



Defense Health Agency (DHA) Clinical Communities Speaker Series

Resource List – May 2020

Review of Current Trends and Best Practices in Primary Care

Hepatitis C for Primary Care: From Diagnosis to Cure and Beyond

Each week, health departments report cases of Hepatitis A, Hepatitis B, and Hepatitis C to the Centers for Disease Control and Prevention (CDC) through the National Notifiable Diseases Surveillance System (NNDSS). CDC aggregates the information to conduct ongoing viral Hepatitis surveillance nationwide. Refer to the [United States Surveillance for Viral Hepatitis](#) for full reporting, definitions, risk factors, and data sources.

Recent advances in the efficacy and tolerability of hepatitis C treatments and the introduction of a universal access scheme for the new Direct Acting Antiviral (DAA) therapies in March 2016, has resulted in a rapid increase in the uptake of hepatitis C treatment in Australia. Despite these positive developments, recent data suggest a plateauing of treatment numbers, indicating that more work may need to be done to identify and address ongoing barriers to hepatitis C treatment access and uptake. This paper aims to contribute to our understanding of the ongoing barriers to DAA therapies, with a focus on people who inject drugs. The study, [Beyond Interferon Side Effects: What Residual Barriers Exist to DAA Hepatitis C Treatment for People who Inject Drugs?](#) findings show that residual barriers to DAA treatment exist at personal, provider and system levels and include poor venous access, DAA treatments not considered 'core-business' by opioid substitution treatment (OST) providers, and patients having to manage multiple health and social priorities that interfere with keeping medical appointments such as childcare and poor access to transport services. Further, efforts to increase access to and uptake of DAA hepatitis C treatment over time will require a focus on reducing stigma and discrimination towards people who inject drugs as this remains as a major barrier to care for many people

Ease of use, efficacy, and favorable side effect profiles of current Hepatitis C (Hep C) treatments has increased utilization. However, given the price-tag of newer regimens there is an increased focus on ensuring patients receive the most appropriate regimen for the shortest duration to achieve sustained viral response (SVR). Conclusions in the article, [Specialty Pharmacy Patient and Provider Engagement Improves Hepatitis C Outcomes](#) noted that the catalyst to achieving optimal patient outcomes is strong provider and patient engagement that addresses social, medical, and financial barriers. Patient engagement is critical to ensure patients are ready to initiate and complete therapy. Provider engagement allows for better collaboration on appropriate therapy choice and sharing of clinical outcomes to measure treatment success. Both components ensure a high rate of treatment success.

To achieve the World Health Organization Hepatitis C virus (HCV) elimination targets, it is essential to increase access to direct-acting antivirals (DAAs), especially among people who inject drugs (PWID). The authors aimed to determine the effectiveness of providing DAAs in primary care, compared with hospital-based specialist care. The authors of the article, [Outcomes of Treatment for Hepatitis C in Primary Care, Compared to Hospital-based Care: A Randomized, Controlled Trial in People Who Inject Drugs](#) concluded that providing HCV treatment in primary care settings increases treatment uptake and cure rates.



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References

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