach more PWIDs for Hepatitis C care and treatment for Chaotic, ORT and Active PWIDs
- Good communication between the CAT medical officer at Bridgeton and lead liver nurse specialist as well as the local pharmacies communicating with lead liver nurse specialist to ensure a three-pronged approach to treatment is effective to ensure PWIDs are constantly being monitored



The Glasgow Royal Infirmary, Scotland

How can your centre be improved?

Increase patient numbers for Hepatitis C treatment



Why?

The Scottish goal is to meet the WHO HCV elimination targets by 2030. The Scottish blood borne virus framework, the successor to the Scottish Hepatitis C action plan, has bold targets to reduce liver related morbidity and mortality from Hepatitis C within a short time frame. In order to achieve this Scottish HCV annual treatment targets have been increased. As Glasgow contains 40% of Scotland's Hepatitis C affected population, these goals cannot be achieved without a successful increase in Glasgow's treatment numbers

How?

Recent Scottish guidelines on the treatment of HCV have all patients now qualifying for interferon free therapy irrespective of disease stage. This broadens the pool of patients suitable for treatment, but requires greater efforts to engage those patients for whom ongoing addictions mean that HCV treatment is not a priority. The liver nurse specialists and consultants practicing at both sites, are able to treat patients at the hospital but also get buy-in from the addiction team at Bridgeton to liaise with PWIDs and to ensure they attend for treatments, which has been critical in enhancing patient numbers. This outreach model is being replicated at Kirkintilloch addictions centre and Homeless health services, with a fourth site due to open shortly

Improved awareness of the effectiveness of HCV therapy



Why?

Survey's of those patients attending needle exchange services indicate that while the majority of clients are aware of HCV treatment, fewer than 20% are aware of the new therapies

How?

Educational events to community addictions staff and shared care GPs (GPs involved with patients on OST in the later stages of recovery). In addition the removal of fibrosis restrictions on interferon-free treatment for genotype 3 patients has made for an easier message to communicate to patients



The Glasgow Royal Infirmary, Scotland

How can HCV care be improved at a country-level?

Normalise testing and referrals



Why?

Stigmatised patients do not feel comfortable attending appointments as some may not have declared injecting drugs; some patients do not see the need for testing if they have no symptoms and others do not want to be reminded of their past

How?

By removing the stigma associated with the injected drug use, and raising community awareness about the tests that can lead to elimination of HCV, testing could be normalised and could be seen as a routine practice

Build presence of outreach clinics



Why?

To reach more patients and increase awareness of services available

How?

Open further HCV centres with good links to community addiction teams in outreach programmes to reach more patients in the local area



The Glasgow Royal Infirmary, Scotland

How would good care and management of PWIDs in your centre be replicated elsewhere?

Improve patient numbers via the community-based centre

What was/is the status quo?

While significant improvements have been made in patient numbers since the centre was first established, there is still a need to bring more patients into the clinic to be diagnosed and assessed from the community.

How will/could this change?

The barrier around attending the test for Hepatitis C is due to the nature of hospital care setting, which can be seen as very formal and intimidating for patients. To establish an effective community-base, the key aspect is to get buy-in from CAT workers via visiting and speaking to them, engage with these workers and convey the benefits of improving services through joint working to reach more PWIDs. The other key aspect is to provide effective training to CAT so they are able to test patients confidently. This requires regular engagement between the liver nurse specialist and CAT to ensure joint working is effective. Progress is assessed between the teams on an annual basis to act as a baseline for improvements.

Demonstrate reduced wastage of appointments

What was/is the status quo?

Patients with HCV were often referred multiple times to hospital-based services, with multiple failures to attend and hence wasted resources.

How will/could this change?

A pilot case demonstrated that the first 26 patients seen by Dr. Barclay in the community had failed to attend 139 (66 consultants and 73 nurses) hospital-based appointments. Basing services in the community led to a reduction in failure to attend and helped convince hospital management of the benefits of moving consultant and nurse resource from hospital to community.

Combine methadone prescriptions with Hepatitis C treatment with addiction workers in the community-base

What was/is the status quo?

Previous drug treatment options remained separate for the prescription of methadone and Hepatitis C. In addition, if PWIDs were tested positive for Hepatitis C they may not experience any symptoms, therefore will not seek treatment and will only seek methadone treatment from addiction consultants due to a more tangible impact.

How will/could this change?

The key aspect in achieving this change was to engage with the senior addiction medical officer to explain the effectiveness of pairing methadone treatment with Hepatitis C assessment, given 90% of the HCV population are drug users. In addition, by conveying the simplification of pairing the two areas, patients are more willing to receive and accept treatment due to the hectic lifestyle of many. By combining methadone prescriptions for ORT PWIDs with Hepatitis C treatment on the same day at the same time with the addiction teams in the community-base is critical to ensure patients receive treatment, i.e. the addiction workers at the community-base act as a good liaison to bring in patients and tie in both methadone prescriptions with Hepatitis C treatment – this allows easier and faster treatment of PWIDs at a single appointment at the community-base.



The Glasgow Royal Infirmary, Scotland

A dedicated and linked service between the Royal Infirmary and Bridgeton creates a sustainable model for HCV PWIDs care

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Previously when it was just hospital-based, there proved to be problems in PWIDs attendance. The Bridgeton healthcare centre really helped with patient numbers as access to treatment was in one place in the local community

Lead liver nurse specialist

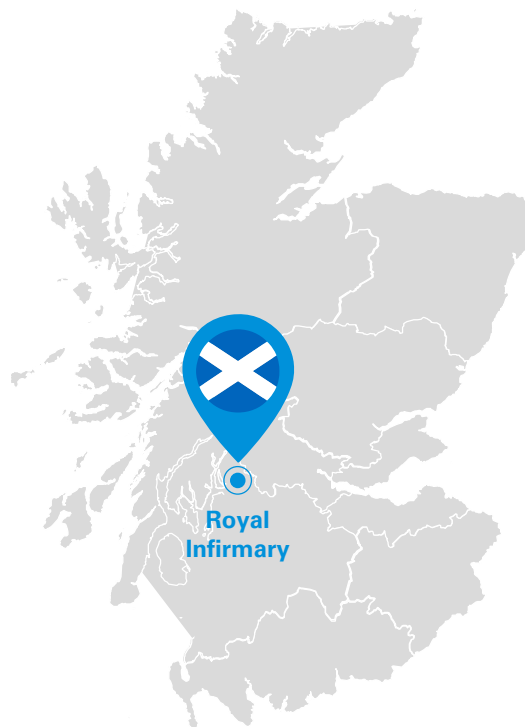
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PWIDs care is undertaken on a patient-by-patient basis in both the hospital and community setting so it is tailored based on the patient need

Liver nurse specialist

”



“

The link between the hospital and the outreach with addiction workers has led to a significant increase in patient attendance which allows us to treat more patients

Addiction Consultant

”

“

By combining Hepatitis C treatment with methadone prescriptions this has led to more community work, recognised and funded by the NHS Scottish Board

Lead Liver Consultant

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Source: 1. KPMG Interviews



Hôpital du Haut Lévêque and Centre Planterose, Bordeaux, France

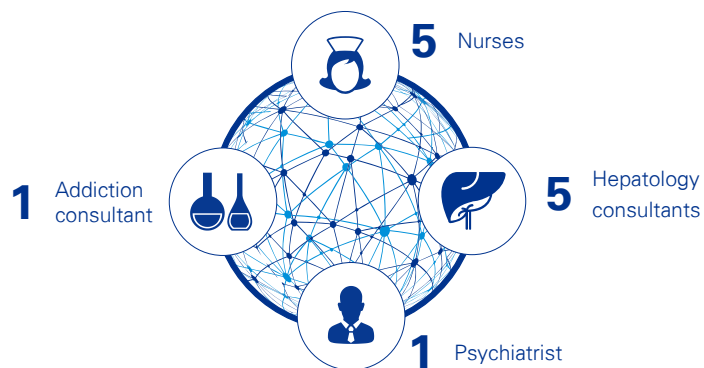




Hôpital du Haut Lévêque and Centre Planterose, France

The Hôpital du Haut Lévêque unit for hepatology is run by Professor de Lédighen, a clinical hepatology consultant. The clinic works in association with the Centre Planterose, run by Dr Reiller, an addiction specialist. Together they manage HCV care in Bordeaux region

Core HCV Team – Hôpital du Haut Lévêque



Core HCV Team – Centre Planterose



Patient pool

1,000

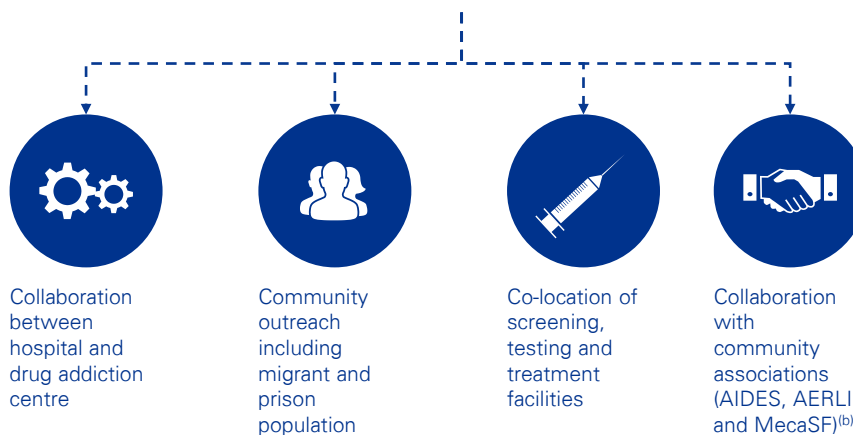
Active and treated patients



Catchment area^(a):

Bordeaux and surrounding areas of Libourne, Arcachon and Langon

Key features of centre



Notes: (a) The catchment area is the geographic area from which your centre's patients are drawn

(b) AIDES – Community-based non-profit organization for HIV/AIDS but also supports on other areas; MecaSF – Mécanique Sans Frontières



Hôpital du Haut Lévêque and Centre Planterose, France



Hôpital du Haut Lévêque

The HCV team at Haut Lévêque is led by Professor de Lédighen, the lead hepatologist. He is based at the hospital and conducts HCV testing and treatment in the communities including prisons. An additional consultant hepatologist is based at the hospital but works at the addiction centre once a week, to integrate the link between the hospital and the community addiction team. There is an on-site elastography machine available. HCV screening, testing and treatment services are provided in separate rooms. An additional room is also available for patient associations such as AIDES to meet and share their experiences and learnings



Centre Planterose Comité Etude information Drogue (CEID) addictions - community-base

Centre Planterose is a drug addiction centre where Dr Foucher, one of the hepatologists from Hôpital du Haut Lévêque, visits once a week. The centre operates as an addiction centre (part of CSAPA) in the morning providing opiate substitution therapy (OST) service. Patients are required to book a prior appointment between 10am and 12pm to attend the OST clinic. On an average, HCPs attend 50 patients. In the afternoon, centre operates as a CARUUD on a drop-in basis and runs a risk reduction programme. The centre is open to all PWIDs that come to the centre during afternoon shift from 2pm to 5pm. Overall the centre has an open-door policy with PWIDs who come in and out at leisure and who bring their dogs – they have an allocated covered entrance area to sit. The co-location of multiple services including screening, OST therapy, risk reduction education as well as showering and shaving facilities contribute to a one-stop approach for PWIDs



Community Pharmacies

Community pharmacies collaborate with the specialist nurse at the addiction centre to ensure that the patients get their treatment prescriptions



Gradignan prison

The hospital works closely with the sole prison in Bordeaux with one of two hepatologists going to the prison once a month to initiate treatment. There is a high PWIDs population in the prison with most prisoners awaiting sentencing so the population turnover remains high. However, the average stay for a prisoner is 9-12 months which is enough time to start and complete treatment

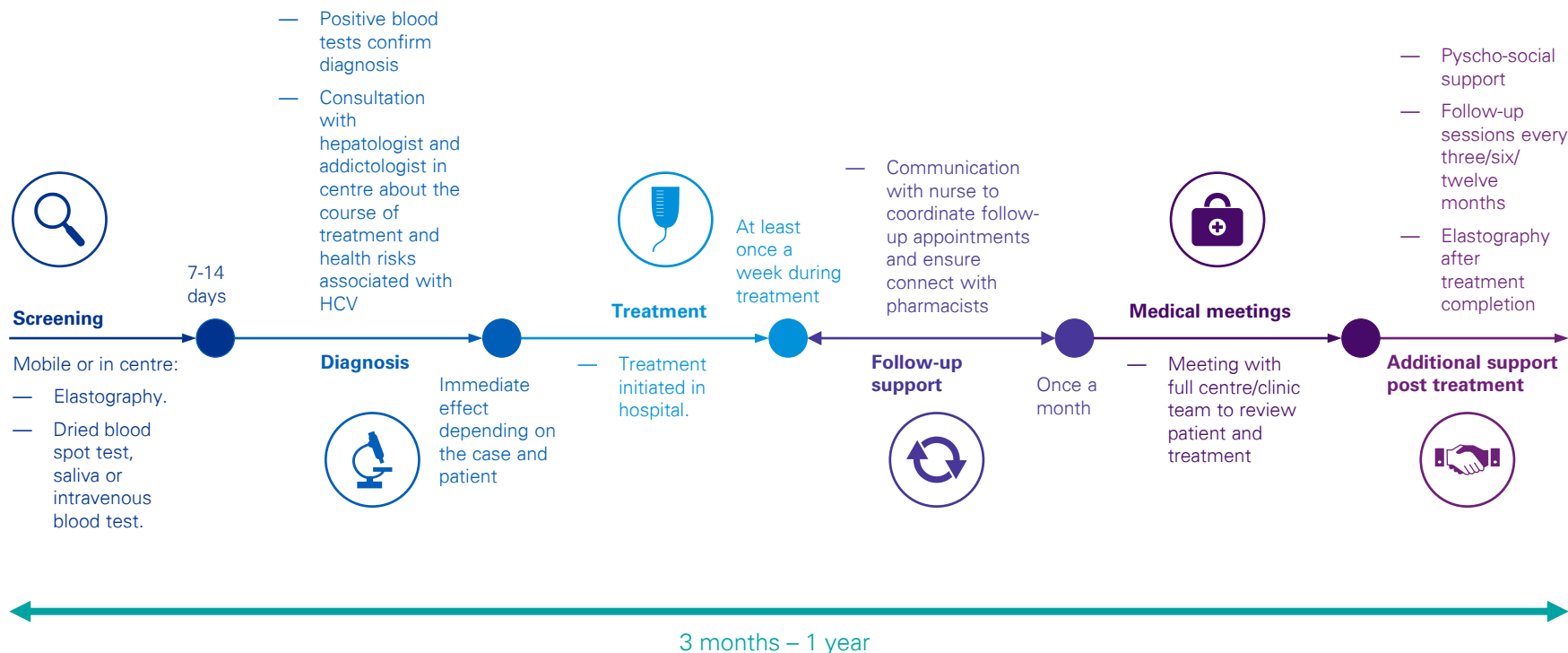


HCV Support and charitable groups

Both the hospital and centre collaborates regularly with patient associations and other non-profit groups to work on support programmes. AIDES is the main community-based non-profit organisation that HCPs work with in Bordeaux and target groups that are infected with or are at risk of being infected with HCV even though the majority of their work is HIV-focussed. The centre also works with associations for homeless to target PWIDs that are living on the streets. The centre is working with Mécanique Sans Frontières (MecSF), a humanitarian organisation, for an annual project involving PWIDs in the construction of homes in Senegal



Hôpital du Haut Lévêque and Centre Planterose, France





Hôpital du Haut Lévéque and Centre Planterose, France

What are the strengths of your centre?

Strong community outreach



- Professor Victor de Lédinghen began outreach to the prison population in Bordeaux in 2008, two years after he started working closely with PWIDs in the region
 - HCPs typically make visits on a monthly basis, with the results of screening being available after one to two weeks. They are able to offer treatment rapidly to the prison community – sometimes immediately after their initial consultation with an inmate. Prisoner's turnover is high as the majority of the inmates at Maison d'Arrêt Bordeaux Gradignan's are awaiting sentencing. However, they typically stay for 9-12 months, making treatment possible and effective
- Professor de Lédinghen and his team initiated a drive last year to target a greater section of the migrant and homeless population, particularly those coming from Eastern Europe and Africa. They have been working in collaboration with migrant centres and homeless associations to increase the number of screenings and general awareness of hepatitis C
 - Migrant and homeless population is a challenging section of the demographic as they are erratic in their lifestyle and movement. Treatment must be administered as quickly as possible. Follow-ups and close monitoring of patients after screening and treatment is often unpredictable in these patients. However, according to Professor de Lédinghen, 74% of migrant patients attended the appointment post screening, which was an unexpected success in the past year
- Centre Planterose also targets remote parts of the community in Bordeaux's surrounding areas of Libourne, Arcachon and Langon with a bus. The bus is equipped with an elastography machine and nurses are able to do dry blood spot tests. This mobile screening system allows the centre to generate more referrals, increase awareness and education in the community and access those PWIDs who might not otherwise come to Bordeaux

Risk reduction



- Risk reduction is key to the work of the Drug Information Study Committee with the afternoon sessions devoted to risk reduction. AIDES helps the centre to run the risk reduction programme called Accompagnement et Education aux Risques Liés à l'Injection (AERLI). In 2009, the programme was initiated as a collaborative study between AIDES, Médecins du Monde and Inserm (French National Institute of Medical Research) and involves evaluating the benefit of educating PWIDs on how to inject as safely as possible to reduce the risk of contracting/transmitting HIV/HCV. It has now become a key part of PWIDs care across the country
- HCPs at the centre accept PWIDs which continue to inject drugs – they believe that it is necessary to be flexible and focused on risk reduction as opposed to complete cessation of drug usage to reduce HCV transmission
- PWIDs inject themselves in front of an HCP at the centre followed by the HCP demonstrating the correct and safe way of self-injecting drugs
- A nurse, specialising in researching new recreational drugs and ways of taking the drugs safely, also supports the programme
- PWIDs are able to collect self-injecting kits that promote safe and hygienic drug-injecting practices and prevent the transmission of HCV and HIV. A sample kit funded by the Ministry of Health contains the following:
 - Two wipes with the disinfectant chlorhexidine for cleaning hands and disinfecting the site of injection
 - One plastic support to prepare the injection
 - One 5ml vial of sterile water
 - One sterile set containing a 1ml syringe, needle, filter top, cotton filter, small bowl and dry paper wad for post-injection usage
- The risk reduction programme ensures that the PWIDs are given a judgement-free environment where they would not be criticised for the quantity/frequency of drug usage



Hôpital du Haut Lévêque and Centre Planterose, France

What are the strengths of your centre?

Educational programmes



- HCPs facilitate educational programmes in Centre Planterose and other centres to update staff and patients on any change in treatment or care pathway
- Dr Reiller, an addiction specialist, has strong links with the drug addiction centres in Paris and is an executive member of the French Federation of Addictology* in France – he shares his learnings and experiences from new ideas/projects
- HCPs also participate in a national conference in Bordeaux on addiction and HCV, held every two years, to contribute to the learning of HCPs in the region
- A specialised facilitator comes to the centre to explain the difference between an old and new treatment to patients as well as the potential transition process from old to new treatments
- The risk reduction programme includes a considerable educational component involving a specialised nurse, researching on new recreational drugs and novel ways of taking them, as well
- Meetings are conducted every month outside the clinic to target the chemsex (the practice of taking drugs to enhance sex and lose inhibitions and can be more common in the gay community) population, who are often reluctant to come to drug addiction centres as they do not see themselves as PWIDs. They also inject during chemsex gatherings increasing the risk of transmitting HCV and HIV. The meeting takes place in collaboration with the non-profit association, AIDES. However, it still remains challenging to target this population segment

Charitable humanitarian initiatives



- Centre Planterose runs a yearly charitable initiative at Kandia village, south of Senegal. Four specially selected PWIDs from the centre and three HCPs assist in local humanitarian work, including building of new homes for the community
- The project is jointly funded by the centre and the French humanitarian organisation MecaSF, operating in Senegal
- HCPs select the PWIDs – they tend to select single individuals rather than those in couples so that the group of four is able to work together more cohesively
- The initiative is unique to the centre and runs based on the willingness of the HCPs to contribute in such a way
- Although the nurses state that this initiative does not necessarily encourage PWIDs to discontinue drug use after they return from local humanitarian work, the nurses feel that it is responsible for a change of outlook and perspective on life back in France

Notes: * The study of addiction



Hôpital du Haut Lévêque and Centre Planterose, France

How can your centre be improved?

Increase the number of patients being screened for hepatitis C



Why?

As more high risk patients are treated for HCV, it is increasingly important to target the undiagnosed population. While the centre already has strong screening initiatives targeting high risk population, more can be done particularly those who may have contracted HCV through blood transfusions or through the migrant population

How?

Further funding for additional nurses and new initiatives would be required to screen more patients for HCV. As more nurses are able to travel to other community centres, this would help to improve screening. An additional mobile elastography machine may also enable further screening in the community



Hôpital du Haut Lévêque and Centre Planterose, France

How can HCV care be improved at a country-level?

Improve awareness about HCV



Why?

In order to eliminate HCV from France, increased awareness of the condition is vital. Since, the symptoms of HCV can be quite generic or often those infected are asymptomatic, there are still parts of the population that are unaware they are infected

How?

By targeting politicians at a local and national level to finance large scale campaigns on TV, radio, Facebook and other social media platforms in order to create awareness in all demographics about the importance of screening. GPs can also be trained and informed about HCV screening and addictology, to increase awareness and improve the PWID population referral pathway

Increase number of nurses



Why?

To screen more patients and have the ability to deploy more HCV trained nurses on a mobile basis to remote or difficult to access parts of the population, in order to increase referrals into city clinics and centres

How?

Political lobbying for further funding and training of HCV trained nurses coming through the French medical system. Leveraging, training and sharing lessons from passionate young individuals about HCV treatment, may encourage others to enter the profession and become HCV specialist



Hôpital du Haut Lévêque and Centre Planterose, France

How would good care and management of PWIDs in your centre be replicated elsewhere?

Dedicated specialist nurse to prioritise hepatitis C care and management

What was/is the status quo?

There was no dedicated and motivated specialist nurse in the past year. This presented a challenge in tracking patients and ensuring that appointments were adhered to by the PWIDs

How will/could this change?

A dedicated specialist nurse was introduced to the team where he has been able to push for more prioritisation of PWIDs infected with HCV. He coordinates the care and management of HCV patients to ensure seamless care delivery. He uses an online calendar system to track patient appointments and gives reminder calls to patients before the week of appointment. The specialist nurse also ensures that patients have their prescriptions and are well connected to the pharmacists. He has been key in improving the organisation of care around PWIDs

Motivational lobbying for additional funding

What was/is the status quo?

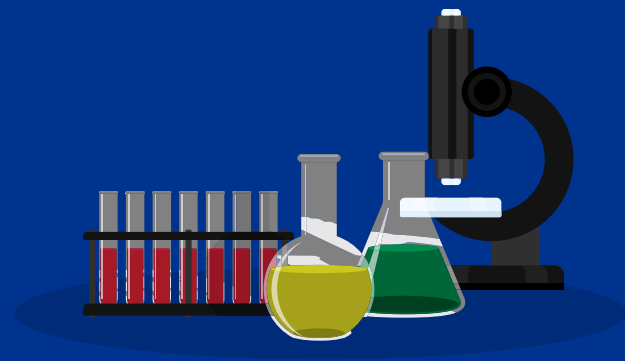
There has been a lot of administration and bureaucracy that needs to be faced in order to set up new and innovative programmes. Therefore, lobbying for additional funding to improve PWIDs care has been challenging

How will/could this change?

The centre has relied on motivation and hard work of the centres staff in order to secure increased funding. Collected data has been presented on low level of reinfection and patient numbers to the Agence nationale de santé publique (ANSP) to make a compelling case for additional funding. Due to the high number of patients the centre works with, centre has received specific yearly data on HCV re-infection (number re-infected per 1000 patients). A key success factor has been the articulation of the positive impact of some of these initiatives e.g. the improvement in quality of life of participants in the MecaSF project. The funding received by the centre has enabled it to launch programmes in partnership with community organisations and provide up-to-date education for PWIDs



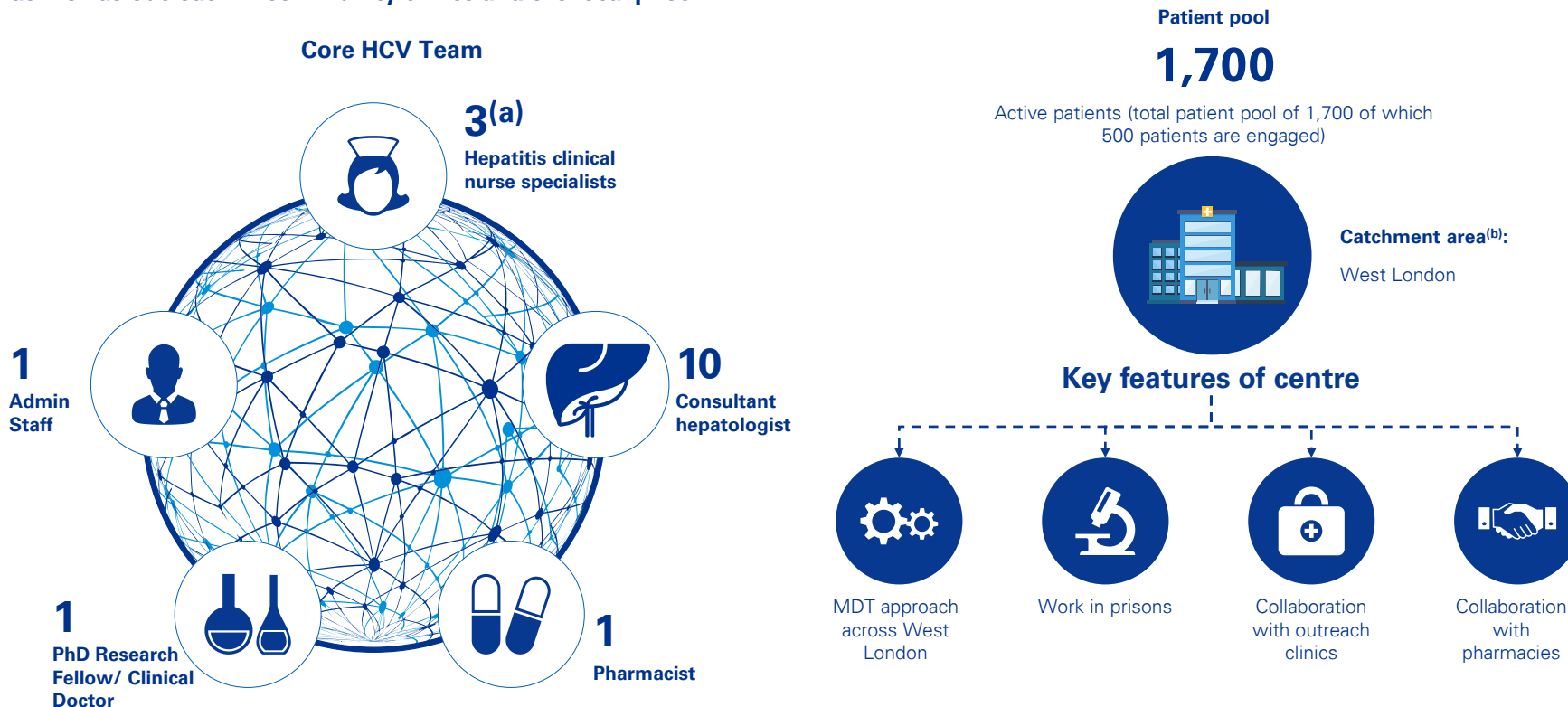
St Mary's Hospital, London, England





St Mary's hospital, England

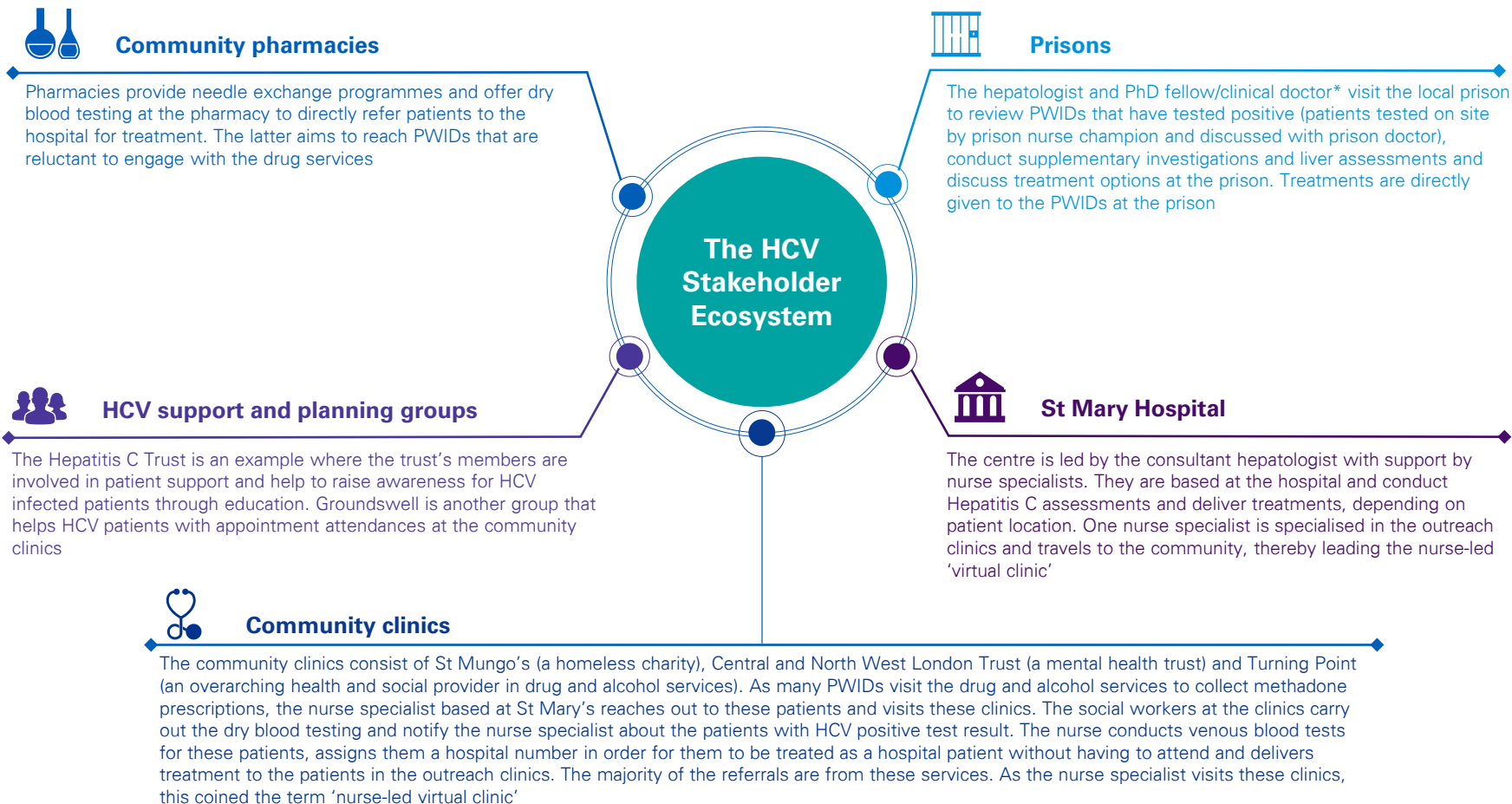
The centre at St Mary's hospital is led by Dr. Ashley Brown, a consultant hepatologist and clinical lead for HCV at the Imperial College Healthcare NHS Trust. The team leads the management and treatment of Hepatitis C across the region, both in secondary care setting, as well as outreach in community clinics and the local prison



Note: (a) The team has 3 nurses within the HCV team with 1 nurse specialised in the outreach services
 (b) The catchment area is the geographic area from which centre's patients are drawn



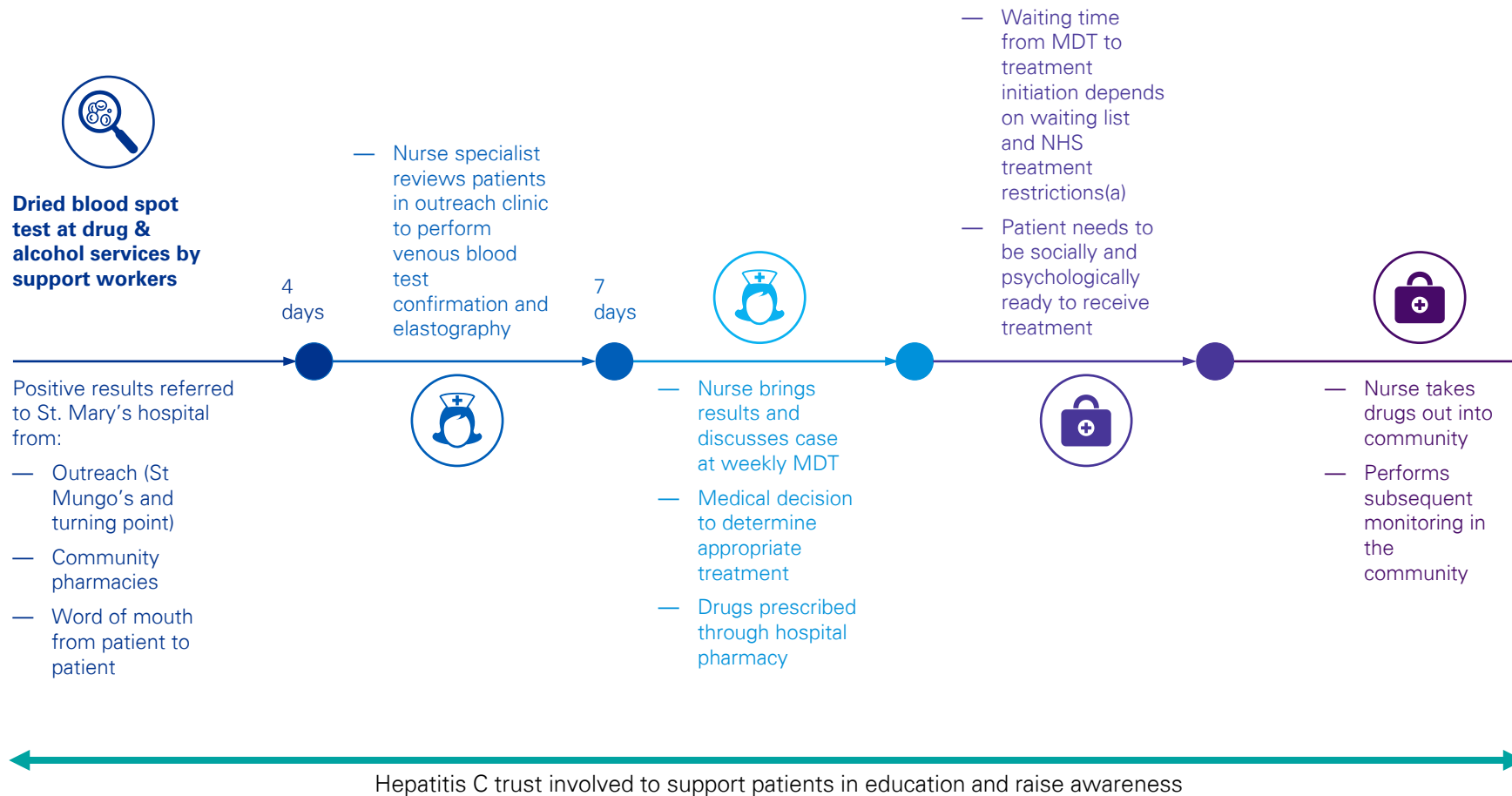
St Mary's hospital, England



Note: (a) Qualified in general medical training, helps with hepatology clinical trials and supplements internal activities with PWIDs prison work



St Mary's hospital, England



Note: (a) Waiting lists dependent on treatment restrictions by central government (range of 2 weeks to 8 months). This is a short term issue and will be resolved once unlimited access is granted



St Mary's hospital, England

What are the strengths of your centre?

Virtual nurse-led clinic in community



- The nurse specialist has qualification in both liver and drug/alcohol substance abuse. The nurse visits several community outreach centres e.g. St Mungo's (a charity and housing association for the homeless), Turning Point (a drug services that helps patients deal with mental health issues and substance misuse) and Central and North West London (CNWL) (an NHS Foundation Trust that helps patients with physical and mental health needs)
- The outreach centres have been found to have high risk and prevalence of HCV, in which the nurse confirms tests via venous access and confirms the liver status with a portable elastography machine in the community setting
- After the approval from Clinical Commissioning Group^(a) (CCG), the nurse specialist assigns a hospital number to each patient without a primary care interjection and the patient being physically present at the hospital. This helped patient to be treated as hospital patients and by-pass the 12 week referral waiting period. The blood sample is drawn in the community clinic, tested at the hospital and case is discussed at weekly regional MDT meetings within 2 weeks
- The nurse takes the prescription from the community pharmacies and delivers it directly to the patients in the community clinic. This ensures that patients who do not wish to visit the hospital due to limited access, or are not motivated to get treatment due to their hectic lifestyle, are assessed as hospital patients and treated in the community via virtual clinic with prescriptions being personally delivered

Collaboration with community pharmacies for Hepatitis C testing



- A current research project encourages community pharmacists who are providing needle-syringe programmes to offer point-of-care screening tests to PWID's. Those who test positive are offered an appointment with the outreach nurse to discuss treatment options
- By offering access to treatment at every level of healthcare provision, de-stigmatisation of testing is achieved leading to an increase in treatment uptake

Well connected Hepatitis C network in local West London area



- The Hepatitis C healthcare providers from across West London congregate in weekly MDT meetings, involving consultants, a pharmacist and specialist nurses
- The meetings are held to discuss individual patient cases, treatment options, and to ensure that each area in West London treats patients within the budgetary constraints
- West London is able to treat only a certain number of PWIDs due to government spending allocation, therefore the MDT meetings ensure that the funding allocated for treatments is distributed fairly in the region across West London hospitals, prioritizing high risk patients in the area

Improved reach for patients for Hepatitis C in prisons



- Opt-out testing is carried out in the local prison by the BBV prison nurse champion. A list of prisoners who are positive for HCV are reviewed by the hospital hepatology team at the prison. Cases are discussed at the regional MDT (as above) meeting to ensure equity of access to all patients with HCV whether in the prison or outside. Treatment is delivered within the prison, removing the need for prisoners to be transferred to the hospital – a heavy drain on security resources

Note: (a) These are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area



St Mary's hospital, England

How can your centre be improved?

Improve patient targeting to reach marginalised PWIDs population



Why?

The PWIDs population is underdiagnosed in the community due to lack of engagement of PWIDs with traditional models of healthcare

How?

The hospital is looking at improving targeting strategies for diagnosis and screening in an environment that has high risk PWID populations by providing training and upgrading skill set in HCV for more nurses based in the outreach clinics. This should release the nurse specialist's capacity at St Mary's to develop new services

Improve diagnosis methods in prisons via point of care



Why?

The current diagnostic process from dry blood screening, to wet-blood analysis for confirmation of viral load and genotype can take up to 6 weeks to complete. With a high turnover and short prison stay, many patients are released before they have had an opportunity to be treated

How?

New technologies enable point-of-care diagnosis and new pan-genotypic drugs permit treatment initiation without awaiting molecular results. This could help in rapid initiation and completeness of treatment before patient's release from prisons

St Mary's hospital, England



How can HCV care be improved at a country-level?

Larger pool of government funding required for Hepatitis C patients



Why?

Procurement of antiviral drugs takes place at a national level and budgetary constraints limit access on a geographical basis, with financial penalties for those regions that treat more than their allocation. As a consequence, not all patients can be treated as soon as they are diagnosed. Delays in initiating treatment risk disengagement of patients – particularly in PWIDs and prisoners

How?

Negotiations continue between physicians and the national government to provide unrestricted access to HCV treatment for all patients



St Mary's hospital, England

How would good care and management of PWIDs in your centre be replicated elsewhere?

Improve patient numbers via the community-based virtual clinic

What was/is the status quo?

While some improvements have been made in patient numbers since the access to DAAs began 5 years ago, there is still a need to diagnose more patients from the community and enable them to access treatment in a manner appropriate to their lifestyle. Many of those who are aware of their diagnosis are unaware of the DAA treatment options available. If WHO and government targets of eliminating HCV by 2030 are to be achieved, this will need to change

How did this change?

No additional resources were available to initiate new services. It was important therefore to move diagnosis and treatment out into the community in a cost-neutral fashion. The hospital was aware that many PWIDs would attend addiction centres to receive methadone treatment, so support workers were educated and empowered to encourage PWIDs take a test. Patients testing positive were reviewed in the community, but by registering them as hospital patients, service remuneration flows to the hospital in the same way as it would if the patients were being seen in secondary care. The cost of follow-up tests is borne by the local payer irrespective of location. Drug costs are met by national funding. As a result, PWIDs can be treated in the community with no loss of revenue to the secondary care provider

Direct testing and treatment services in prisons



What was/is the status quo?

Despite 'opt-out' testing being offered in the prison, uptake was poor. This was primarily because the chances of obtaining a hepatologists review let alone treatment was considered unlikely by prison staff and therefore there was little incentive to test. Many prisons did not consider HCV a major priority. Even if patients were referred to the specialist clinic within the hospital, waiting lists were long (meaning many were released from prison before being seen), and those who were still in prison when they received an appointment were unlikely to attend the hospital due to lack of security escorts

How will/could this change?

Directives from the national government have insisted that the prison service address the issue of HCV or face financial penalties. As a consequence, the prison appointed an HCV champion nurse who has dramatically increased the uptake of testing and has improved knowledge of HCV throughout the estate. By providing an in-reach clinic, prisoners can be assessed in a much shorter time without the need for security escorts. Discussion of prison cases at the MDT ensures equity of access to treatment. Shorter duration treatment regimens mean prisoners can be put on 'medical hold' to ensure treatment is completed before release/transfer. Seeing that treatment is a possibility, prisoners are more positive about testing. This also contributes to de-stigmatisation



St Mary's hospital, England

A dedicated nurse-led virtual clinic creates a sustainable model for HCV PWIDs care in the community`

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Bringing these patients in for treatment won't benefit them in the short term, but there is a need to get them to realise the long term impact. The same treatment has to be for all patients for it to work. So there was a need to change the HCV model to reach individuals and offer treatment acceptable to them but also for us to achieve long term HCV elimination. The clear answer was to go to them

Lead hepatologist

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As a previous Blood Borne Virus (BBV) nurse in substance abuse this background knowledge, having known previous patients and worked with staff in the drug services centre, helped to engage with the patients and ensure they adhered to appointments and medications

Nurse specialist

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Source: (1) KPMG Interviews



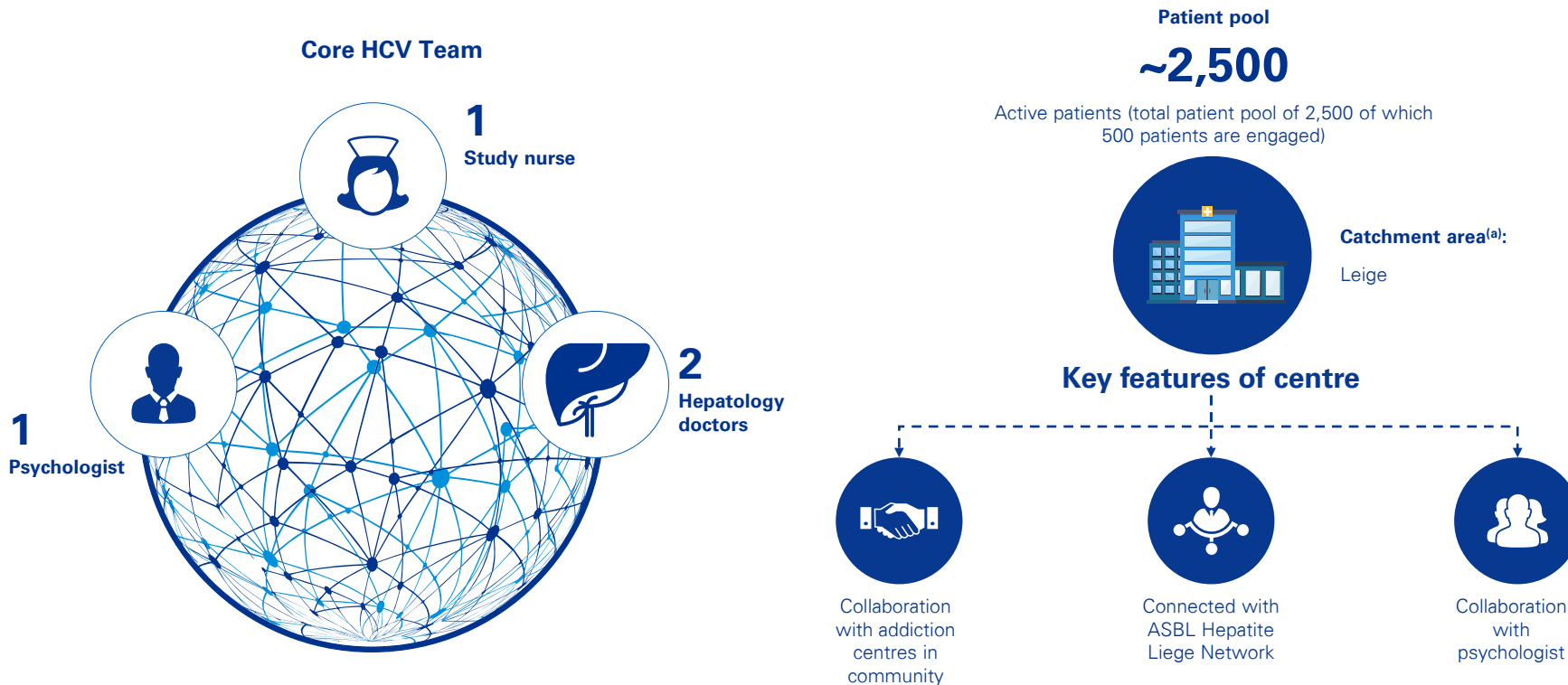
Clinique Saint Joseph CHC, Liege, Belgium





Clinique Saint Joseph CHC, Belgium

The Liege centre is led by Dr. Boris Bastens, a hepatology consultant in the Gastroenterology unit. The team leads the management and treatment of Hepatitis C patients at the centre, and is a part of a new overarching network of hospitals in Liege to reach PWIDs



Note: (a) The catchment area is the geographic area from which centre's patients are drawn



Clinique Saint Joseph CHC, Belgium



Addiction centres

The hospital collaborates with three addiction centres i.e. Centres Spécialisés en Assuétude (CSA's) and has formed a decentralised network of healthcare units. The doctors from the addiction centres undertake the first line of screening using a portable fibro scan to assess liver cirrhosis. If the patient is categorised as F0-2, they are followed up in six months time. If categorised as F3-4, they are referred to hospital (or others in Liege such as CHU University Hospital or Citadelle) for treatment. 80% of PWIDs in Liege have HCV with drug use as a risk factor



Community-based organisations

Sida Sol is a community-based charity for homeless. A psychologist from the community connects PWIDs to hospital (either Clinique Saint Joseph CHC or other hospital in Liege based on ease of access and religious beliefs as the CHC is a catholic hospital whereas the University Hospital is public). He/she help in arranging hospital appointment, transportation so that patient can undertake a elastography test. The psychologist provide support to PWIDs about ongoing consultations. Social workers from Centres Publics d'Action Sociale (CPAS), a social workers organisation, help to provide health insurance for the homeless PWIDs and enable treatment reimbursement. Other referrals are directed from syringe exchange programmes (harm reduction programmes providing sterile equipment to PWIDs to reduce transmission) at community pharmacies in proximity of the hospital⁽²⁾



ASBL Hepatitis Liege Network

The ASBL Hepatite Liege, an informal and unstructured network spanning across Liege, is a non-for-profit charity. The network draws individuals and dedicated teams from hospitals and addiction centres that are interested in combating and supporting each other to reduce HCV transmission in PWIDs. Clinique Saint Joseph CHC is part of this network. The network includes six hepatologists, four first line medical doctors and a pool of social workers and psychologists

The HCV Stakeholder Ecosystem



Clinique Saint Joseph

Lead hepatology consultant along with a study nurse carry out liver assessment and HCV treatment at the hospital. Hospital receives the referrals from the first line (e.g. first point of patient contact - addiction services, medical centres etc. that carry out the first batch of testing for HCV). Hepatologist spends one day a week at a medical centre to encourage referrals



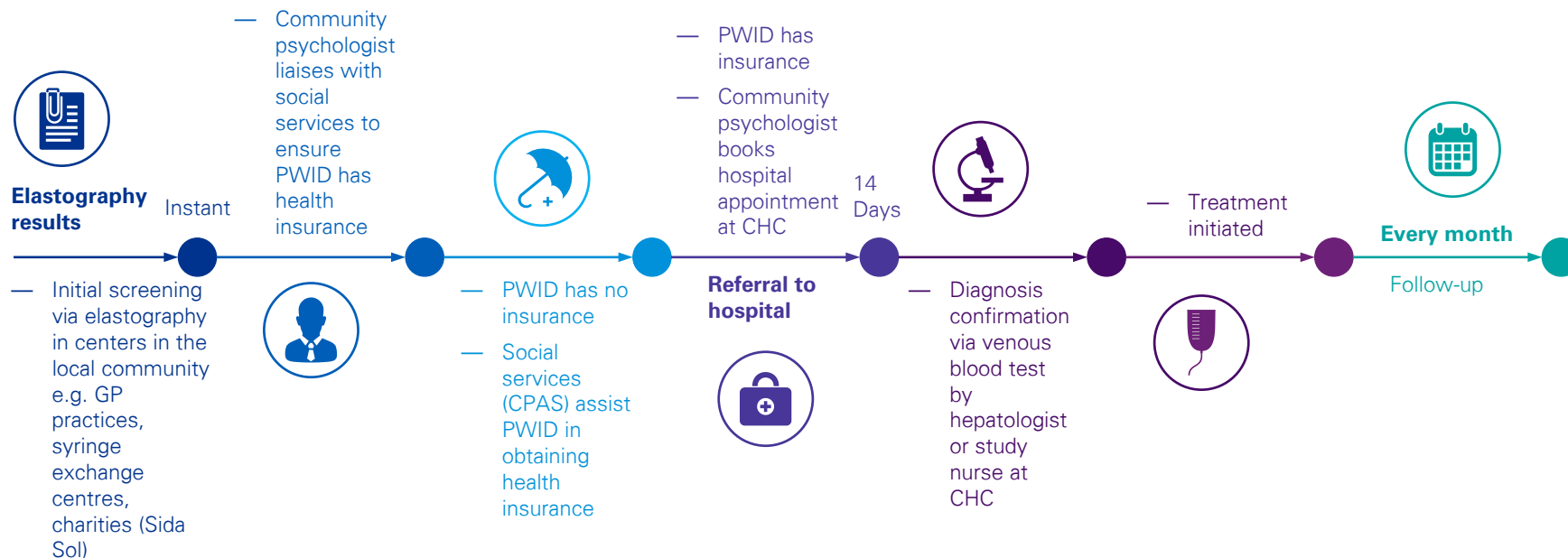
General practitioners

The GPs are involved in patient referrals to the hospital. The hepatology doctor based at the hospital spends one day a week at a GP practice and conducts first line elastography assess liver status among PWIDs and refers them to the hospital for treatment

Sources: 1. KPMG interviews, 2. [Belgium Country Drug Report 2017](#)



Clinique Saint Joseph CHC, Belgium





Clinique Saint Joseph CHC, Belgium

What are the strengths of your centre?

Easily available and flexible appointments

- Due to the nature PWIDs, Dr Bastens ensures to have appointments available as soon as possible and at any time for assessment and treatment of the patients
- He understands the PWID's lifestyles and in order to reach as many PWIDs as possible, he ensures his hospital division remains flexible in providing appointment slots to the patients as many of them do not attend or arrive late for their appointment slots
- The clinic reserves appointment slots in advance exclusively for PWIDs to ensure these patients receive treatment and help to reduce overall HCV transmission in the population
- This ensures that PWIDs are able to make and attend an appointment in less than 15 days after diagnosis
- The clinic attends to active, ORT and former PWIDs. Whilst the initiative is in its infancy, chaotic PWIDs are yet to be approached as they are extremely hard to reach. The PWIDs engaged with the hospital receive treatment and care on an individual basis

Collaboration with community-based psychologist

- Many homeless PWIDs have been found to be HCV infected. They have the option to access services at the hospital, however, many PWIDs lack social and emotional support to seek help. The psychologist based at Sida Sol provides dry blood tests to the homeless, consolidates a list of PWIDs, arranges appointments and provides transportation to Sida Sol for PWIDs to undertake an elastography scan. The initiative has been able to reach more individuals
- If PWIDs are F2 and above, psychologist arranges for an consultation with Dr. Bastens and provides emotional support for ongoing treatment discussion. This ensures that patient receives the necessary emotional support to feel motivated to continue treatment

Dedicated multidisciplinary approach to care – A fully engaged network

- The clinic is a part of the ASBL Hepatite Network in Liege. All participating hepatologists, first line medical doctors, psychologists and social workers have a close collaboration and are easily available via phone or email to share knowledge acquired through their interactions with PWIDs
- They are in frequent contact across the network which enables good communication and establishes an active working relationship to achieve the ultimate goal to reduce HCV transmission amongst PWIDs in Liege
- The network is keen to disseminate as much learning as possible amongst peer groups and meet on a six month basis to discuss key learnings uncovered in the hospitals and CSA addiction centres
- The network is a knowledge sharing platform to provide more holistic services to PWIDs in the clinic, and being in its infancy enables all to work together cohesively, exploring innovative methods to reach more PWIDs



Clinique Saint Joseph CHC, Belgium

How can your centre be improved?

Increase patient numbers for Hepatitis C treatment



Why?

Active, ORT and former PWIDs do not regularly go to Saint Joseph CHC, as they don't have a regular contact with hospital and lack trust with the care setting. This is an issue that Dr. Bastens realised as PWIDs often do not seek care themselves without assistance by the centre, despite 80% of PWIDs in Liege infected with HCV

How?

A larger pool of doctors and nurses in community centres that provide first line services to PWIDs, are HCV trained. Community service centres (e.g. Sida Sol and syringe exchange centres) conduct initial HCV screening with a mobile elastography machine. This widens instant HCV screening to more care setting and becomes more widely accessed by PWIDs to elicit interest in making an appointment at Saint Joseph CHC for a venous blood tests. To further improve the number of PWIDs accessing the service at the centre, more mobile elastography machines are required. Also, more collaborations with other first line actors such as addiction centres would help to increase HCV screening among PWIDs

Raise awareness of HCV treatments available within the PWID community



Why?

Although incremental improvements have been made, PWIDs in Liege still have a negative perception of the available HCV treatments with negative views linked to Interferon and its impact on mental health

How?

Collaboration with charities such as Sida Sol enables hepatologist to educate stakeholders such as psychologists, social workers, administrative staff on the available treatments and where care can be accessed. Further education and collaboration within community organisations to raise awareness of treatment options available in the hospital would help amend incorrect perception among PWIDs and may assist to increase number of PWIDs taking treatment

Clinique Saint Joseph CHC, Belgium



How can HCV care be improved at a country-level?

Replicate the decentralised network of Liege and Brussels in others Belgium cities



Why?

Diagnosis and Hepatitis C treatment in Belgium is provided by hepatologists in hospital care settings, where it is often hard to access for PWIDs

How?

Informal unstructured networks such as Hepatite Liege and Hepatite Brussels have combined different care settings, for example the hospital and syringe exchange centres, GPs and psychologists, to bridge the gap between point of treatment delivery and where PWIDs often go in the community. Fostering similar networks with hepatologists and first line actors in other Belgium cities would help improve HCV care among PWIDs

Provide reimbursement for patients with elastography results lower than F2, e.g. F1 and F0



Why?

Currently treatment is only reimbursed for patients with a F2+ elastography results and a confirmatory venous blood test

How?

Hepatite Liege holds a symposium every 18 months to discuss HCV treatments for PWIDs. A similar symposiums on a national level may help raise political, regulatory and payer interest in providing further funding for HCV care in patients with lower Fibroscan results



Clinique Saint Joseph CHC, Belgium

How would good care and management of PWIDs in your centre be replicated elsewhere?

Provide HCV screening services for PWIDs in the local community

What was/is the status quo?

PWIDs often do not 'trust' hospital care settings and are unlikely to come directly to a hospital for taking a test

How will/could this change?

In Saint Joseph CHC, a key aspect in connecting with the PWIDs was leveraging the structures 'trusted' and commonly used by these patients. This was done by training doctors and nurses in centres to enable them to provide mobile elastography screening services, which would motivate PWIDs to obtain a confirmatory diagnosis at the hospital. Enabling wider access of screening services in the local community has helped to improve patient numbers in the centre, by stimulating patient interest in blood testing

Ensure appointment availability and flexibility within your centre

What was/is the status quo?

PWIDs often do not plan for a long term in advance and if they are unable to obtain an appointment quickly, they may not enter into care service

How will/could this change?

In Saint Joseph CHC, hospital appointment slots are kept free exclusively for PWIDs, to ensure they are able to obtain an appointment within 15 days of taking HCV screening test. The centre is also very flexible in terms of timing with PWIDs, if a patient arrives 30 minutes late, the hepatologist will still see the PWID. Appointment availability and healthcare professional flexibility in providing diagnosis, treatment and follow-up appointments helps to ensure stay of PWIDs in care and improve adherence to treatment

Connect community and secondary care settings

What was/is the status quo?

Diagnosis and treatment for HCV is delivered in secondary care settings, where hepatologists are often pressed for time and struggle to provide holistic support to PWIDs (administrative and emotional support etc.) as this particular work for PWIDs is voluntary/pro-bono

How will/could this change?

In Saint Joseph CHC, the hepatologist collaborates with the psychologist from a local charity organisation, Sida Sol. The psychologist connects with social workers at CPAS to ensure that patients are able to access holistic care and support such as obtain health insurance, receive text reminders of their next appointment, access their appointment through transport support, access and transfer all previous medical history and lab results provided to the hepatologist, discuss treatment concerns with the hepatologist and psychologist and act as a first line of call in case of emergencies. Despite funding and time constraints, the collaboration between local community care settings and secondary care settings enables the hepatologist to ensure a PWID patient has access to holistic care and support, even if their own available time is limited. A similar approach in other centres may help offset time and funding constraints in providing holistic care by leveraging the support that is already available in the community



Clinique Saint Joseph CHC, Belgium

Strong communication between Clinique Saint Joseph and local community services, such as Sida Sol helps the hospital reach PWIDs

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To promote the detection of HCV in PWIDS, we have HCV trained doctors and nurses to use the elastography to detect patients on the first line. PWIDs don't like blood tests, but if their elastography results are F2 it often encourages them to come to me at the CHC

Hepatologist, Gastro CHC

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The only way to stop transmission is to work as a team and bridge the gap between the first line and the second line of care. We all volunteer our time for this initiative where our motivation is driven to reduce HCV prevalence in the community

Psychologist, Sida Sol

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PWIDs often rely on the extra help and support I can provide, for example driving them to the hospital, waiting with them before the appointment, coming with them during the appointment to address any concerns they are scared to bring up themselves

Psychologist, Sida Sol

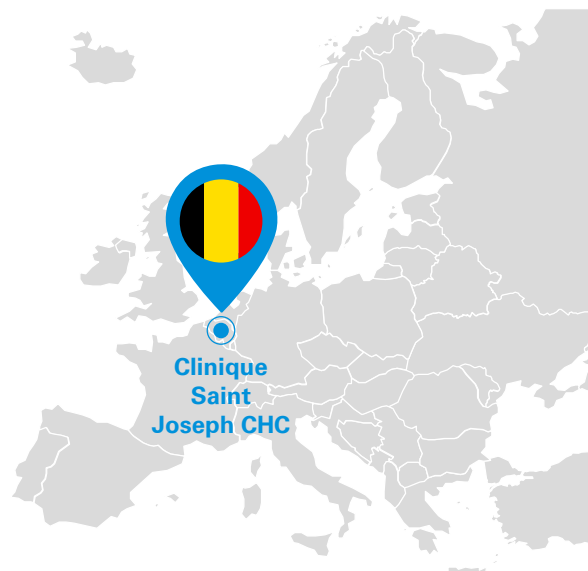
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Everyone in the ABSL Hepatite Liege network are engaged and easily contactable, and the benefits are twofold: we all learn from each other and share information via phone or email

Hepatologist, Gastro CHC

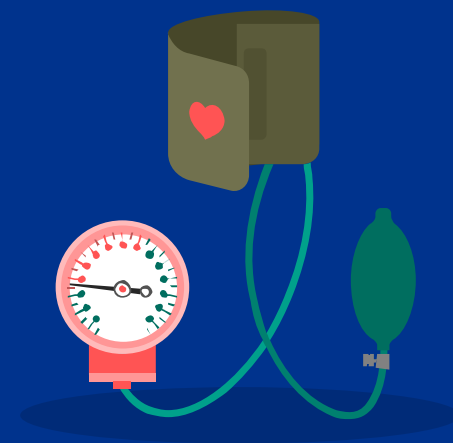
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Source: 1. KPMG Interviews



Ospedale per gli Infermi, AUSL Romagna, Faenza (RA), Italy

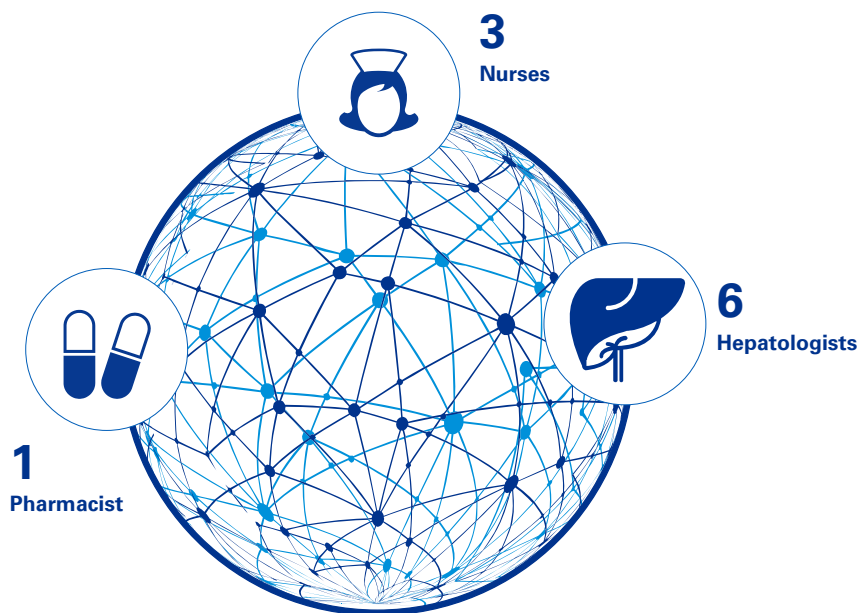




Ospedale Per Gli Infermi, Italy

The Faenza centre is led by Dr Francesco Giuseppe Foschi, a hepatology specialist within the unit. The team leads the management and treatment of Hepatitis C patients within the centre and heads up a network of six centres treating PWIDs within the Romagna region

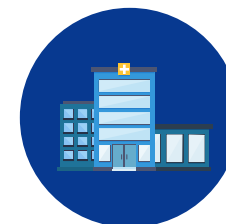
Core HCV Team



Patient pool

1,600

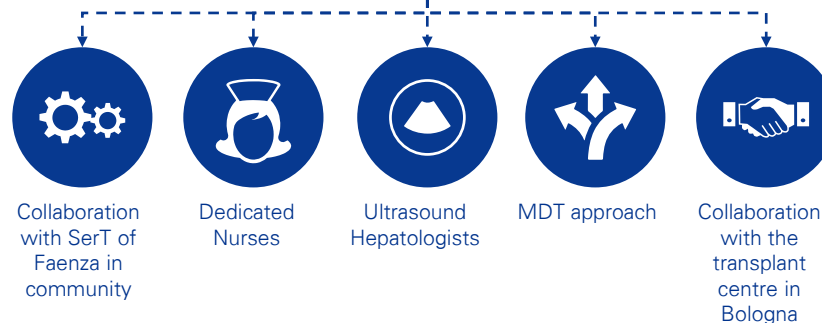
Active patients (total patient pool of 1,600 of which 608 patients are engaged)



Catchment area^(a):

Faenza-Lugo-Ravenna (40 km radius)

Key features of centre



Note: (a) The catchment area is the geographic area from which your centre's patients are drawn



Ospedale Per Gli Infermi, Italy



Ospedale per gli Infermi

Within Ospedale per gli Infermi, there is a hepatology centre led by a hepatology consultant. He is supported by five other hepatologists who treat all forms of liver disease. PWIDs referrals are predominantly from the SerT addiction service or through GPs, where the first line treatment will be conducted composed of laboratory testing for HCV. He spends one day a month in each addiction centre SerT to help build relationships with the workers there and one day a week at the GP practice.. He also ensures the correct treatment is in place at the centre and oversees linkage to care within the hospital. This helps to build a relationship with the nurse at the centre and helps to encourage further referrals to the hospital



Community-based organisations

There are three types of community services available for PWIDs which are diversified according to the severity of the patient (correcting lifestyles, treatment of active addiction), but the hospital is not always directly in close collaboration with these. However, the addiction centres (psychologists, social workers and doctors) work with the community centres, and this is another way of how PWIDs are referred to the hospital in Faenza



Romagna Hospital Network

Ospedale per gli Infermi, Faenza is part of the Romagna network of six hospitals, which accommodates a population base of 1.2 million people. The hepatology centre in Faenza works in connection with the transplant team in Bologna (where Dr Foschi and one of the nurses worked in the past). In the case of transplantation needs, PWIDs are referred and discussed collegially at the Bologna Transplant Centre



General Practitioners

The GPs are involved in patient referrals to the hospital. The hepatology doctor based at the hospital spends one day a week at a GP practice and conducts first line elastography tests and liver ultrasound to assess liver status in patients and refers PWIDs to the hospital for treatment



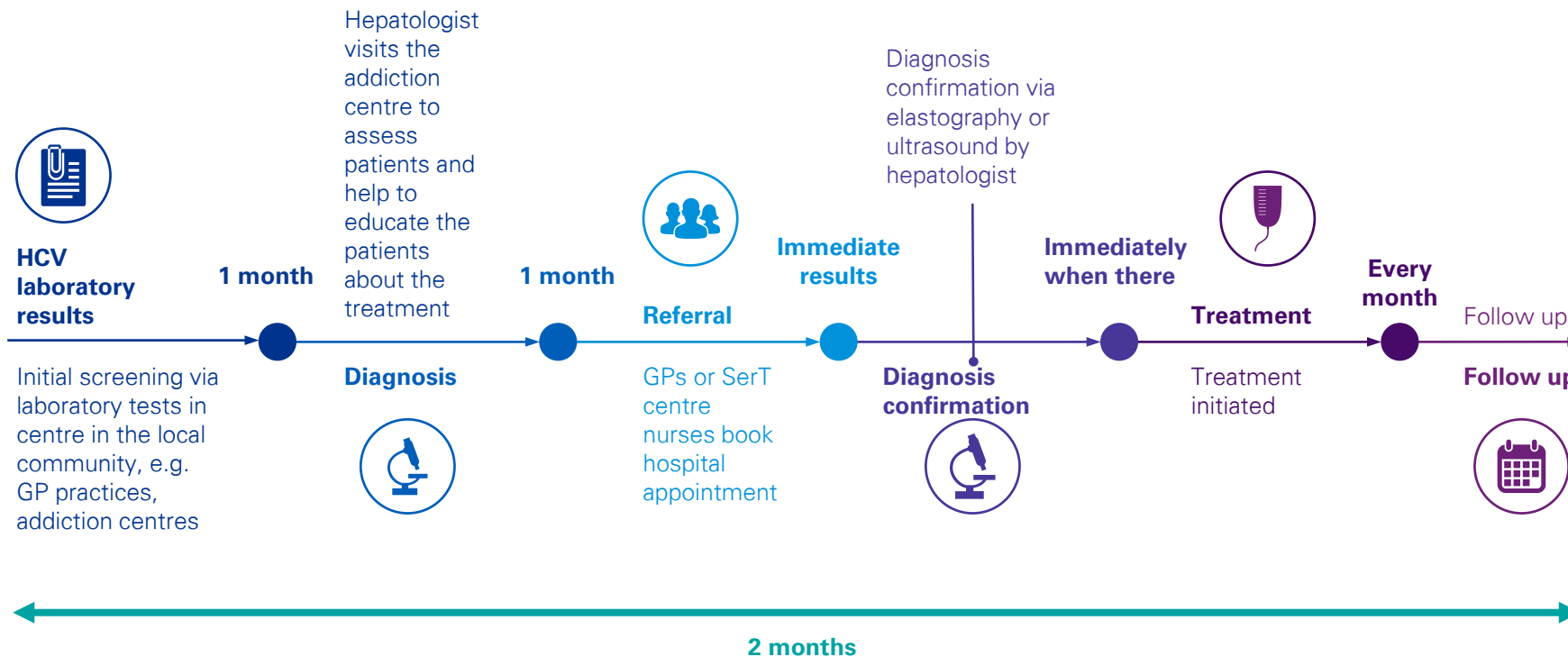
Addiction centres

SerT di Faenza is the main addiction centre that the hospital in Faenza works alongside,. This is one km from the hospital and has both medical doctors and nurses based at the centre who undertake the first line of HCV screening through conducting laboratory tests. Within the addiction centre both the nurses and volunteers from the community help to educate the patients about the symptoms and treatment of HCV as well as active harm reduction and prevention procedures. Many of the volunteers are students and help disseminate education about HCV to alternative areas within the community, such as within colleges, schools and nightclubs. Within the centre the nurses along with the hepatology consultant form a very close relationship with the patients and help to explain why patients need medication and how they need to visit the hospital and have an elastography scan and liver ultrasound in order to assess the severity of the disease. This helps to break down any preconceptions and barriers the patients may have towards receiving treatment and therefore are more willing to come into the hospital and receive treatment from the doctors.

Source: (1) KPMG interviews (2) SerT centre interviews



Ospedale Per Gli Infermi, Italy





Ospedale Per Gli Infermi, Italy

What are the strengths of your centre?

Collaboration with SerT di Faenza addiction centre



- Dr Foschi has formed a close relationship with one centre, SerT of Faenza, which is situated close to the hospital
- He visits the SerT once a month and will see around 10-20 patients within the day. During his visit he will meet each patient with the SerT physicians and nurses to analyse the lab results and hear about the history of the patient. Following this Dr Foschi, will explain why they need to come to the hospital to receive their prescriptions, and helps to articulate why they may require further testing, describing the elastography and ultrasounds that the hepatologists will take at the hospital, so that they can help to assess how progressive the disease is.
- Most Chaotic, OST and Active PWIDs are willing to adhere because they have received good information about treatment and support at the SerT centre which has helped to reduce their stigma against going to hospitals
- The patients will then come to the hospital to receive a scan from the hepatologist, and receive their medication from the pharmacy within the hospital
- The pharmacy is located inside each hospital of the Romagna region where patients can obtain new medication which requires them to adhere to for 12 weeks. They have to visit the pharmacy once every four weeks to receive their treatment
- Building this relationship means that PWIDs can be referred to the hospital seamlessly to receive treatment

Diverse and well trained team with an MDT approach



- They have a very close, specialist team who work together at the Ospedale per gli Infermi as the team is small, which simplifies collaboration
- There are six hepatologists who work across the PWIDs pathway from diagnosis, elastography, ultrasound, treatment prescription, follow up care and linkage to the transplant team in Bologna and even the after care following this (more than one year). This means that the PWIDs are fully supported across the pathway, with consistency in the physicians and nurses implementing care. This has been found to support adherence throughout treatment

Dedicated nurses



- There are 3 nurses who work with all the PWIDs who come to the hospital. They help to formulate a step-by-step treatment and action plan for the patients, following them across this pathway, helping reduce medical involvement, increasing adherence to therapy and being an easily accessible and approachable point of contact
- They form a very close relationship with each of the patients, and have a great emphasis on listening to the PWIDs – this is what they believe helps to increase patient adherence to treatment for the full 12-24 weeks. The PWIDs appreciate having someone to listen to them and not judge them on their past but be there to help them with their future. The nurses also do provide some psychological and social support, and will work initially with the family to help support the care
- In a day, the nurses see 50-60 patients; not all of these patients come into the centre, so the nurses make themselves available over the phone. The patients may visit/call the nurses every day, once a week or once a month, depending on the severity of their disease but also based on their psychological needs and requirements. The nurses have to be very flexible with appointments with many patients being of a disorganised nature, they are often late or will miss their appointments



Ospedale Per Gli Infermi, Italy

How can your centre be improved?

Increase the number of nurses



Why?

Due to the demands of the hepatologists time at the hospital to conduct assessments, it can be difficult to dedicate more time to visit the SerT centre on a more frequent basis. This is needed to maintain strong relationships with the patients as well as increasing the hospitals reach to offer treatments. The nurses are also stretched at the hospital due the number of patients that require support and treatment and so there is a need for increased capacity

How?

Enabling more trainee nurses from local universities to train within the liver department at the hospital will ensure the nurses in the team have more capacity to take on responsibility, alleviate workload of the hepatologist and are able to visit the SerT centre. This would help to increase awareness within the community of the treatment possibilities for PWIDs at Ospedale per gli Infermi on a more regular basis. Additionally, training nurses from other related therapy areas e.g. attending conferences etc. would expand the nurse base

Joint medical examinations



Why?

Having the ability to make a diagnosis within the community immediately and alongside the SerT physicians can help reduce delays in linkage to care, where patients can start treatment as soon as possible

How?

More physicians and trained nurses from the hospitals to have more time to volunteer and visit the SerT centres frequently would increase screening in the community. Having a portable elastography machine and ultrasound at the SerT centre would also enable further HCV screening

Raise awareness of treatments available within the PWID community



Why?

Many PWIDs in Italy have a negative perception of the treatments available for HCV due to the side effects with Interferon. In addition, while there are new treatments available, this is relatively unknown amongst this patient population

How?

Whilst the hospital has a close relationship with the SerT centre, which comes into frequent contact with the PWIDs community, there is a need for an increase in the diversity and range of stakeholders who can help to raise awareness of the novel treatments available. Raising awareness with social care workers, psychologists and other individuals within the community can help raise awareness. Further collaborations with community organisations and the production of training and educational programmes for individuals such as social care workers, and psychologists is required to raise awareness of treatment options within the hospital care setting. This would help amend incorrect perceptions and assist in increasing patient numbers



Ospedale Per Gli Infermi, Italy

How can HCV care be improved at a country-level?

Replicate the decentralised network of Faenza in other regions



Why?

Diagnosis and treatment for PWIDs with HCV are primarily provided within hospital care settings by hepatologists, which is often a barrier to entry for PWIDs due to the stigma surrounding hospital care settings

How?

Increase the number of informal networks between hospitals and care services for PWIDs within the community. By helping to multiply and develop these relationships, hospitals can reach more patients, reduce the stigma that PWIDs sense when coming into care and help to increase treatment adherence

Provide more funding for physicians and nurses



Why?

HCV testing and treatment is provided for by the state, however there are not enough physicians and nurses to help adequately treat patients in the community

How?

Raise awareness through conferences and research in order to highlight the severity of the HCV epidemic and help to lobby for policies to increase capacity and funding for HCV



Ospedale Per Gli Infermi, Italy

How would good care and management of PWIDs in your centre be replicated elsewhere?

Connect community and secondary care settings



What was/is the status quo?

Through the hospital's liver unit, the doctors found a number of patients were HCV infected with liver cirrhosis, and were PWIDs. At the same time, a lot of referrals were being directed from SerT di Faenza. The lead doctor at the hospital recognised a need to join efforts between secondary care at the hospital and the addiction services in order to reach a larger population of PWIDs

How will/could this change?

The lead doctor identified a need to collaborate with SerT di Faenza in order to reduce the number of PWIDs that could lead to advance liver cirrhosis. There was an immediate alignment of goals between the hospital and SerT di Faenza as the addiction services also realised a need to reach more patients that many patients wanted treatment. SerT di Faenza immediately understood the importance of linking the addiction centre with the hospital. This led to a connected community addiction service with secondary care to ensure more patients were able to access treatment at the hospital

Dedicated nurses at the hospital



What was/is the status quo?

Many years ago, Dr Foschi and a nurse transferred from the liver transplant unit of Policlinico Sant'Orsolo in to set up a liver unit in Faenza. At the same time, there was a need to grow the unit to reach more PWIDs as many had advanced liver cirrhosis. To support Dr Foschi to reach and engage more patients, a larger number of enthused nurses were needed

How will/could this change?

When the PWIDs arrive at the hospital, the first point of contact are the nurses. They really focus and treat the PWIDs as people who are generally ill, without prejudice, developing an empathic relationship so that they do not feel scared to receive treatment. The nurses are flexible and are available via phone, offer psychological support similar to social workers and psychologists and walk the patient through a step by step plan of what will happen through the course of treatment

Early engagement of the physician with the addiction centres



What was/is the status quo?

When the collaboration between the hospital and SerT di Faenza began, the majority of discussions occurred with the addiction nurses and PWIDs, which was a good start in making them aware of treatment availabilities, but getting the PWIDs to attend the hospital for treatment was a challenge as many PWIDs did not enjoy the experience in the hospital setting due to feeling unwelcomed and stigmatised against

How will/could this change?

Dr Foschi recognised that a lot of referrals were coming from the SerT di Faenza but patients were not coming to the hospital for treatment. To understand what the challenge was, he engaged with the addiction nurses to spend one day a month at SerT di Faenza and engage in early dialogue with the PWIDs. By having these conversations with the patients alongside the addiction nurses to explain treatment options and long term impact of treatment, this enabled a trusting relationship to be built between the PWIDs and hospital staff which enabled patient buy-in to undertake treatment at the hospital



Ospedale Per Gli Infermi, Italy

A strong relationship between Ospedale per gli Infermi and the local SerT centre is essential in helping the hospital reach PWIDs

“ At the hospital, we volunteer our time to tackle HCV infected PWIDs. Together with the SerT addiction service we immediately had aligned goals where they understood the importance to treat these patients

Lead doctor, Ospedale per gli Infermi ”



“ We help PWIDs understand the preventative and harm reduction measures that they can put in place to stop them getting re-infected and adhere to medication

Nurse, SerT addiction centre ”

“ Patients want to be listened to and treated without prejudice. By listening to them they feel understood and are more likely to adhere to the full treatment required. We have to build and earn their trust and then they will participate fully

Nurse, Ospedale per gli Infermi ”

“ When I heard about the addiction centre in Faenza, I travelled from Tuscany to get help. They were very supportive and having Dr Foschi there really helped in feeling welcomed

Patient voice ”

“ One of the most important things for PWIDs is for us to recognise that they are ill and should be treated as an ill person. We also want to promote a change in their behaviour so that they integrate this it as a way of life

Chief Nurse, SerT addiction centre ”

Source: 1. KPMG Interviews



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