

Introduction of combined hepatology/addictions advanced fibrosis clinic leads to high attendance rates amongst cohort with a history of failure to engage with service.

Biggart L¹, Sills L², Motaleb E², Welsh C², McGlinn S², Kane K², Barclay S¹

Walton Liver Unit¹, Glasgow Royal Infirmary & Glasgow Alcohol & Drug Recovery Service², Scotland, UK

Introduction

Direct acting anti-virals (DAA's) make community treatment easier.

In Glasgow, patients with a Fibroscan reading of F0-2 disease may be treated by nurses in the community following multi-disciplinary team (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. Here we report results from patients attending between November 2016 and July 2018.

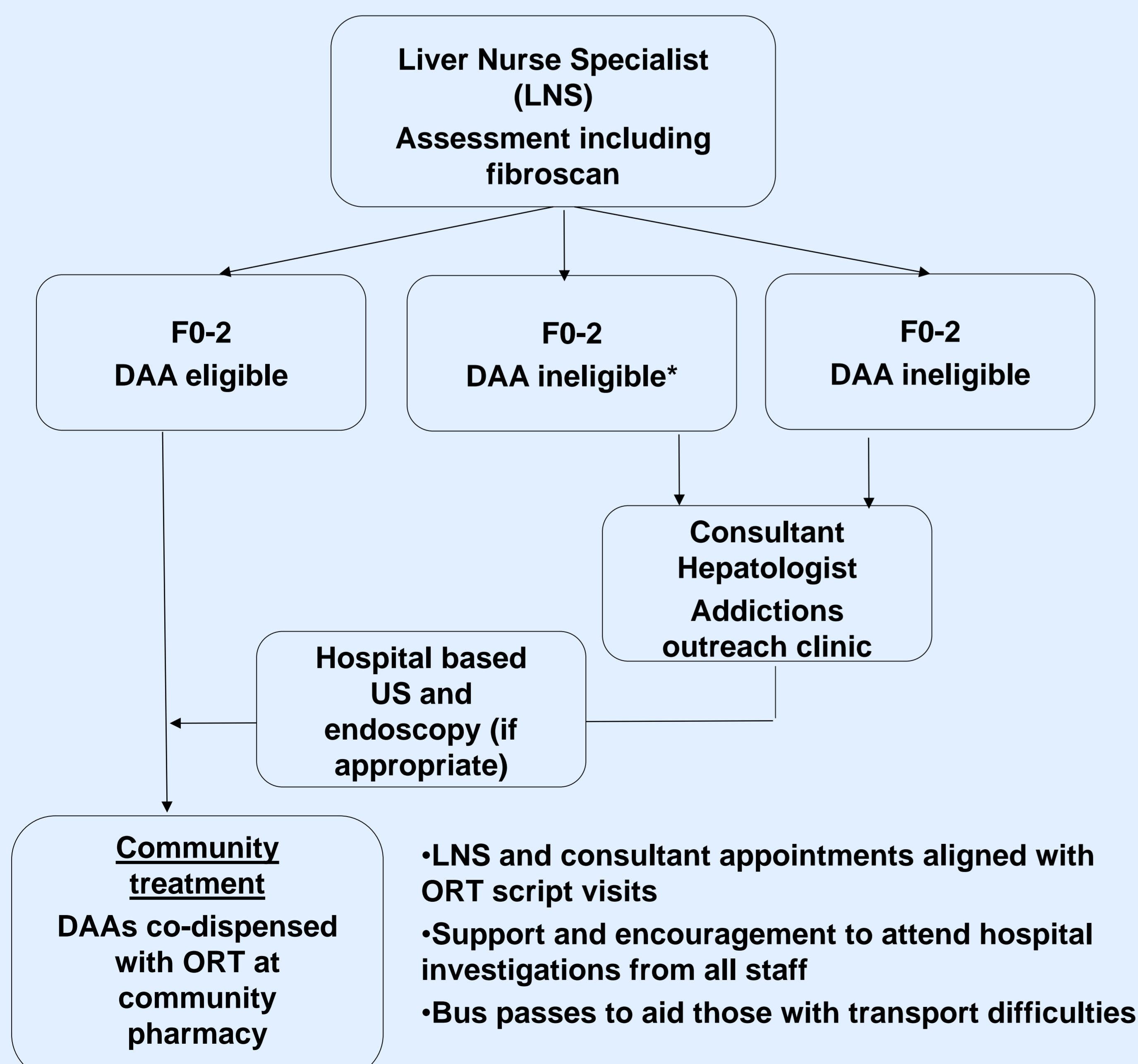
Aim

We initiated a pilot community addictions advanced fibrosis clinic with a view to;

- Engaging difficult to reach patients with advanced fibrosis in specialist care.
- Treating such patients in a community setting.

Clinic design

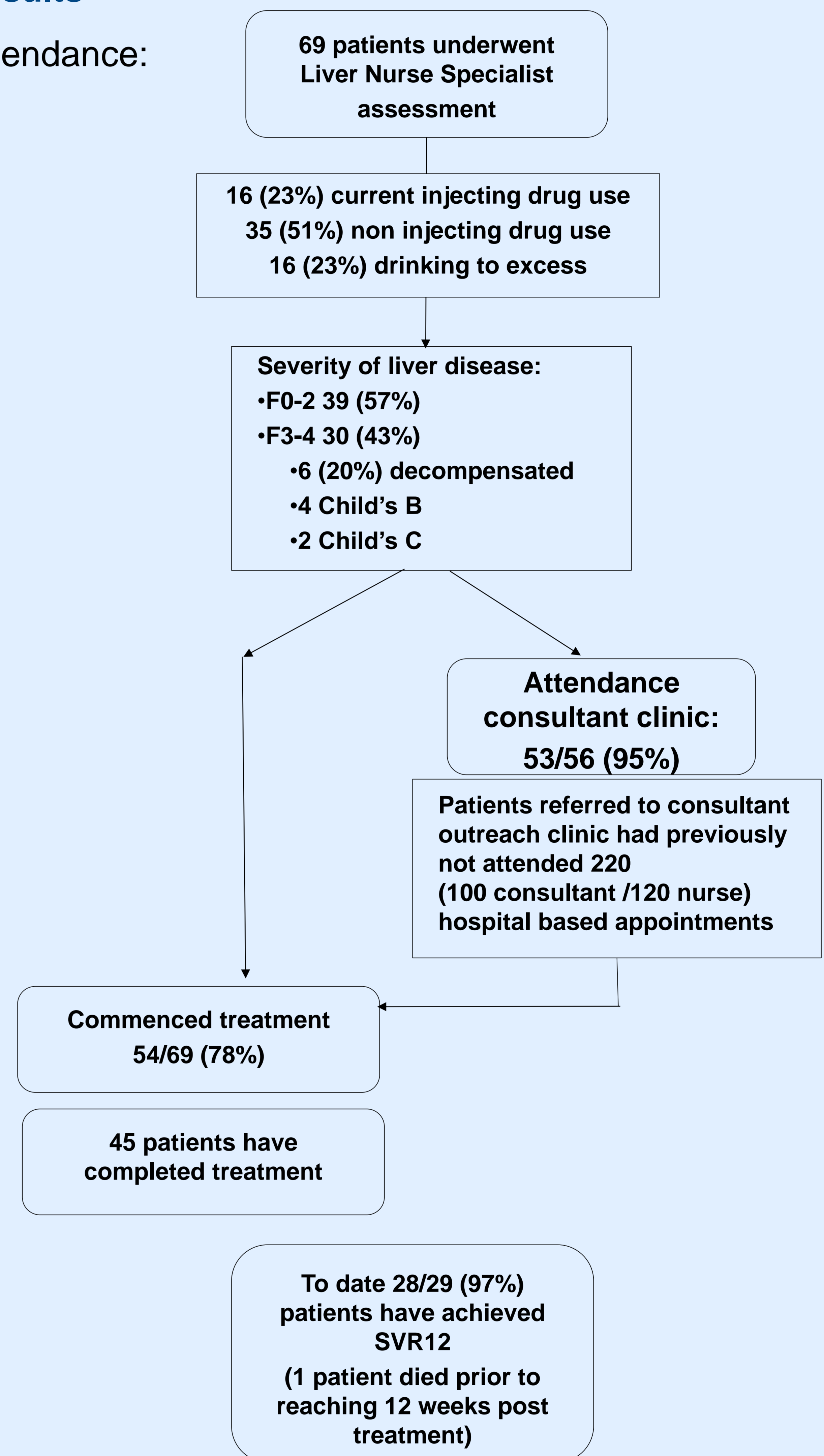
Patients with HCV on ORT were offered care in a combined Addictions/HCV outreach clinic:



*at the start of the clinic genotype 3 patients with F0-2 disease, and treatment naive genotype 2 patients were only eligible for interferon based treatments – all patients are now eligible for DAAs

Results

Attendance:



Conclusions

- 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.

Disclosure of interest statement

Dr Barclay has received grants, advisory board and speaker fees from Abvie, Gilead and speaker fees from MSD