

**4<sup>th</sup> HEPATITIS C**  
TECHNICAL ADVISORY  
GROUP  
**TAG Meeting**

# **DECENTRALIZATION OF HCV TREATMENT IN HARM REDUCTION SETTINGS**

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# Background

- **PWID are a major source of the burden of HCV in the country as documented by the national HCV sero-survey conducted in 2015**
- **Recent modeling indicates that priority treatment of PWID is needed to reach the elimination goals**

# Milestones of HCV treatment integration initiative with HR services

## *April, 2016*

- Meeting on integration of HCV treatment with harm reduction services – during EASL meeting, Barcelona

## *June, 2016*

- Meeting of ECHO and CDC team with civil society representatives and NCDC at HRU/NEOLAB to discuss HCV treatment integration with HR services
- TAG recommendations

## *December 2017*

- First meeting on HCV treatment decentralization at MOH
- MOH/CDC document draft regarding HCV treatment decentralization

## *March 2018*

- The session on integrating HCV treatment with HR services at the 5th National Hepatitis C Elimination Workshop

# MOH Decentralization working group

## Decentralization Effort

Objective: Decentralization of HCV treatment and care services.

## Oversight & Coordination Group

Objective: Coordination and management of the decentralization effort. Final decisions made by this group and approval sought from appropriate institutions

Primary Health Care/Hospital Group

Harm Reduction Group

Objective: Development of a practical model of care to be implemented at designated health care sites. Presentation of plan to oversight group.

# Challenges to Address

- Simplified Diagnostics and Treatment guidelines/algorithms
- Ensure Laboratory and Diagnostics integration
- Develop and Disseminate SOPs
- Develop Curriculum for Harm Reduction Centers
- Initial and Continued (CME) Training for Harm Reduction staff

# Challenges to Address (cont.)

- Use of ECHO platform to facilitate training when applicable
- Develop necessary information systems/modules to support decentralization projects into the national Elim-C database
- Develop reasonable minimum criteria required for facilities to provide services to HCV patients
- Incorporate lessons, findings from harm reduction center related pilot projects into practical model/action plan.

# Concerns related to integrating HCV treatment with HR services

- Unwillingness of HR center personnel
- Low trust among patients and preference to be treated at specialized clinics
- Quality of treatment and poorer outcome

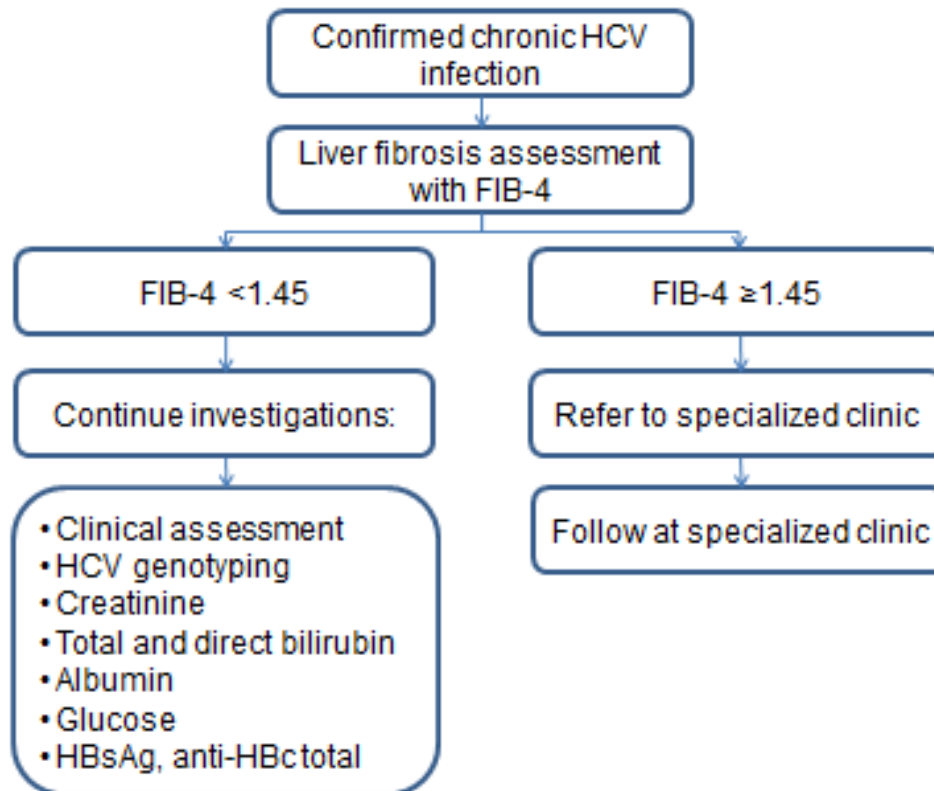
# **Study to evaluate barriers of integrated care**

*Funded by CDC/TEPHINET*

- KAP survey of OST/NSP personnel on HCV care integration to evaluate readiness of health personnel to provide HCV care at OST/NSP sites.
- Qualitative evaluation of HCV treatment integration to understand barriers and challenges of HCV integrated care
- Patient satisfaction survey
- Chart review form for patients enrolled in integrated care services



# Simplified Algorithm of pre-treatment diagnostics



# Simplified Treatment Monitoring Algorithm

Simplified treatment monitoring procedures				
Measurements	Treatment Duration (weeks)			After treatment completion (weeks)
	4	8	12	12 or 24
Clinical assessment	X	X	X	X
HCV RNA quantitative				X
Complete blood count	X*	X*	X*	
ALT	X	X	X	

\* only for patients receiving Ribavirin containing regimens

# Pilot project

## Integration of HCV treatment with harm reduction services

*Funded by CDC*

# Goal and Objectives

**The goal of this project is to integrate HCV treatment with harm reduction services at four OST/NSP sites in different regions of Georgia**

## ***Objective 1***

**To provide three NSP sites with security equipment to meet the MOH requirements to the facility for enrollment in HCV treatment**

## ***Objective 2***

**To train personnel of NSP/OST sites enrolled in HCV treatment**

## ***Objective 3***

**To introduce simplified testing algorithm among patients treated at harm reduction sites**

## ***Objective 4***

**To monitor diagnostic and treatment process and to establish ECHO teleconsultations with the Hub**

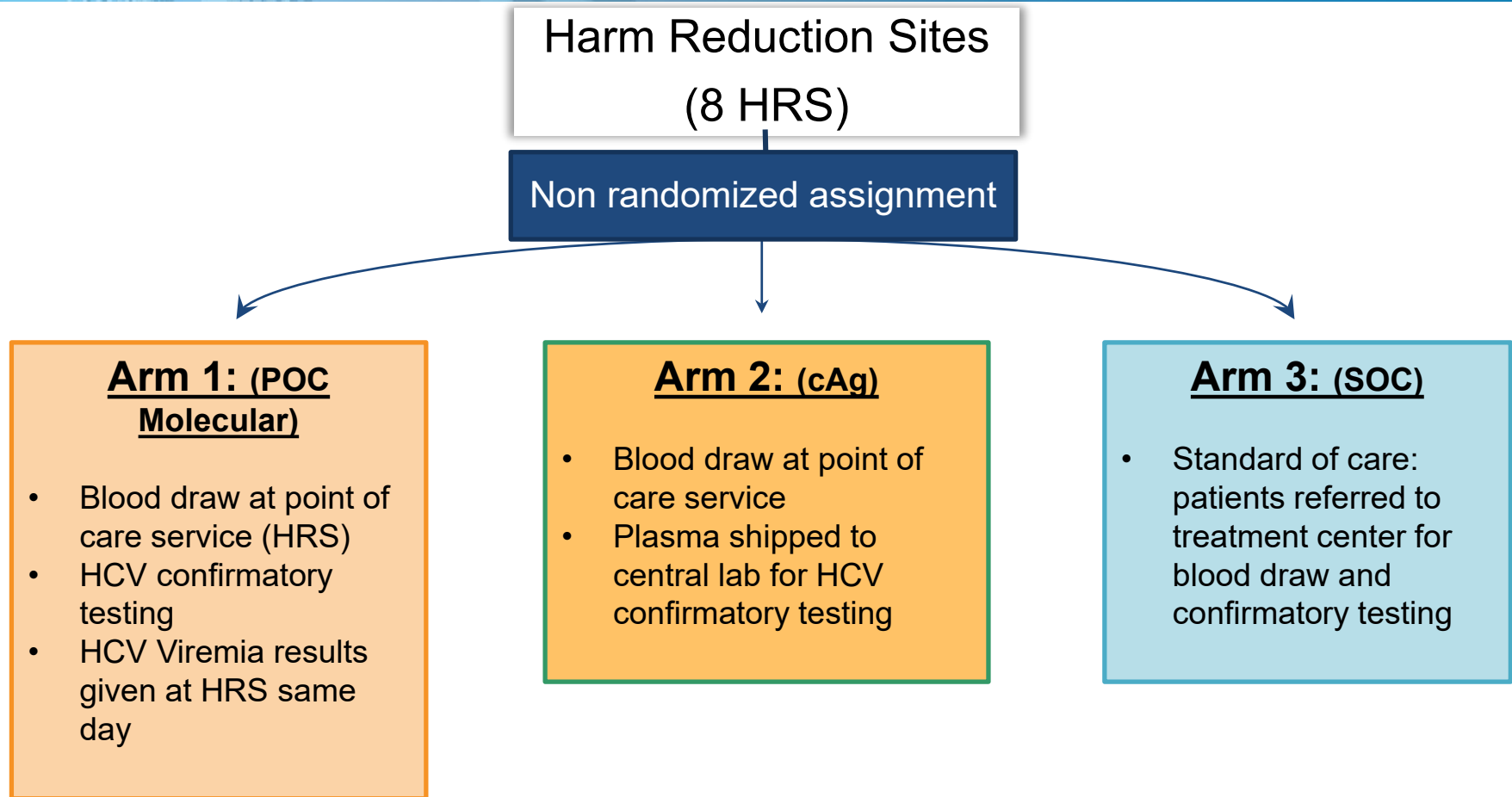
# **FIND project**

- **From Jan 2018, FIND project “Feasibility, acceptability, effectiveness and cost-effectiveness of models of HCV viremia testing for confirmation and cure among people who inject drugs in Georgia”**

# HRS sites included in study



# Study design



# Activities

## Facilitate enrollment in treatment program for 4 sites with different services:

- **2 sites in western Georgia (in Zugdidi and Batumi) and 1 site in Tbilisi having on-site RNA testing (FIND study site, arm 1)**
- **One private OST site (using suboxone) with low linkage to HCV care rate**



# Activities

- **3 NSP sites were provided with security equipment (security camera, alarm system, safe boxes) to meet the MOH eligibility requirements**
- **1 private OST center was already equipped with security equipment**

# Training

- 4 training rounds for different staff was conducted:
  - ***Physicians***
  - ***Registration staff***
  - ***Medication release staff***
  - ***Managers***

# Simplified regulations

- **The project needed simplified regulations from MOH to make possible treatment integration at HR centers taking few months resulting in delay of project activities**
- **Physicians on site were contracted**
- **Simplified diagnostic and monitoring algorithm was introduced**
- **Contracts with elimination program provider clinics were made**

## Current status

3 sites already started enrollment of patients

- Zugdidi HR center Xenoni -18 patients
  - New Vector –
  - Batumi Imedi – Started this week, 3 patients enrolled
- 1 center is starting enrollment from December.

# Current status

- **Continuous, daily support in the process of registration, clinical and managerial issues is provided by HRU/NEOLAB staff**
- **ECHO teleconsultations not started yet**

# Challenges/Next steps

- To make regulatory requirements from MOH more standardized and flexible to meet HR centers needs
- To expand HCV integrated treatment services at other HR centers

***Funding needed for appropriate infrastructure***

# Acknowledgements

- TEPHINET
- CDC
- MOH
- NCDC
- GHRN