

Development and piloting of a case management approach for the diagnosis, management, and treatment of hepatitis C virus infections among patients in opioid substitution treatment

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<p>Background</p> <ul style="list-style-type: none"> • Opioid substitution treatment (OST) provides an excellent opportunity for the diagnosis, monitoring, and management of hepatitis C virus (HCV) infections, due to the close contact and regular meetings of medical staff and patients. • Nevertheless, HCV treatment rate of patients in OST is lower than that of individuals not in OST (1, 2). • A recent survey revealed that only two thirds of OST practices regularly test the HCV status of their patients (3). • This indicates that the S3-guidelines for the prevention, diagnosis and therapy of HCV infections (4) are not optimally implemented in OST. 	<p>Methods</p> <pre> graph TD A[Interdisciplinary approach (e.g., work groups)] --> B[Develop HCV-CM manual and training curriculum] B --> C[Provide training and manual to 5 Case Managers] B --> D[Provide only the manual to 5 Case Managers] C --> E[Implement HCV-CM concept in 10 OST clinics (6 months)] D --> E E --> F[Evaluate feasibility and acceptability] </pre>
<p>Goals</p> <ul style="list-style-type: none"> • Goal: Development and piloting of a HCV-specific Case Management (HCV-CM) approach for patients in OST. • Case Managers will ensure the proper implementation of S3-guidelines with regard to the diagnosis, monitoring and treatment of HCV infections. They will also function as the coordinating link between clinicians and patients, and as the contact person for patients. • Objective: To improve HCV treatment uptake, adherence and completion. • Foundation: A HCV-CM manual and training curriculum. 	<p>Work to be done</p> <ul style="list-style-type: none"> • An in-depth interview with an experienced psychosocial supporter will be conducted to define the competencies and tasks of case managers. • Development of the HCV-CM manual and training curriculum. • The manual will be sent to ten appointed case managers. • Five case managers will receive an additional training session, in order to later assess whether a training improves outcomes, or whether the manual is effective on its own. • Testing of the HCV-CM concept in 10 OST clinics based on implementation requirements (e.g., needs assessment, monitoring). • Qualitative and quantitative assessment of feasibility and acceptance of the HCV-CM concept.
<p>Work completed to date</p> <ul style="list-style-type: none"> • A number of meetings were held with experts in the field of addiction and HCV-treatment, discussing the concept and purpose of a case manager in this particular setting. • An interdisciplinary work group with clinicians and psychosocial supporters was organized. The group performed a system evaluation to identify common problems that arise when treating HCV-infections among OST patients, and to determine tasks of potential case managers. 	<p>Acknowledgements</p> <ul style="list-style-type: none"> • This research is supported by an unrestricted educational grant by GILEAD.
<p>References</p> <ol style="list-style-type: none"> 1. Mehta et al. (2008). Limited uptake of hepatitis C treatment among injecting drug users. <i>J Commun Health</i>, 33(3), 126-133. 2. Grebely et al. (2009). Low uptake of treatment for hepatitis C virus infection in a large community-based study of inner city residents. <i>J Viral Hepatitis</i>, 16(5), 325-328. 3. Schulte et al. (2013). Structural barriers in the context of opiate substitution treatment in Germany – a survey among physicians in primary care. <i>Subst Abuse Treat Prev Policy</i>, 8, 1-10. 4. Sarrazin et al. (2010). Update der S3-Leitlinie Prophylaxe, Diagnostik, und Therapie der Hepatitis-C-Virus (HCV)-Infektion AWMF-Register-Nr.:021/012. <i>Z Gastroenterol</i>, 48(2), 289-351. 	