IMPROVING SVR12 FOLLOW-UP IN PRIMARY CARE WITH A STRUCTURED HEPATITIS C ASSESSMENT TOOL

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Background: A community-based public health facility in Sydney, Australia, the Kirketon Road Centre (KRC) provides healthcare to people who inject drugs (PWID), homeless and other marginalised people. Data from March 2016 to March 2018 revealed of 242 individuals commenced on direct acting anti-virals (DAAs), 29% did not attend for sustained virological response testing 12 weeks after treatment completion (SVR12).

Description of Model of Care: We aimed to improve our SVR12 testing rate to >85% (by 6 months post implementation) through modifying an existing hepatitis C virus (HCV) assessment tool used by clinicians at the initial clinical encounter to reduce loss to follow-up (LFTU). A driver diagram was chosen as our model for improvement framework to be implemented in Plan-Do-Study-Act (PDSA) cycles.

Effectiveness: Reasons for LTFU by SVR12 and barriers to access were identified as primary drivers in the driver diagram. This included substance use, mental health issues, homelessness, incarceration and attrition due to mortality. Patient motivation and patient understanding were also identified as universal primary drivers in all patient groups. The common secondary driver to all primary drivers was to have a reliable tool at baseline assessment. This tool ensures accurate knowledge, empowers clients to self-select optimal SVR12 testing options, captures up-to-date client contact details and explores other means of client contact in the event that the former is unsuccessful. This includes documentation of external services accessed by clients across the various primary driver domains.

Conclusions: We developed a novel HCV assessment tool to be used by clinicians at the baseline clinical visit with the aim of reducing LTFU and increasing SVR12 collection. Despite high observed efficacy of DAAs, determining virological cure has individual health implications, informs elimination goals, and is clinically important in a population at higher risk of reinfection.

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