

IMPROVING ADHERENCE AND OUTCOMES:

HEPCARE EUROPE

Authors: Gibbons, J^{1,2}, Surey J², Francis M³, Story A¹.

1) Find&Treat, UCLH NHS Trust, London, UK. 2) Groundswell, London, UK. 3) Institute of Global Health, University College London, UK.

[1] Background and aims:

Eliminating HCV will require innovative strategies to engage and support patients at risk of non-adherence to treatment. With the advent of DAAs, risk of non-adherence should not be a reason to defer treatment. DAAs are highly effective – if taken – but optimal adherence is yet to be determined and all patients are at risk of non-adherence. The long-term success of DAAs and prevention of drug resistance will depend on achieving high levels of adherence and new tools to assess and support medication adherence are vital.

Directly Observed Treatment (DOT) is a proven intervention to support TB patients to complete treatment but places a burden on both patients and providers. Video Observed Treatment (VOT) is a more effective, acceptable and cheaper alternative to promote adherence among socially complex patients.

[2] Description of model of care:

We report, to our knowledge, the world's first cohort of homeless and substance using HCV patients treated using a community peer led service model with VOT adherence support.

Five known Hep C positive patients who had disengaged with services where re-engaged in the community by a trained Peer advocate providing Point-of-Care Hep C testing with the Find&Treat outreach team. The patients were provided with a smart phone including data and consented to use a secure mobile phone app (SureAdhere¹) to video themselves taking treatment daily of twice daily.

All patients were homeless at start of treatment and currently or very recently actively using heroin and/or crack. The peer provided training on how to use the secure mobile app and then remotely / asynchronously viewed and acknowledged the patients dosing videos. Missed doses were followed up same day with a text, call or visit.

[4] Conclusion and further work:

This small feasibility pilot suggests that VOT for homeless and drug/alcohol using HCV patients can promote treatment adherence and engagement with care. This promising digital health intervention needs further rigorous evaluation, including randomised controlled trials, to determine its impact on clinical outcomes and cost-effectiveness.

1. <http://www.sureadhere.com/> info@sureadhere.com

If you would like to know more or perhaps collaborate in future work, please contact: al.story@nhs.net (Tel: 0044 7711 146 530)

[3] Impact and Outcomes:

The five patients were selected on a 'first-come' basis irrespective of substance use, housing circumstances or ability to use a smart phone.

Three (all male, aged 40-50, 2 UK born) of the five patients engaged well with VOT and had undetectable virus at four weeks and all completed treatment. Of the two patients who were not able to engage with VOT (female 50 UK born, male 30, UK born) one had detectable virus at four weeks and struggled to adhere to the regimen and required daily calls, multiple community visits, extensive liaison with homeless and drug treatment services and peer accompanied hospital visits to complete treatment. The other patient discontinued VOT due to a stroke and completed treatment as a hospital inpatient.

The three patients who engaged with VOT all reported benefits from the technology including acting as a reminder to take medication, enabling them to feel supported through daily contact and feedback from health staff, reporting problems or side effects and getting prompt help. All patients stressed the importance of knowing that the data and platform was secure and the person viewing the videos was trusted and known to them.

'It's great keeping in constant contact and having your questions answered'
'It's easy...it makes you remember'
'The phone was a real bonus – like having support on hand.'
'It helped me find information to understand the virus'

