

HEPATITIS MOBILE TEAM

Treatment of Chronic Hepatitis C in Drug Users: Ethical, Successful, and Useful

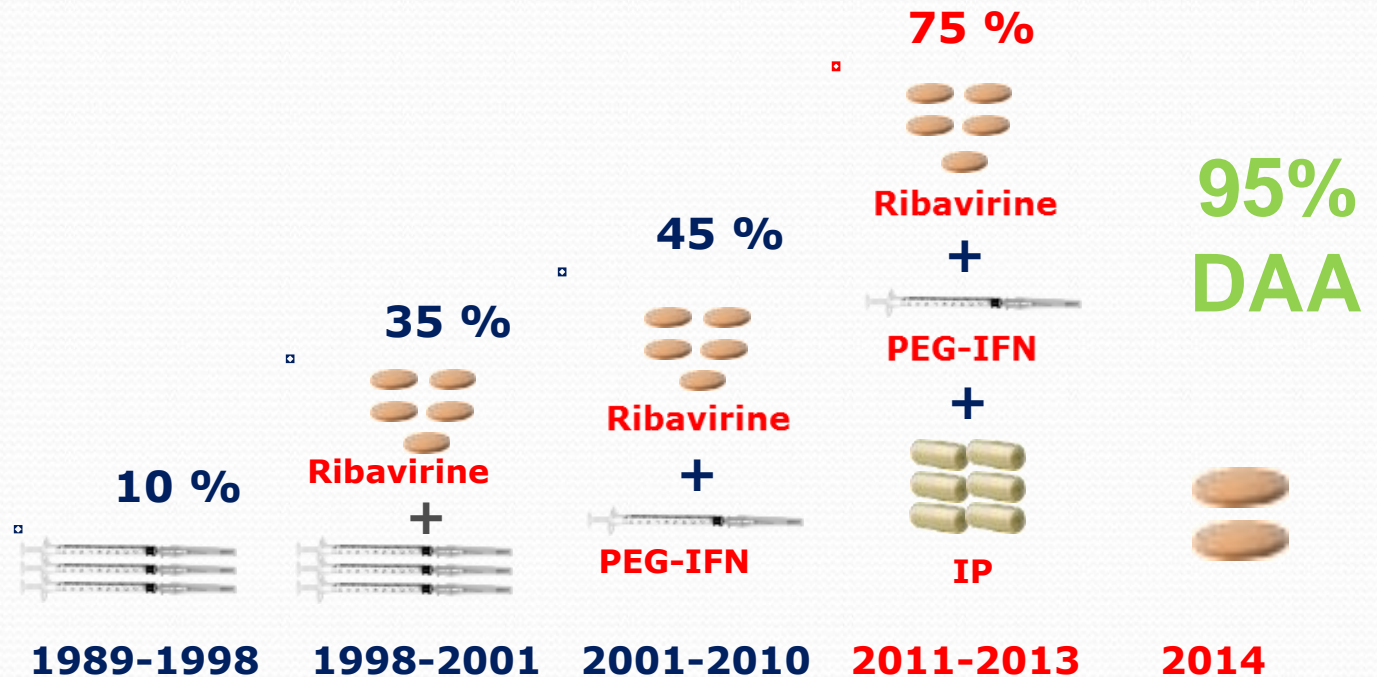
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HEPATITIS MOBILE TEAM



Evolution of treatment of hepatitis C

Rate of SVR (%)



HCV in France

- ❑ 150-200 000 HCV patients
- ❑ 75000 no diagnosed patients
- ❑ 40-60 000 who wait for treatment
- ❑ 30-35 000 cured patients
- ❑ Number of treat patients
 - ❑ 2012 → 12000
 - ❑ 2013 → 6000
 - ❑ 2014 → 10800
 - ❑ 2015 → 14000

French guidelines February 2016

1/ Treat all patients with liver fibrosis
F2 F3 F4

And..

2/ Treat all drugs users and inmates
even if no liver fibrosis

➔ 100% of french UD / inmates
have to be treated for HCV infection!

Guidelines AFEF February 2016



Who to treat? ACCESS TO TREATMENT IS A UNIVERSAL GOAL SHORT TERM

1. Treatment is recommended regardless of the fibrosis stage in patients at risk of transmitting HCV (A)
 - Drug users parenterally and intranasally
 - Men who have sex with men, with unsafe sex
 - Inmates patients
2. In the short term, universal treatment should be part of a comprehensive care: screening, management of comorbidities, prevention of recontamination (A)

2016 HMT composition

- 1 Hepatologist
- 1 Nurse coordinator
- 3 others nurses (2 for therapeutic education)
- 1 Secretary
- 2 Social worker
- 2 Health care workers

HEPATITIS MOBILE TEAM

- 3 specific cars
- 3 Fibroscan
- POCT HIV/HCV/HBV



Our tools



PARTNERS ORGANIZATIONS



HEPATITIS MOBILE TEAM

Associative sector

Patients association
Psychoeducative network
Hepatitis network

Hospital services

- Asylum medical unit
- Jailhouse medical unit
- Primary care access unit
- TB unit
- Addictology service
- Gastroenterology service
- Medical duty home

Psychiatric Hospital

- One Day hospital and Psychiatric Mobile Team
- Mao – psychiatric diagnosis and orientation module

Outside hospital

- Methadon centers
- Low threshold drug center
- Housing units
- Therapeutic Coordination Apartment
- Day reception and home association

PARTNERS ORGANIZATIONS



**HEPATITI
MOBILE TEAM**

**Association
sector**

Patients association
Psychoeducative network
Hepatitis network



hospital

- housing units
- Therapeutic Coordination Apartment
- Day reception and home association

medical unit
medical unit
are access unit

gy service
erology service
uty home

One Day hospital and
Psychiatric Mobile
Team
Mao – psychiatric
diagnosis and
orientation module

centers
old drug center

PARTNERS ORGANIZATIONS



**HEPATITI
MOBILE TEAM**

**Associati
sector**

Patients association
Psychoeducative network
Hepatitis network



**500 000
people
area**

hospital

medical unit
medical unit
are access unit

gy service
erology service
uty home

One Day hospital and
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orientation module

centers
old drug center

- housing units
- Therapeutic Coordination
Apartment
- Day reception and home
association

12 SERVICES « à la carte »

☐ Early detection

1. **Screening / Point of Care Testing POCT (HIV HBV HCV)**
2. **Green thread: new outside POCT and FIBROSCAN***
3. **Outreach open center**

☐ Linkage to care and fibrosis assesment

4. **Social screening and diagnosis (EPICES score)**
5. **Mobile liver stiffness Fibroscan* (indirect measurement of liver fibrosis) in site**
6. **Advanced on-site specialist consultation**
7. **Staff training**

12 SERVICES « à la carte »

☐ Access to treatment

8. Free mobile phones (increase link with HMT)

9. Easy access to pre-treatment commission (“RCP”) with hepatologists, nurse, pharmacist, social worker, GP, psychiatric and/or addictologist..

☐ Follow up during and after treatment

10. Individual psycho-educative intervention sessions

11. Collective educative workshops

12. Drug users information and prevention

12 SERVICES « à la carte »

- ⑨ Hepatitis mobile team offers hotlines "all in one"
- ⑨ Each structure according to its needs can choose actions it wishes to include in its draft
- ⑨ For 1500 potential outpatients



Activity 2013-2015

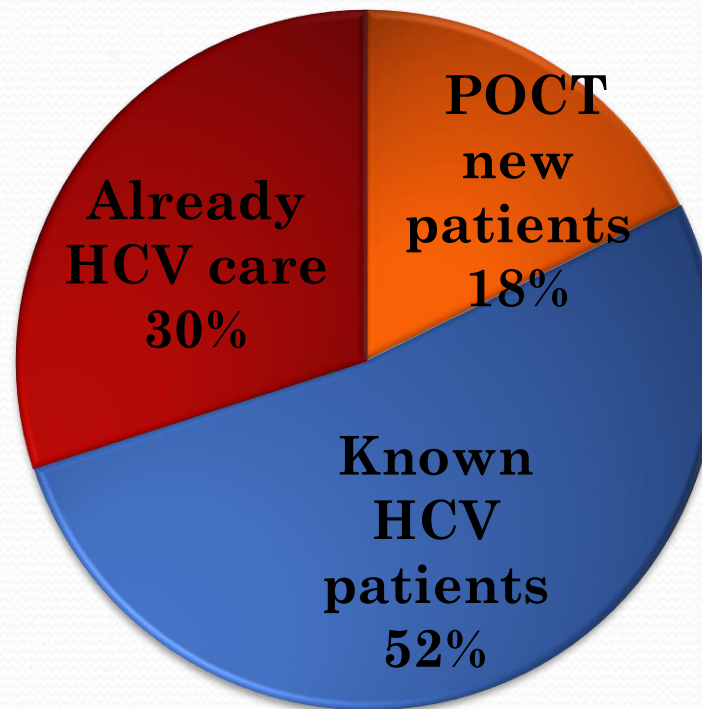
- 1485 patients seen once
- 2056 POCT done
- 944 POCT VHC done
- 16,5 % HCV positive patients in 2015
- 878 fibroscan realized (414 in 2015)
- 68 HCV known patients VHC return to care in year 2015
- 93 cured patients

Point Of Care Testing

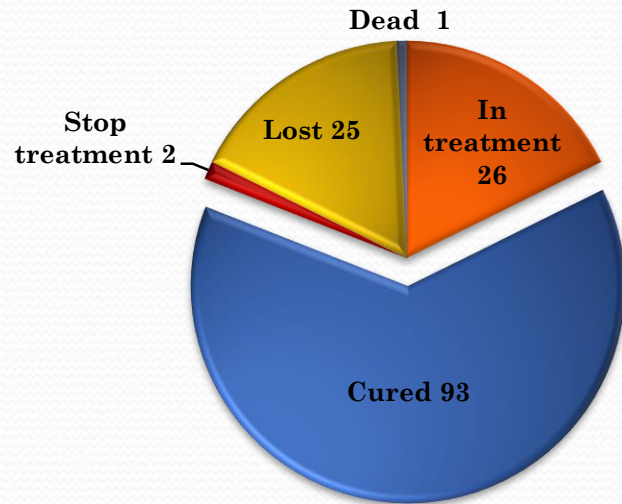
- ➔ POCT HCV / HIV / HBV
- ➔ Alternative to blood test, but in case of positive test, a blood test confirmation is necessary
- ➔ Quick on digital puncture
- ➔ Immediate results
- ➔ Free, renewal of HCV/ HIV status as soon as necessary
- ➔ Do not detect the primary infection



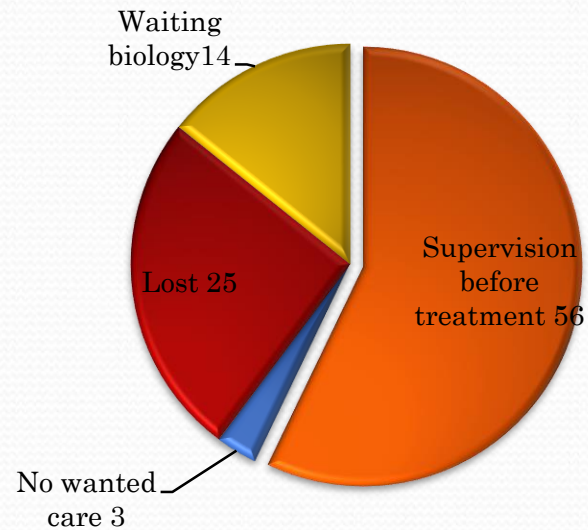
Screening results 2015



Clinical pathway of patients



Patients waiting treatment

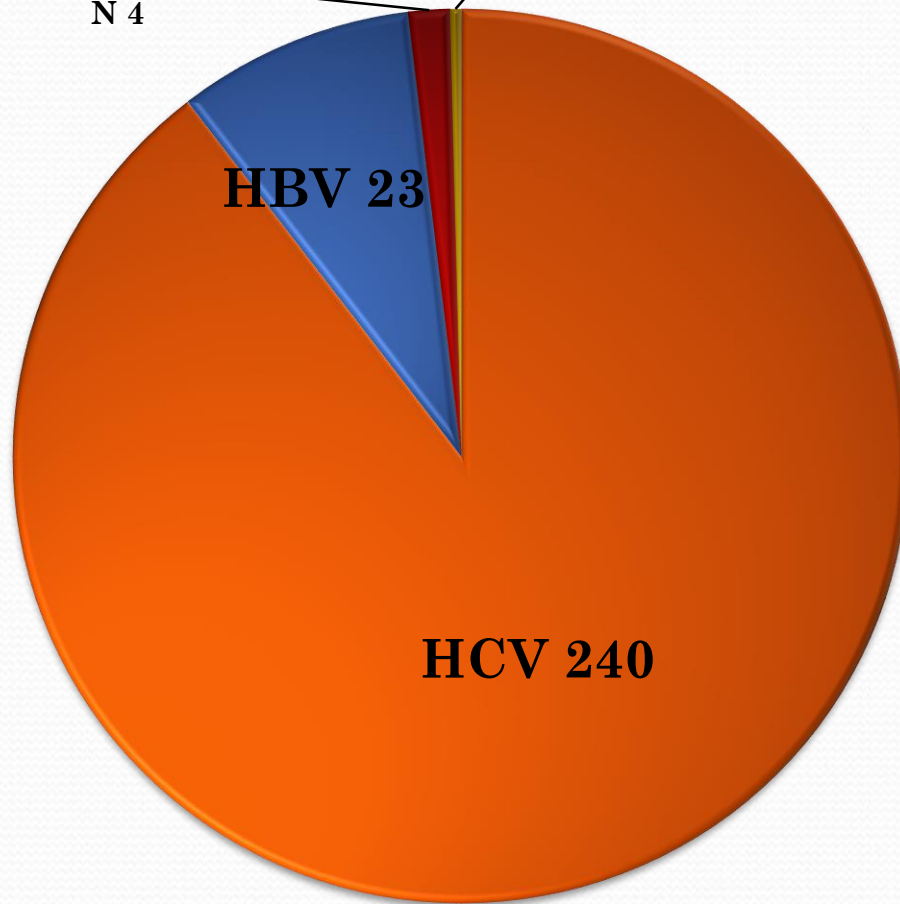


HIV HCV
COINFECTION
N 4

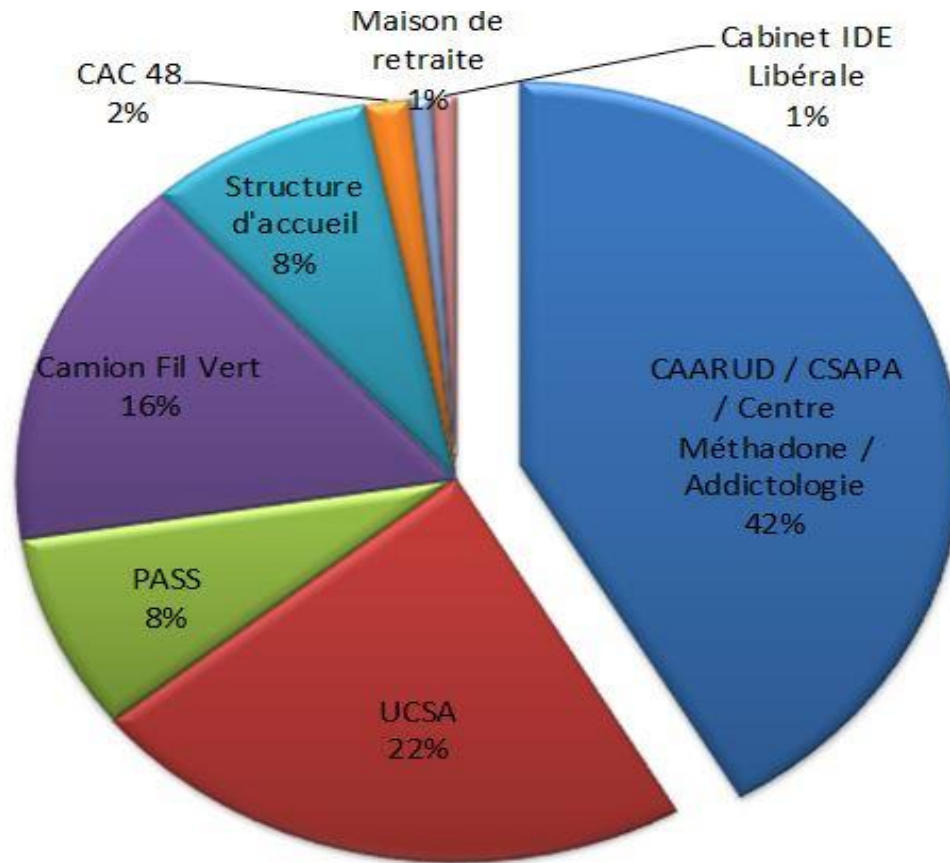
ALCOHOL
L 1

HBV 23

HCV 240

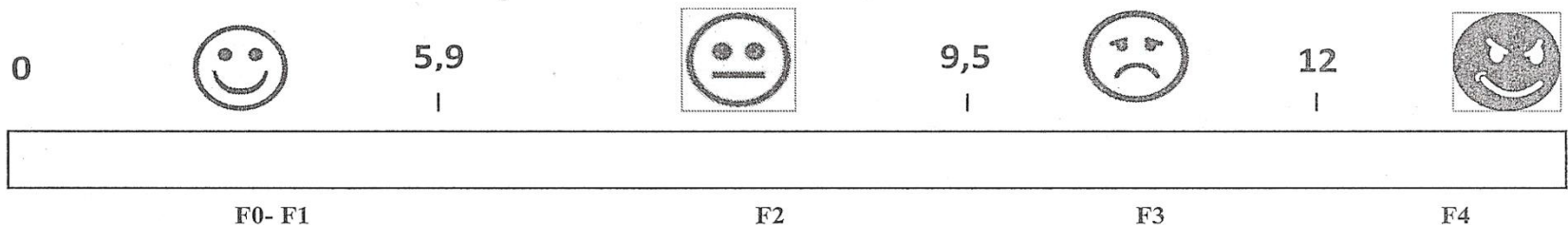


HCV rate according to various places



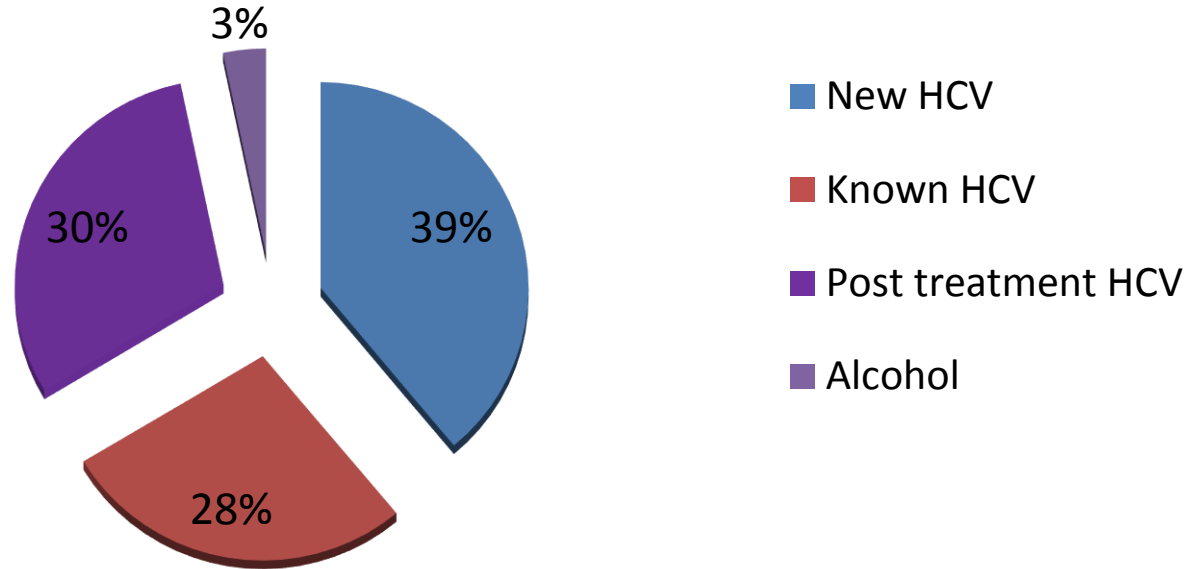
Mobile FIBROSCAN

- Liver stiffness = measurement of hepatic elasticity to detect liver fibrosis and liver cirrhosis diagnosis
- Uninvasive testing with rapid results, combined with POCT
- Performed by a nurse trained in the framework of a Memorandum of Cooperation (HSPT-Law Article 51)



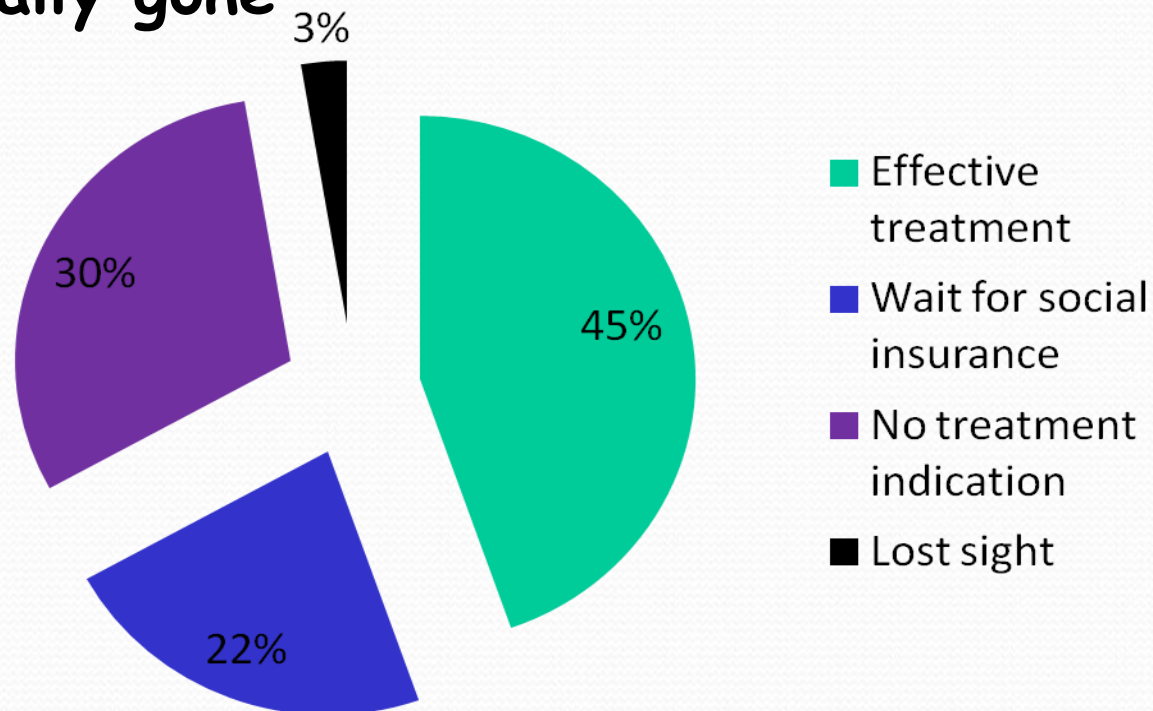
Mobile FIBROSCAN: results

878 FIBROSCAN*



Advanced on-site specialist consultation

- 234 patients were addressed to advanced on-site specialist consultation
- 182 really gone



Access to pre-treatment commissions

- Imposed by Health Ministry before all DAA treatment
- 33 agreed hepatitis center (30 teaching hospitals and 3 non teaching hospitals like Perpignan)
- with hepatologists, nurse, pharmacist, social worker, GP, psychiatric and/or addictologist..
- Since september 2014
- Average of 12 participants per session
- Average of 27 cases per month



THERAPEUTIC EDUCATION

PSYCHO-EDUCATIVE INTERVENTION

Promote compliance, continuity, monitoring treatment

Training for
DAA
compliance

Management
of side
effects

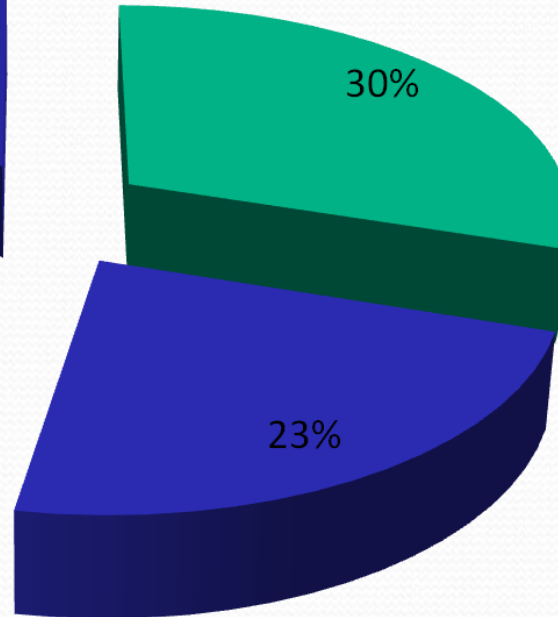
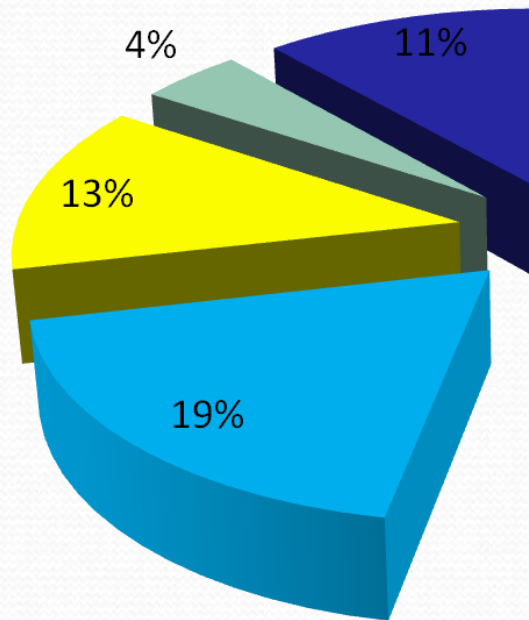
Monitoring of
medical
examinations

Exchange
time with a
nurse who is
listening to
the patient

Medical
reports send
to the
specialist
then to the
doctor with
the patient's
consent

Therapeutic education psycho-educative intervention results

Site of face to face sessions



HMT

Jailhouse

Primary access
unit

methadon
centers

needle exchange
program

at home

180 Face to face
sessions

175 Phone sessions

Other tool for educative program translation phone service



Collective educative workshops

- 3 sessions of 4 workshops 2014-2015
- 90 participants
- 4 types of workshop per session
 - Nurse
 - Psychologist
 - Relaxation therapist
 - Dietitian
- 15 patients / session



Staffs training



- 3 times per year for general
- 9 sessions since december 2013
- 25 to 60 participants
- Average 37 participants
- From day to day sessions to medical and social workers of partner structures specially drugs workers and homeless workers

TEAM MOBILE HEPATITIS - A local service for you

MAIN MISSIONS

- ⇒ Improving the care pathway of a person with chronic B or C hepatitis and increasing the number of patients cared for and treated for viral hepatitis.
- ⇒ Securing the monitoring HCV treatment (dual or triple therapy)

SPECIFIC MISSIONS

- ⇒ Implement hotlines screening "while 1" through TROD and FIBROSCAN.
- ⇒ Establish information on hepatitis and modes of contamination hotlines .
- ⇒ Reiterate the importance of anti HBV vaccine.
- ⇒ Develop new therapeutic education process (FTEs) to ensure continuity of care and accompany the patient management in undesirable effects

SCREENING - WHICH TOOLS ?

1 - THE TROD (OQTD)

- * Orientation Quick Test to Diagnostics,
- * Reliable results, fast, result in 20 minutes,
- * One drop in enough,
- * Can detect HCV greater risk when driving at 3 months (primo infection not detectable),
- * Cant detect HIV (possible according to the wish of the structure and/or patient).



Its advantages :

- * No patients lost between collection and delivery of results.
- * Little painful for the person screened.
- * Renewal of knowledge of HIV status as well as we need.

2 - FIBROSCAN MOBILE

- * Elastography impulse controlled vibration,
- * Measurement of Hepatic elasticity for detecting liver fibrosis and liver cirrhosis diagnosis,
- * Indicatec in viral hepatitis and / or alcohol,
- * Non invasive testing with rapid results.



MONITORING TREATMENT

- * The Memorandum of Therapeutics Patient Education (MTPE),
- * 5 or 7 therapeutic education sessions during the treatment,
- * 1 pre-session before the therapeutic treatment,
- * 1 evaluation session at the end of treatment
- * Individual interviews, formalized,
- * Hotline,
- * Accounts - Reviews sent to all stakeholders meetings, medical and para-medical agreement with the patient, allowing better transmission of information.

WHAT GOALS ?

- Individualizing care screening follow-up treatment,
- Promotion access to care for the vulnerable population,

WHAT RESULTS ?

- The three phases of the patient with hepatitis C are covered :

- ⇒ Screening and diagnosis of hepatitis,
- ⇒ Preparing the treatment of hepatitis C,
- ⇒ Followed by treatment of hepatitis C.

Green thread

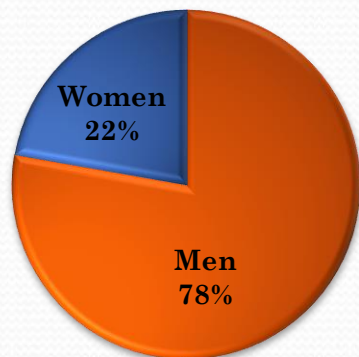
- Specific converted trucks for DOCT / FIBROSCA
- For homele
- 4 different
- 5-15 people
- Sociological evaluation

11% of HCV positive people

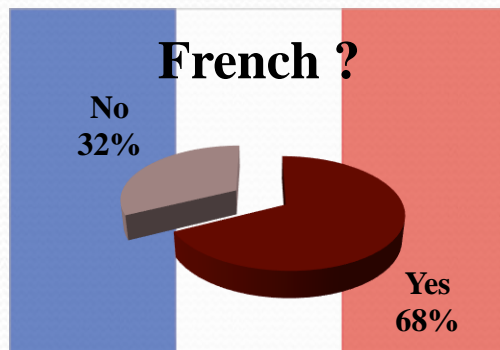


GREEN THREAD RESULTS

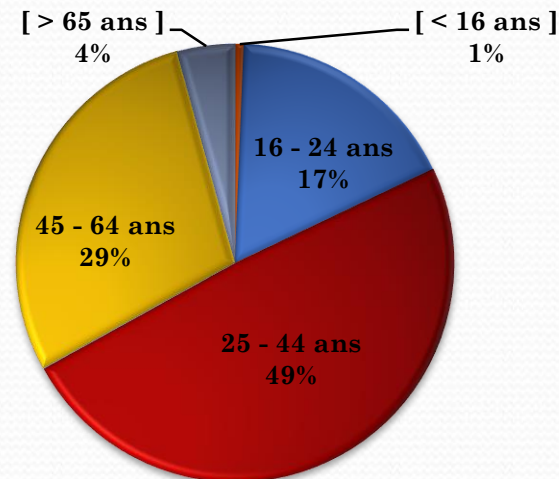
Type of people



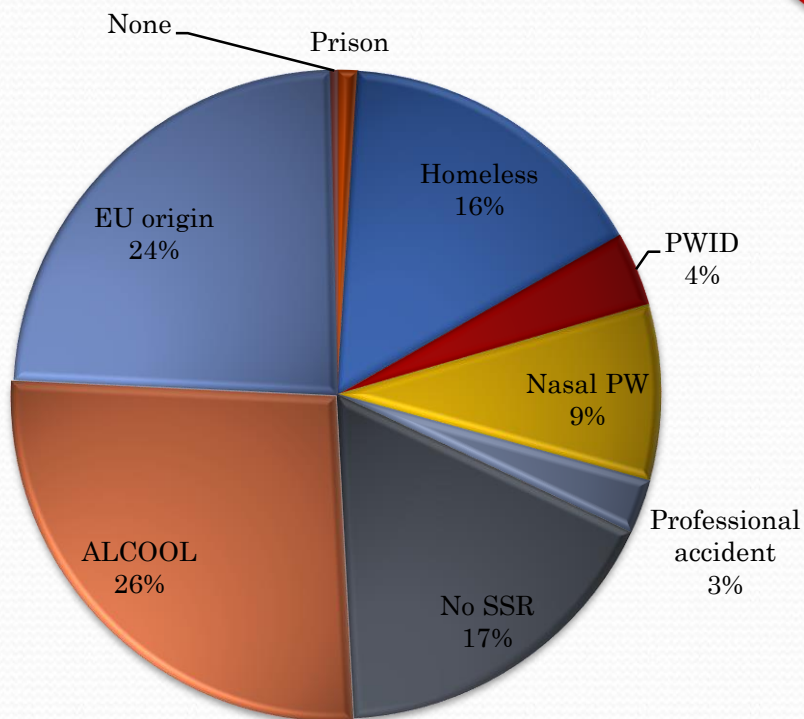
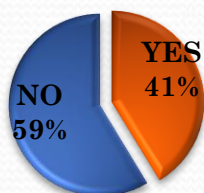
French ?



Age



First screening ?



Patients' words

- ☐ Free access
- ☐ Closeness (outside hospital)
- ☐ Speed (of the results)
- ☐ Availability (of nurse and social workers)

Highlights

- Reactivity of supported when 1st call structures (Fibroscan within 2 days) and rapid specialist consultation (within 3 days) and active dynamic patient care → Easy link between outside structures and hospital hepatology unit
- Extension of screening for outpatients, which complements existing screening offer → proximity screening to precarious patients and drug users living places → geographical or social white areas
- Innovative concept that promotes the return of known HCV patients in circuit of care by facilitating access to Fibroscan then specialist consultation
- Training and coaching people in precarious with teams investment and adherence to project to increase number HCV patients supported, treated and cured

Conclusions

We need to provide services that meet the needs of high risk groups because treatment of DU was Ethical, Successful, and Useful



THANK YOU FOR YOUR ATTENTION!

