INTRODUCTION OF A COMBINED OST/ADVANCED FIBROSIS COMMUNITY CLINIC RESULTS IN HIGH ENGAGEMENT WITH A COHORT OF PATIENTS WITH PREVIOUS NON ATTENDANCE AT HOSPITAL APPOINTMENTS.

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Background:
Direct acting antivirals (DAAs) make community treatment easier. In Glasgow, patients with F0-2 disease may be treated by nurses in the community following MDT discussion. However those with F3/4 disease require consultant review. Hospital attendance rates are historically poor. We initiated a pilot community advanced fibrosis clinic to attempt to engage such patients in care.

Description of model of care/intervention:
Patients with HCV on opiate substitution therapy (OST) were offered care in a combined Addictions/HCV outreach clinic. Following education and liver assessment including fibroscan, by the liver nurse specialist (LNS), those with F0/2 disease eligible for interferon free treatment proceeded to treatment. Those with F3/4 disease, or only eligible for Interferon therapy, were seen in a monthly consultant outreach clinic (all patients are now eligible for DAAs). Prescription management aligned appointments to see the LNS and consultant with addictions review and OST prescription.

Effectiveness:
From November 2016 to April 2018, 64 patients underwent assessment: 36 (56%) F0-2, 7 (11%) F3, 21 (33%) F4 including 6 with decompensation (4 CPB, 2 CPC). Median time from diagnosis was 7(±6) years. 16 (25%) were drinking to excess, 16 (25%) reported current injecting drug use, 35 (55%) reported ongoing non-injecting drug use. Prior to referral to the consultant outreach clinic, patients had failed to attend 220 HCV related hospital based appointments (100 consultant, 120 nurse, median 4 missed appointments per patient). 53/56 (95%) patients requiring consultant review attended. To date 48/64 (75%) have started treatment. 27 patients have completed treatment, and to date 19/19 have achieved SVR12.

Conclusion and next steps:
A dedicated combined addictions/hepatology advanced fibrosis outreach clinic demonstrated high attendance rates. This approach allowed for hepatology review and management of a cohort with a high burden of advanced/decompensated liver disease, with previous non-attendance at multiple hospital appointments.

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