



Venezia Mestre, 25 giugno 2019

# CONVEGNO NAZIONALE

La gestione dell'infezione da HCV nel  
consumatore di sostanze: where is the gap?

Chair Felice Alfonso Nava



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La gestione dell'infezione da HCV nel consumatore di sostanze: where is the gap?

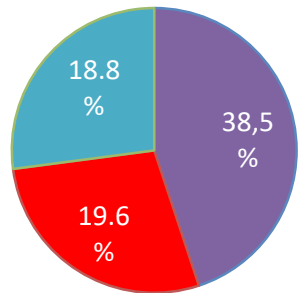
**PWID e infezione da HCV un anno dopo:  
nuove strategie e prossimi obiettivi**

**Felice Alfonso Nava**

# The Epidemiology of HCV in Italy in “Special Population”

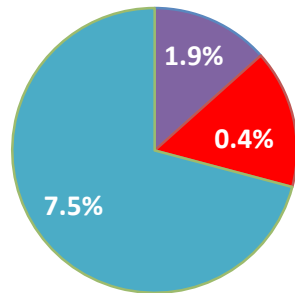
Italian PWID <sup>1</sup>				
~450,000	~150,000	~300,000	~27%	>70%
High-risk drug users	Drug users in treatment	Drug users that need treatment	Injecting drug users in treatment	Polydrug users

Tested patients in SerD<sup>2</sup>



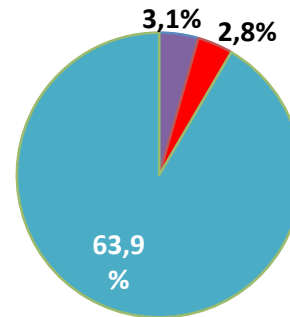
■ HIV ■ HBV ■ HCV

Positive patients in SerD<sup>2</sup>



■ HIV ■ HBV ■ HCV

Positive patients in DAVIS study (N=543)<sup>3</sup>



■ HIV ■ HBV ■ HCV

HCV-positive detainees<sup>4</sup>

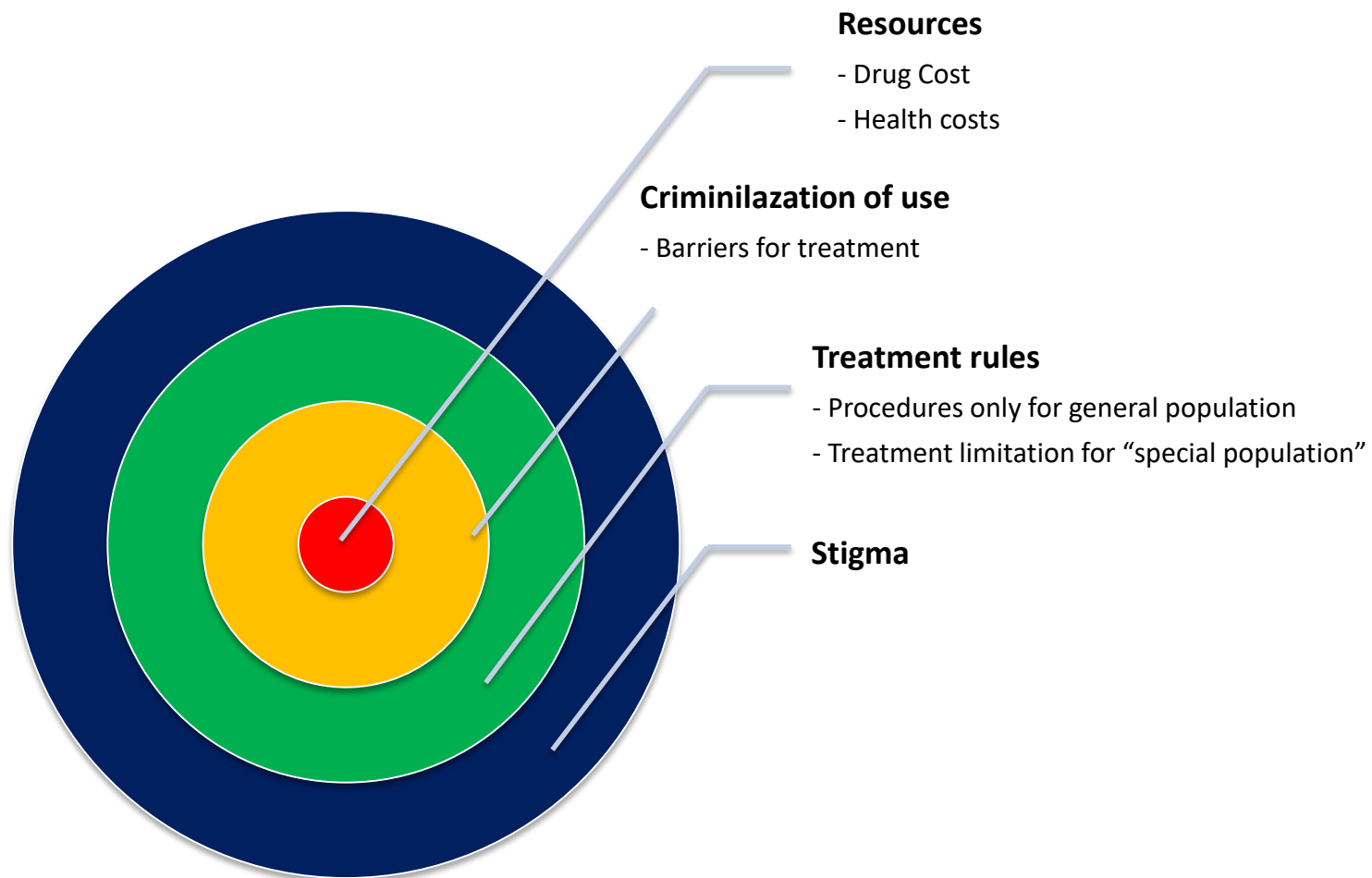


22–38% HCV positive

1. Nava FA, et al. Italian Quarterly Journal of Addiction 2018;Mission 49:56–61; 2. Annual report to the Parliament 2017 on the status of drugs in Italy. Available at: [www.politicheantidroga.gov.it/media/2439/relazione-al-parlamento\\_2018.pdf](http://www.politicheantidroga.gov.it/media/2439/relazione-al-parlamento_2018.pdf) (accessed October 2018);

3. Stroffolini T, et al. J Med Virol 2012;84:1608–12; 4. Zampino R, et al. World J Hepatol 2015;7:2323–30

# Structural Barriers



Wolfe D. et al. Int. J. Drug Policy, 2015; 26: 1072-80

# Operational Barriers



## Patient's correlated

- Anawareness
- Behavioural disorders
- Social and aconomic difficulties
- Weak relationship with doctors
- Stigma
- No motivation to change



## Doctor's Correlated

- Anawareness
- Concern on adherence and reinfection
- Lack of a clinical network
- Lack of communication between spcialists



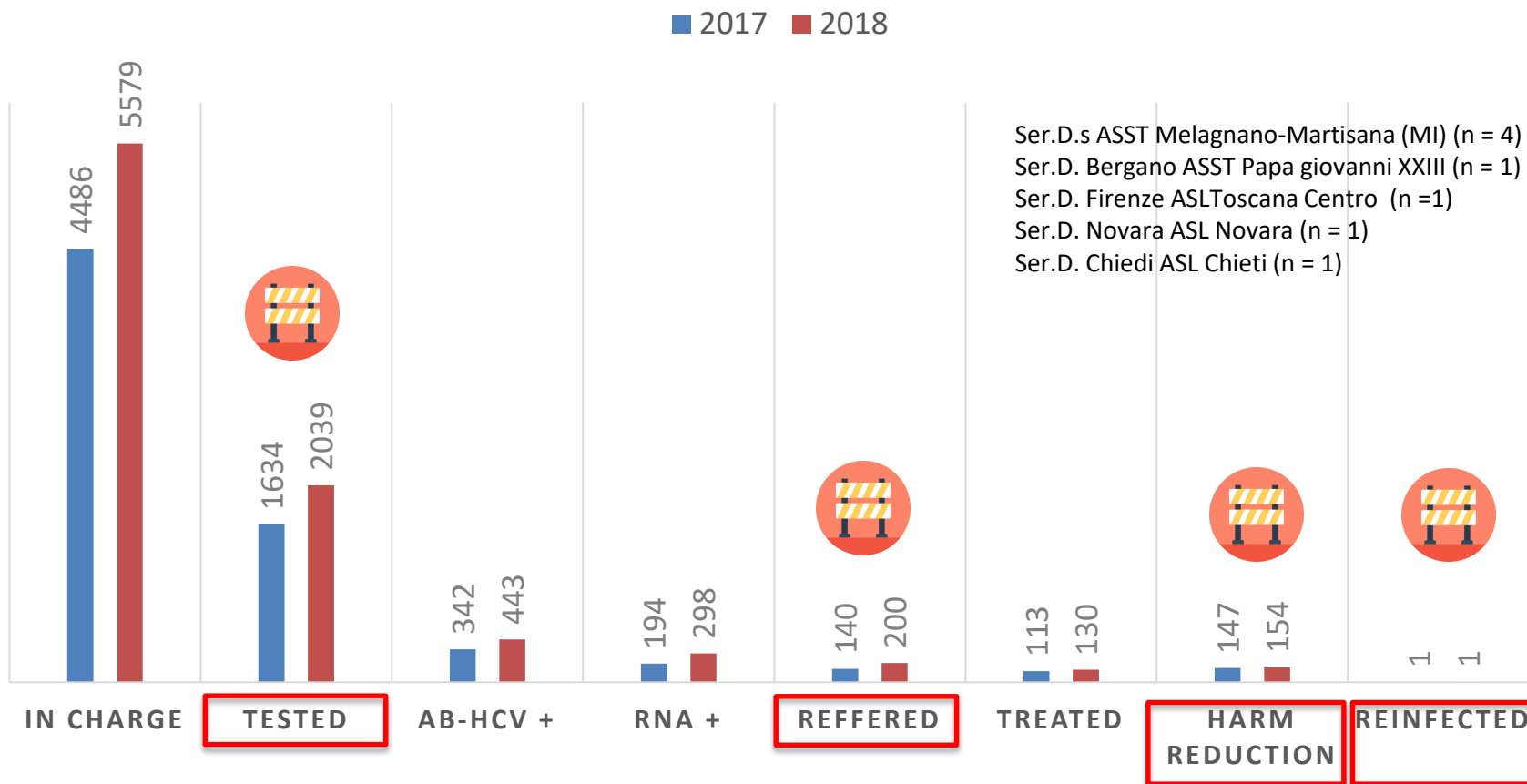
## System's correlated

- Lack of resources
- Lack of specialist collaboration
- Distannce between clinical centers
- No blood collection centers
- No procedures or guidelines

F.A. Nava, Personal Communication

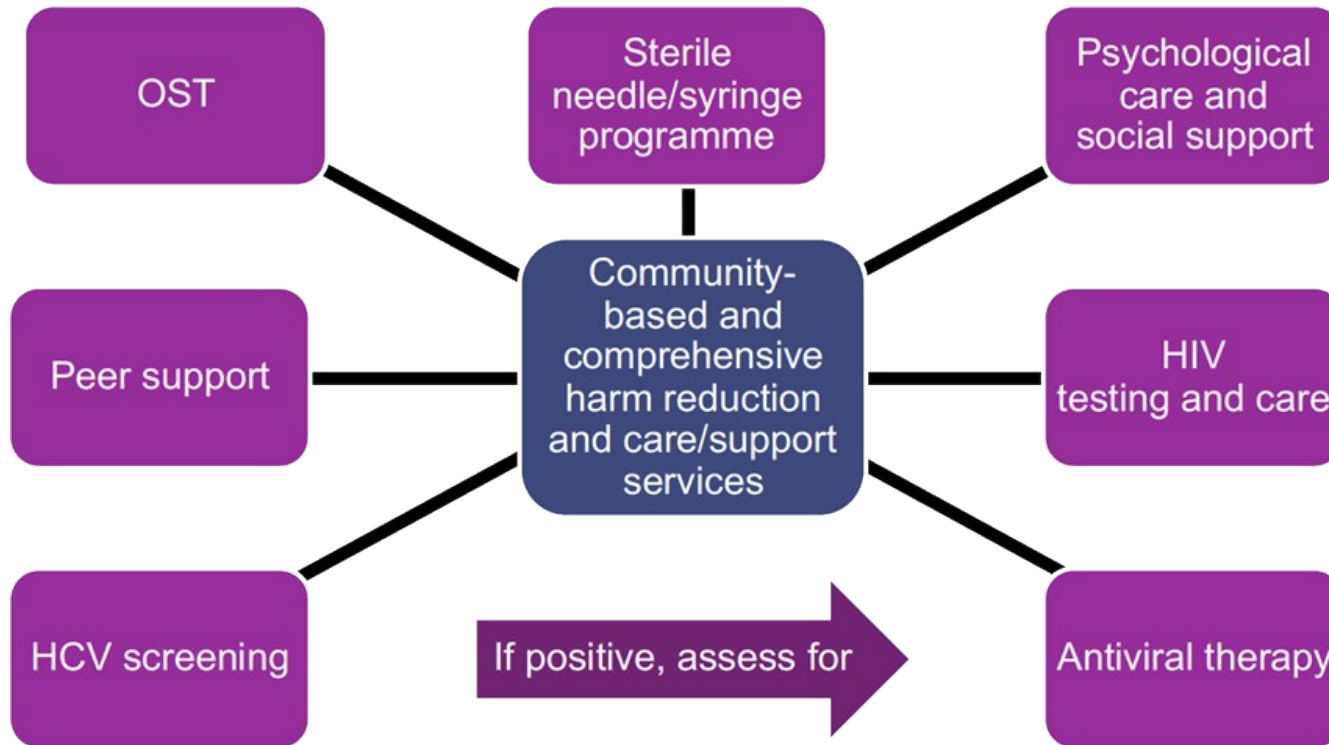
# Italian Barriers

CASCADE OF HCV CARE IN SER.D.S (SCUDO STUDY)



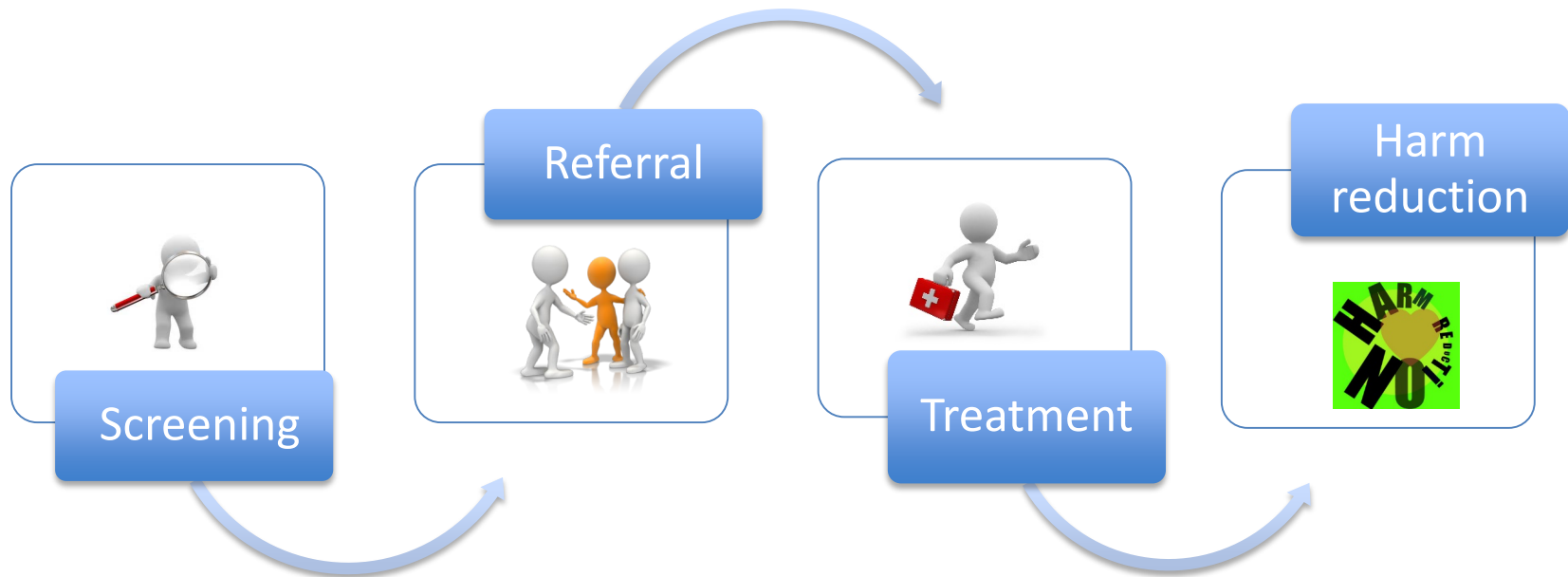
F. Nava – Unpublished data from SCUDO Study

# Taking in charge: Ingredients



Dillon JF, et al. Hepatol Med Policy 2016;1:2

# Treatment of PWID with HCV infection: Essential Steps



Nava FA, et al. Italian Quarterly Journal of Addiction 2018:Mission 49:56–61



# The State of the Art in the Ser.D.: Barriers (data from Delphi Study)

Awareness

Patient's Journey Needs

# The State of the Art in the Ser.D.: Barriers (data from Delphi Study)

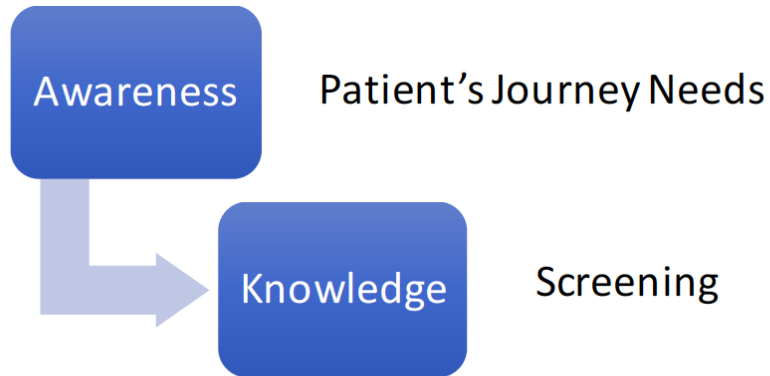
## The first step

- Awareness (patient's journey needs)

Screening	70%	For all patients
Referral	74%	For all patients eligible to treatment
Treatment	64%	For all patient taking in charge from hepatologist/infectivologist

Nava FA. Personal communication from Delphi Study

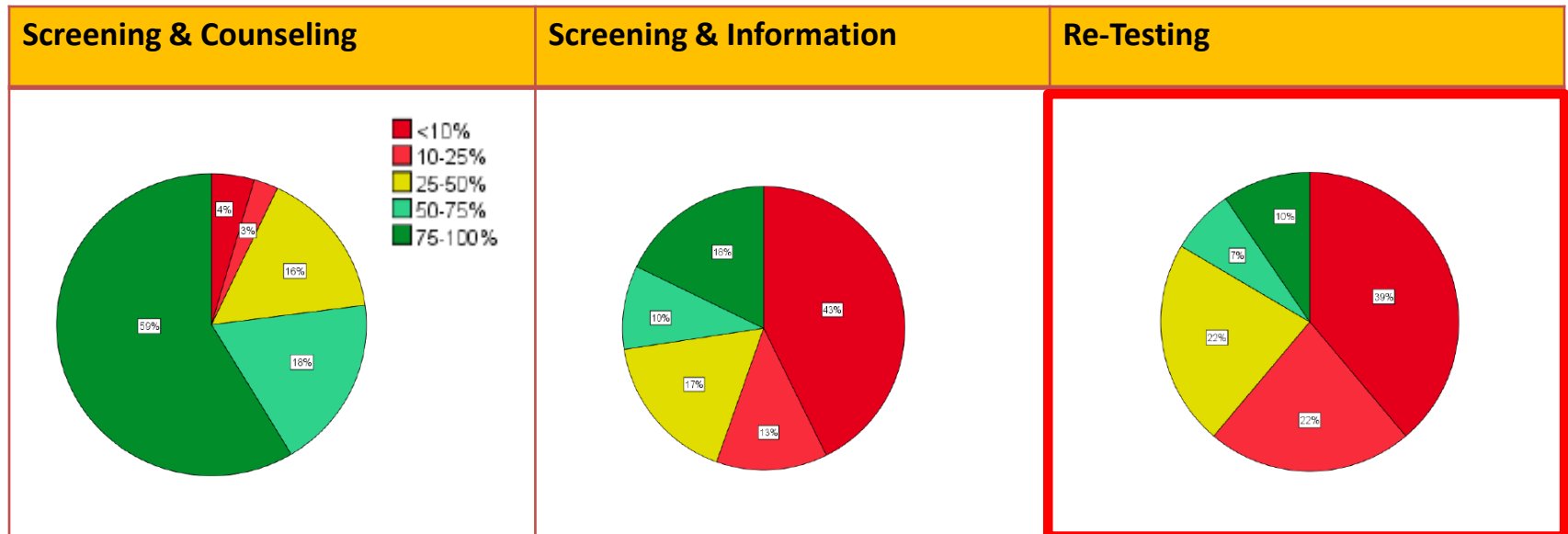
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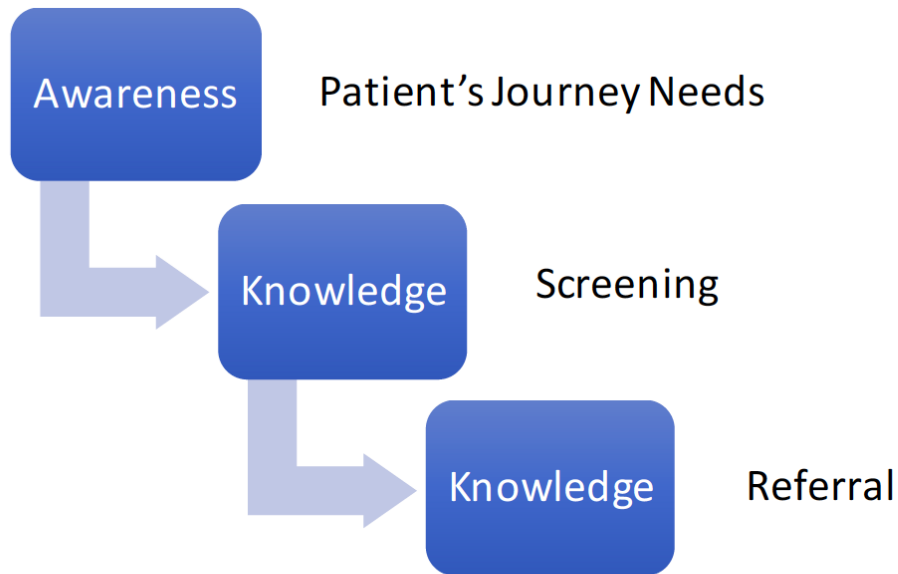
## The second step

- Knowledge - Screening



Nava FA. Personal communication from Delphi Study

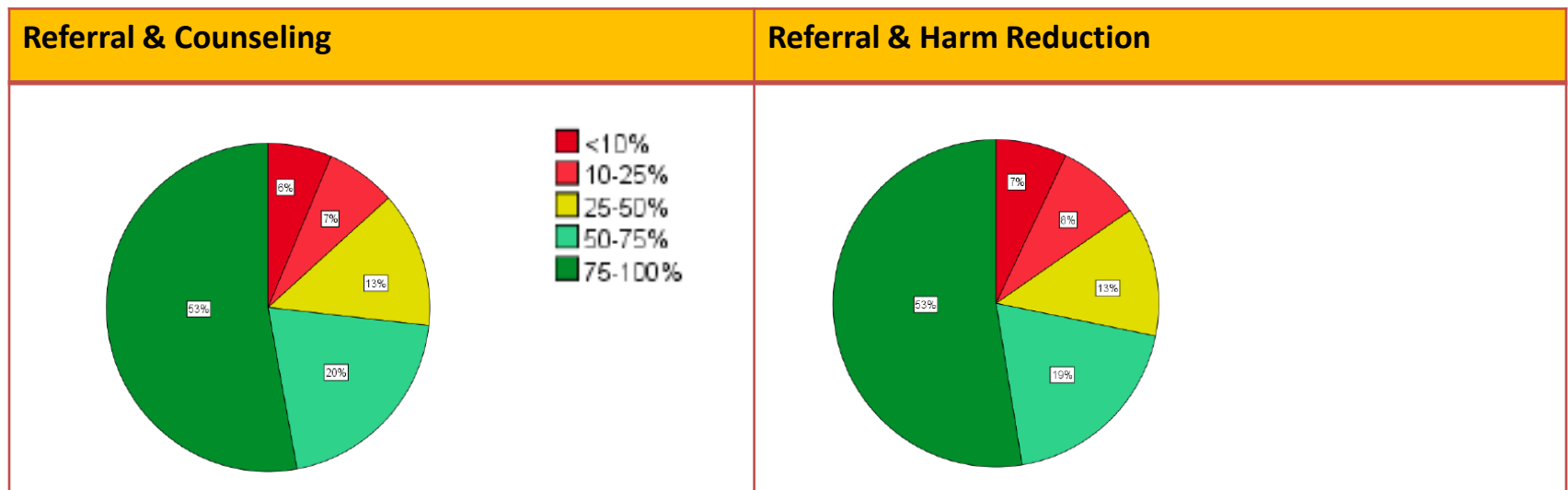
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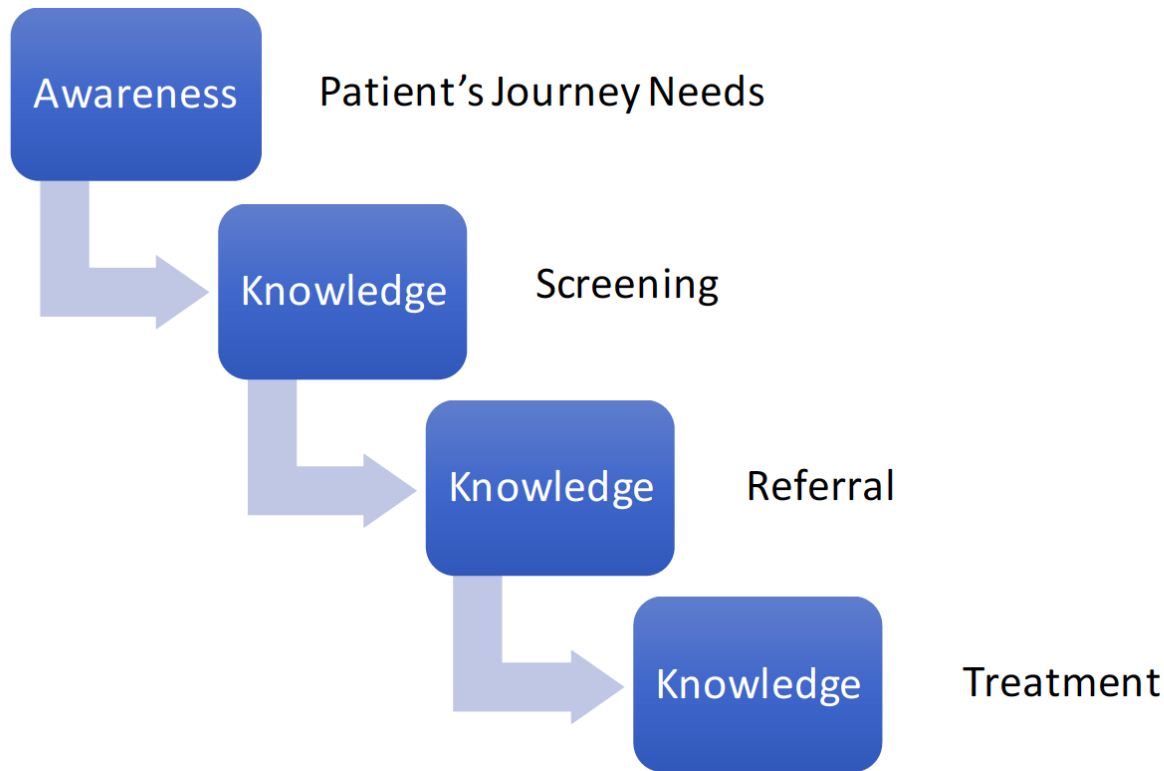
## The third step

- Knowledge – Referral



Nava FA. Personal communication from Delphi Study

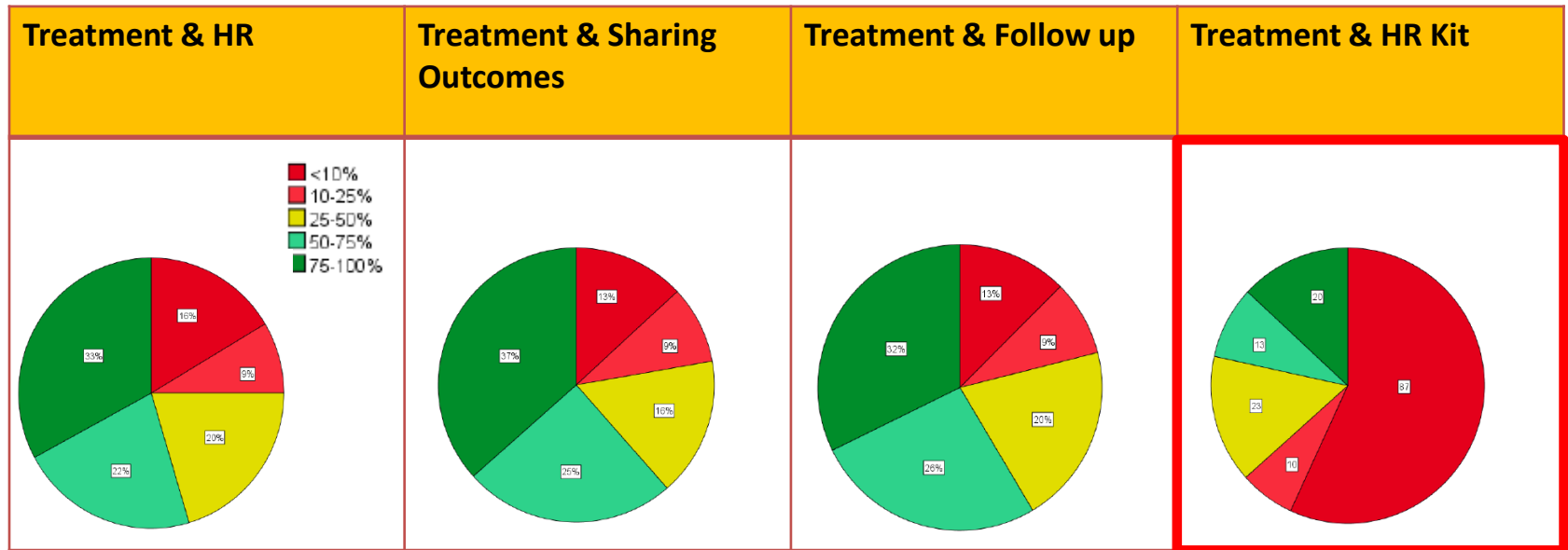
# The State of the Art in the Ser.D.: Barriers (data from Delphi Study)



# The State of the Art in the Ser.D.: Barriers (data from Delphi Study)

## The fourth step

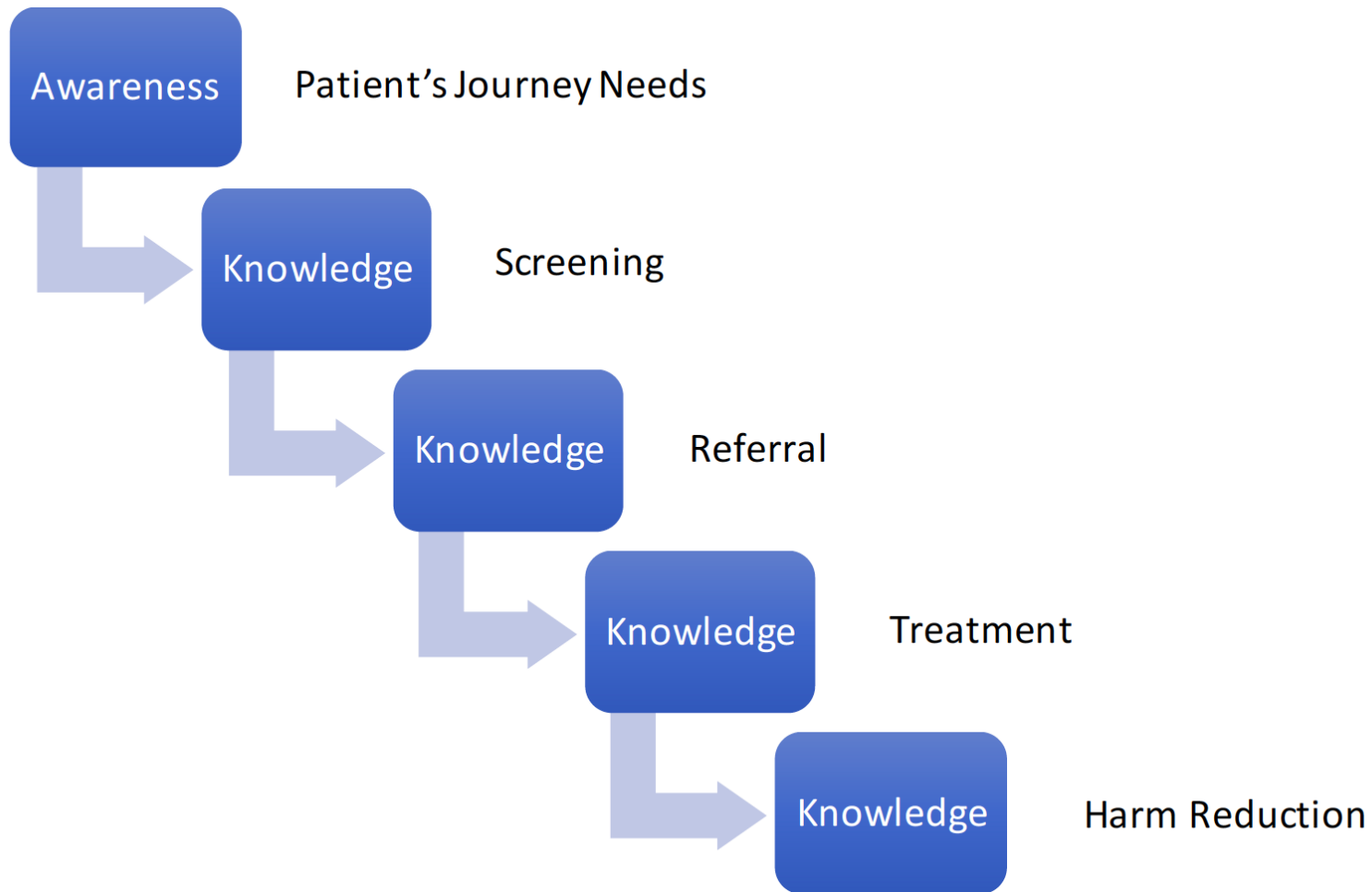
- Knowledge - Treatment



Nava FA. Personal communication from Delphi Study



# The State of the Art in the Ser.D.: Barriers (data from Delphi Study)

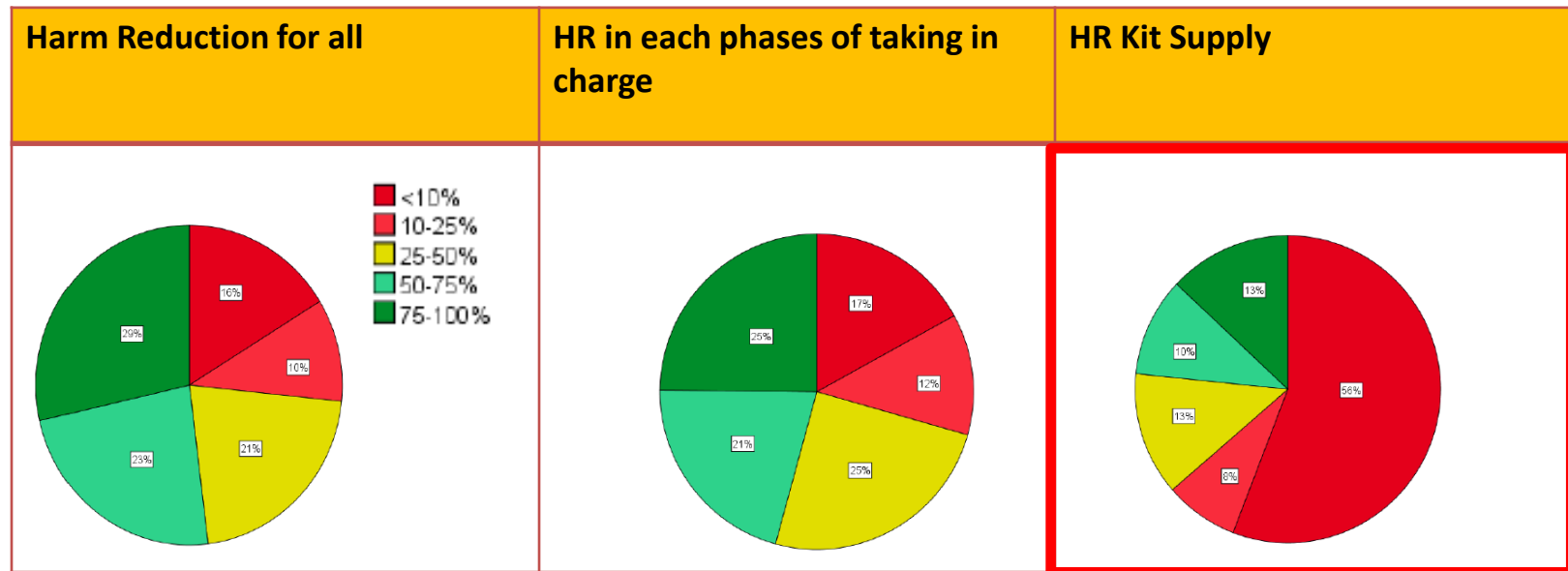


Nava FA. Personal communication from Delphi Study

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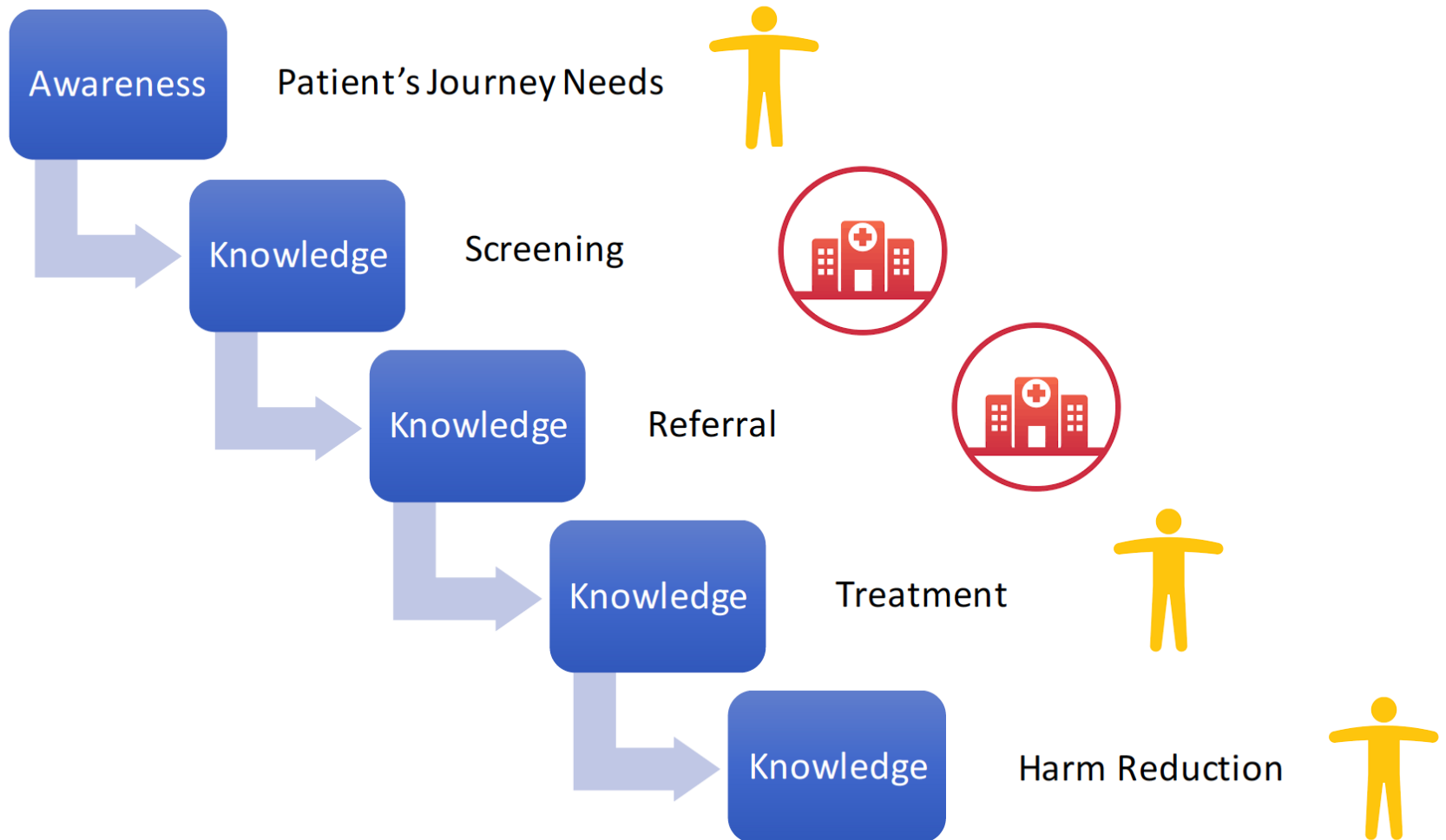
The fifth step

- Knowledge – Harm Reduction



Nava FA. Personal communication from Delphi Study

# The State of the Art in the Ser.D.: Barriers (data from Delphi Study)



Nava FA. Personal communication from Delphi Study

# Clinical Network



# The Value of the Clinical Network

- To be effective and effectiveness
- To be sustainable and safe
- To be multidisciplinary (team work)
- To make easy the access to care
- To include “special population”
- To have as outcome HCV elimination

# The Point of Care

- The «**Point of Care**» is a *fast track* clinical pathways, a sort of diagnostic therapeutic pathways with the aim to make on site (where is the patient) screening, diagnosis, and treatment

Vold et al., 2019, BMC Infect. Dis., 19:306

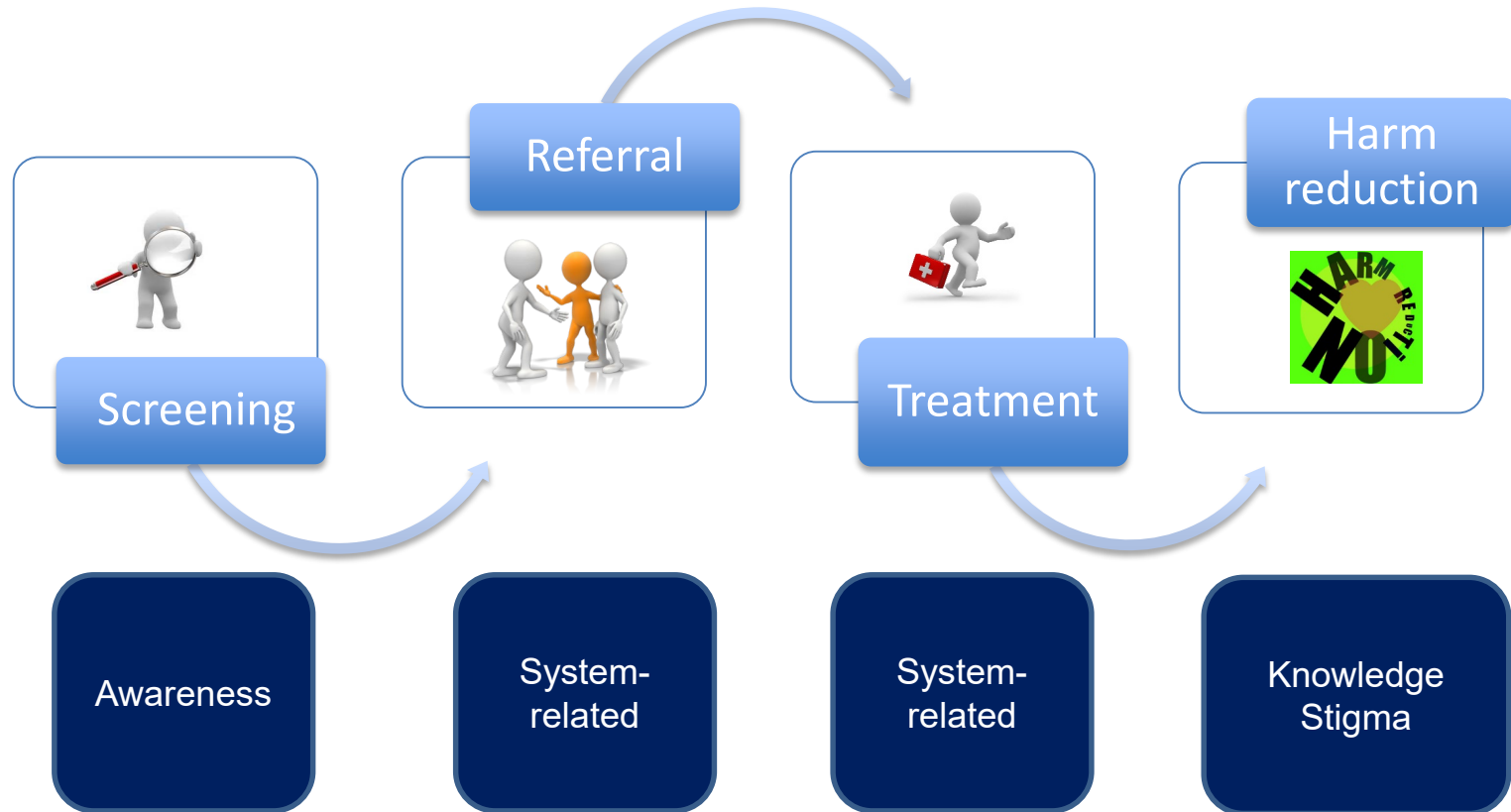
# The Point of Care for PWIDs

- The **Point of Care** inside Ser.D.s and Prisons consists of a pre-ordinated sequence of actions able to make diagnosis and to make easy the beginning of treatment (removing referral barrier)

Bajis et al., 2017, Int. J. Drug Policy, 47: 34-46

Remy et al., 2016, AASLD 2016, Poster#775

# Treatment of PWID with HCV infection: Essential Step



Nava FA, et al. Italian Quarterly Journal of Addiction 2018:Mission 49:56–61

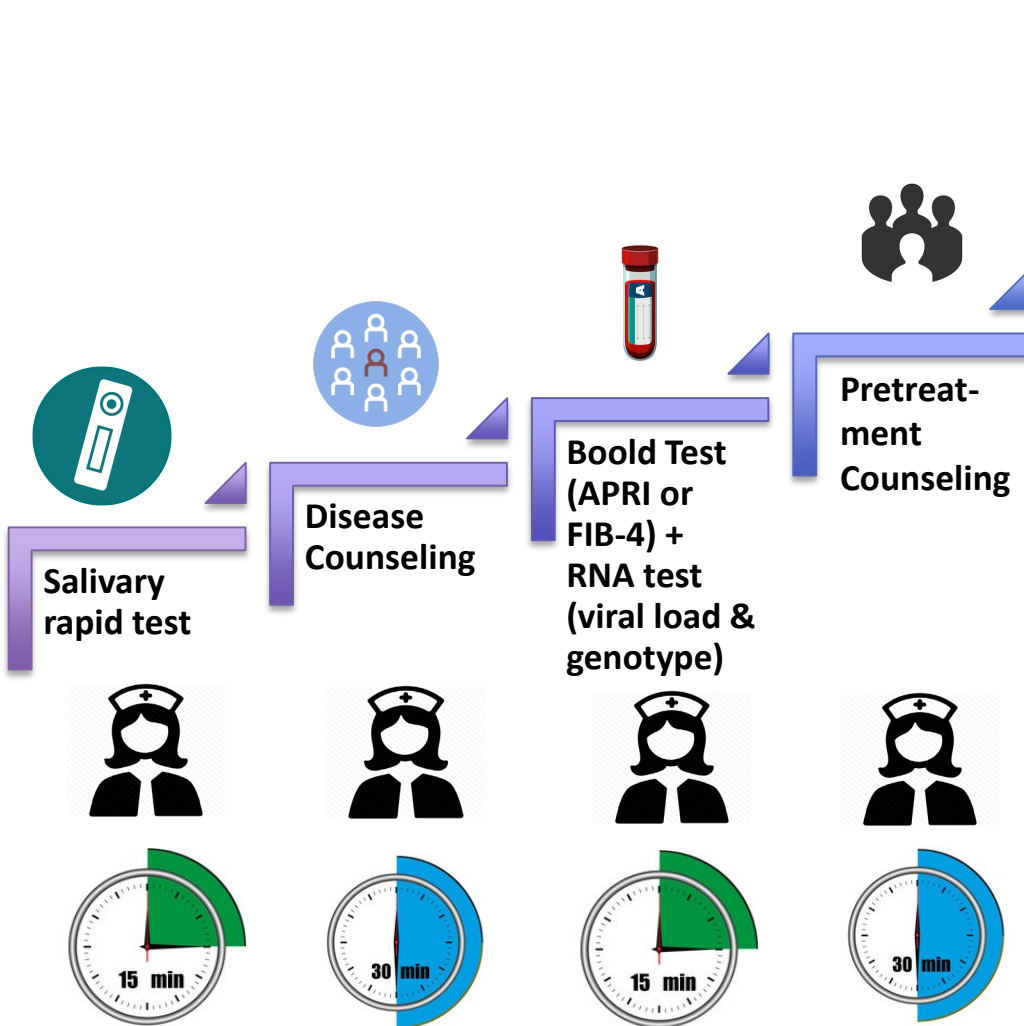


# HCV Elimination Plan & PWID: Needs

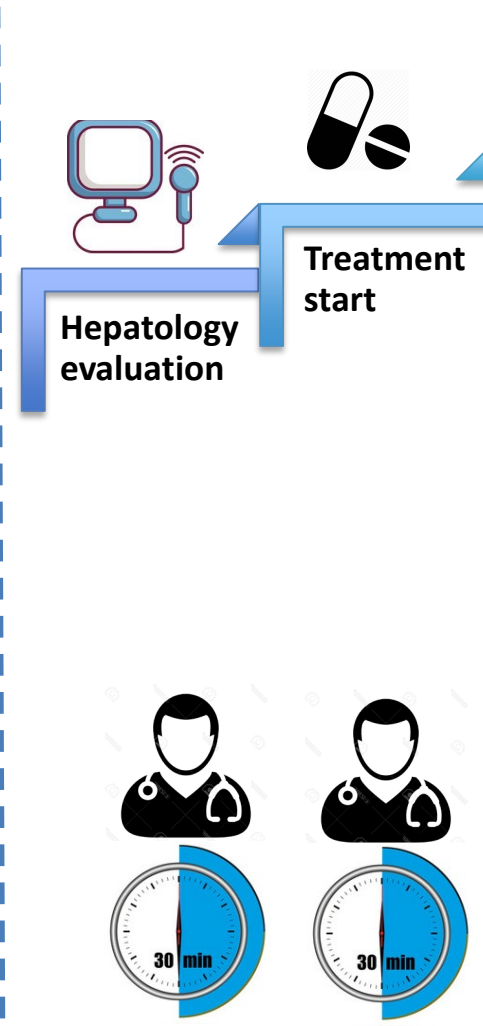
- To increase screening
- To eliminate linked to care (LTC) barriers
- To create «Point of Care» in Drug Abuse Services (Ser.D.)
- To include «special population» in HCV elimination plan
- To remove AIFA criteria for treatment of special population (adding 12th criteria)

# Test & Treat: Point of Care

## PHASE 1: DAY 1



## PHASE 2: DAY 2

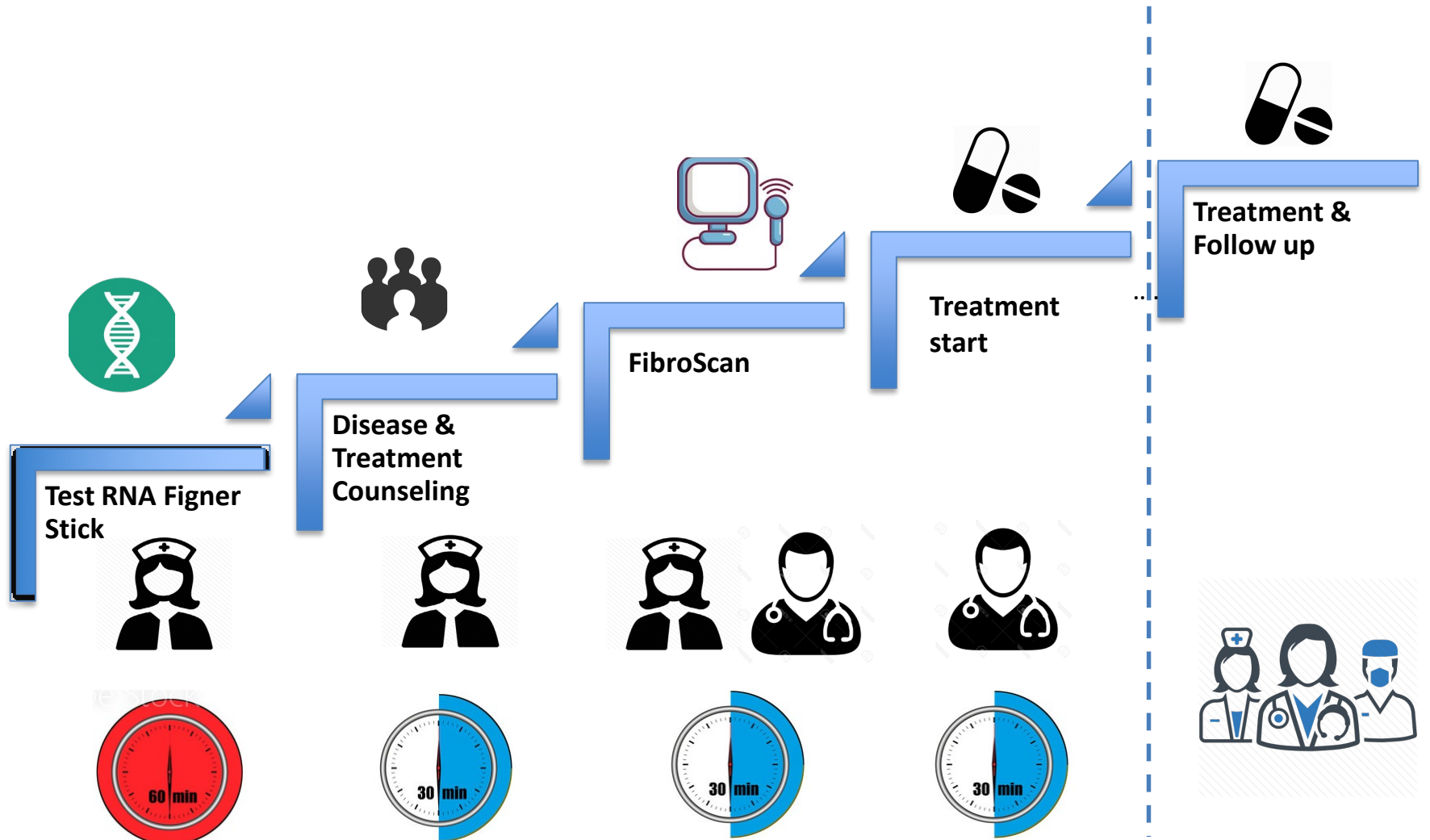


## PHASE 3: DAYS...



F.A. Nava, 2019; Quaderno ReAdfiles, Suppl. N. 1, n.1, 10-15

# Test & Treat: Point of Care (Fast-Track)



Nava FA. Personal communication (model modified from Grebely et al., 2017, Expert Rev. Mol. Diagn., 17(12): 1109-1115)

# Resources

## HUMAN RESOURCES



Multidisciplinary staff:

- Nurse Ser.D. o Carcere (case manager)
- Specialist Ser.D/Prison
- Infecivologist/Hepatologist

## OTHER RESOURCES....



Rapid test



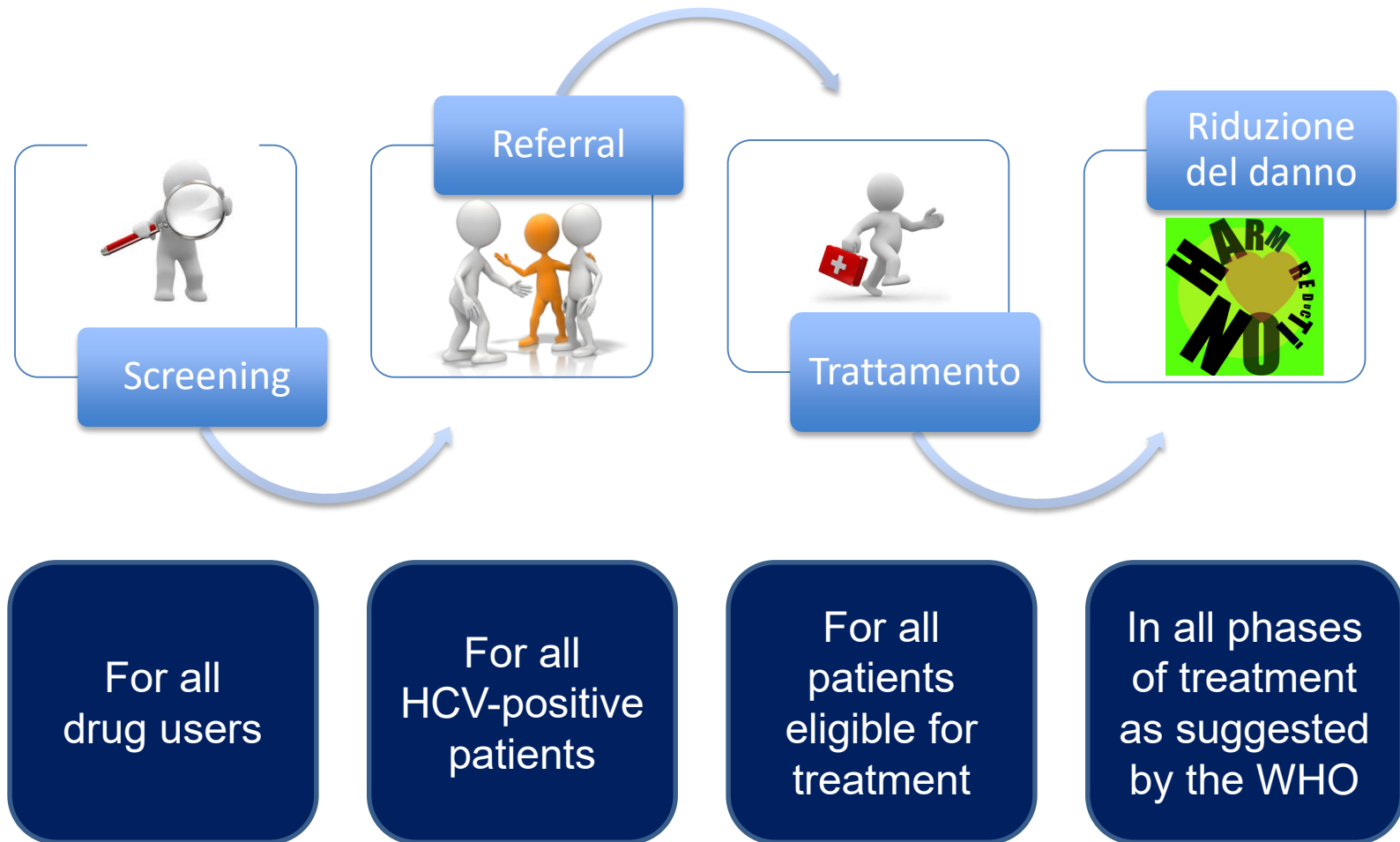
Mobile Fibroscan®



Drug

F.A. Nava, Personal Communication

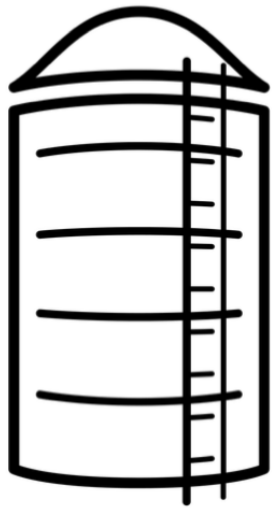
# Patient's Journey



Nava FA, et al. Italian Quarterly Journal of Addiction 2018:Mission 49:56–61

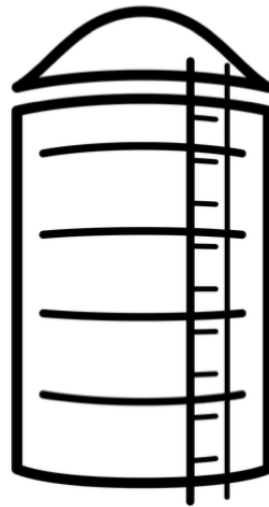
# Cost Analysis for Silos: Real World

Screening & Referral



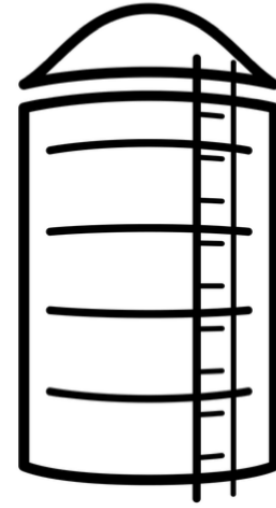
€ 376-571

Trattamento



€ 531-690

Monitoraggio &  
Follow up



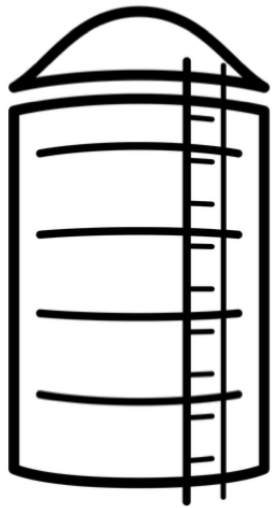
€ 390-467

€ 1.297-1.728

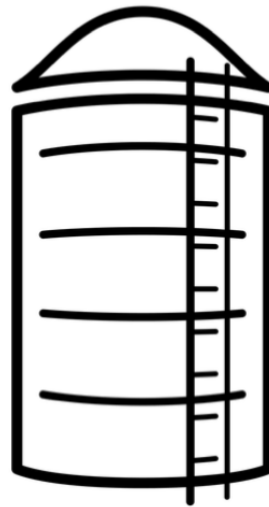
Nava et al., 2018, ReAdfile, 19: 35-38

# Cost Analysis for Silos: Best Practice

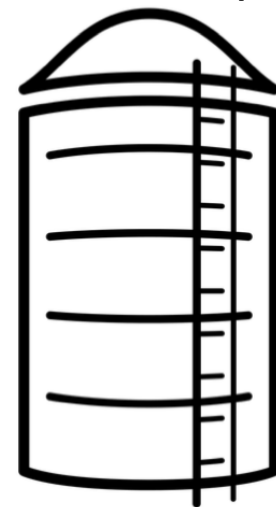
Screening & Referral



Trattamento



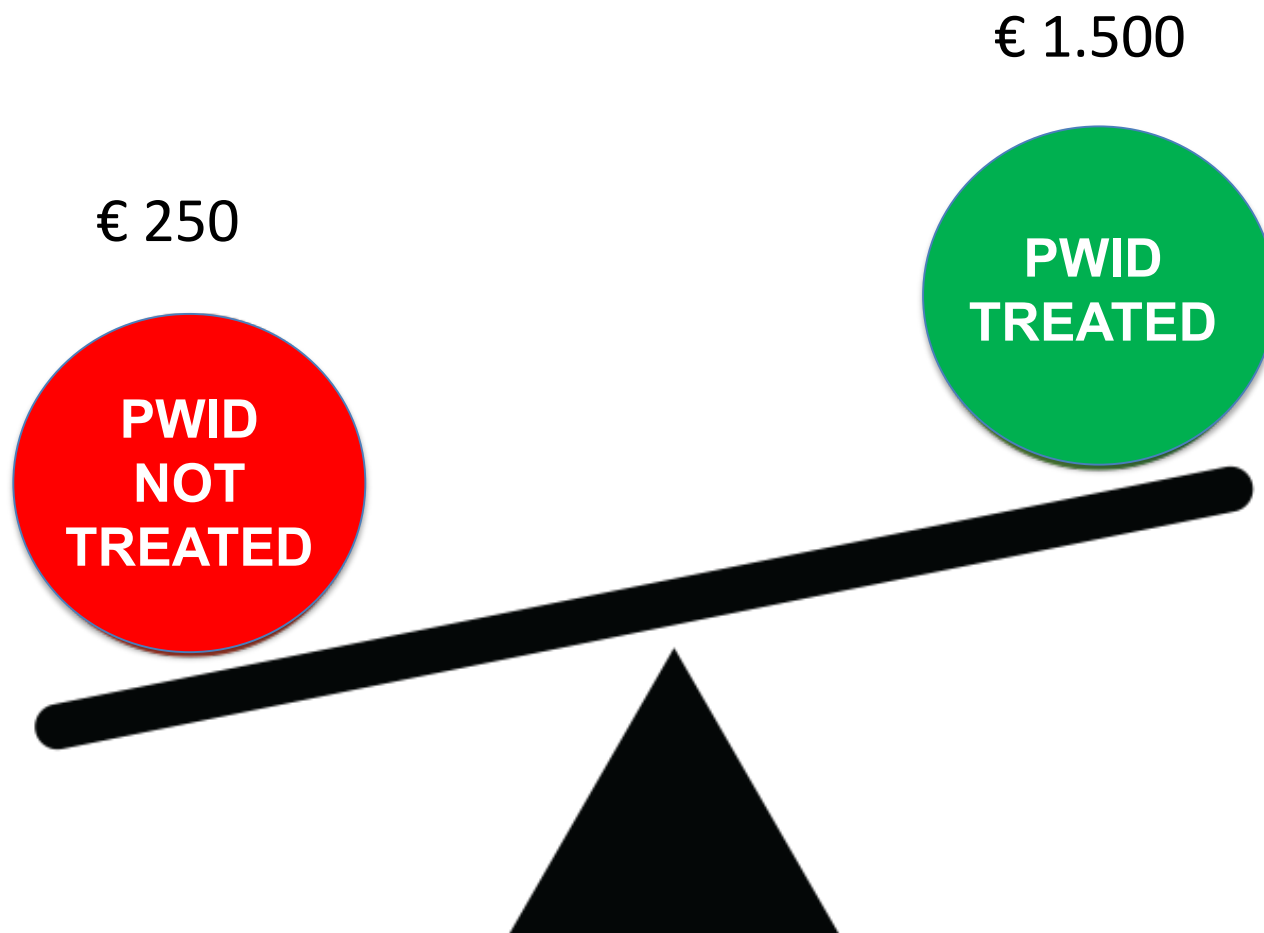
Monitoraggio & Follow up



€ 1.159-1.504

Nava et al., 2018, ReAdfile, 19: 35-38

# Patient's Journey: Health Cost



Nava et al., 2018, ReAdfile, 19: 35-38



# Cost Health Back



PWID Treated  
(cost per treatment)  
€ 1.500



PWID Not Treated  
(cost per year)  
+ € 250

3 years  
X 20

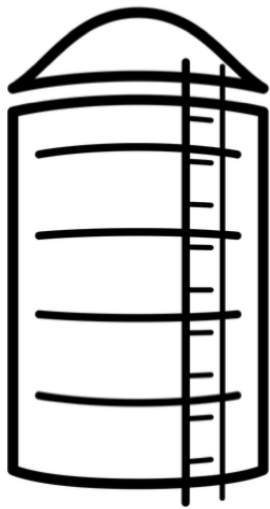


PWID Treated  
(cost per treatment)  
€ 30.000

Nava et al., 2019, IJERPH, in press

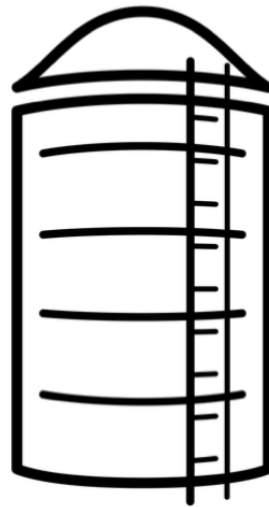
# Cost Analysis for Silos: Point of Care

Screening



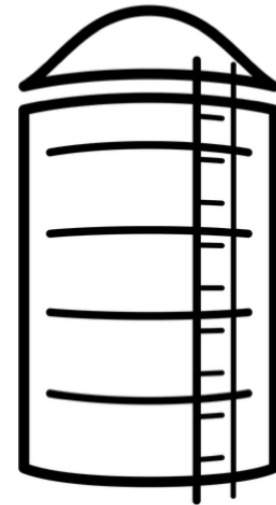
€ 217,40

Trattamento



€ 38

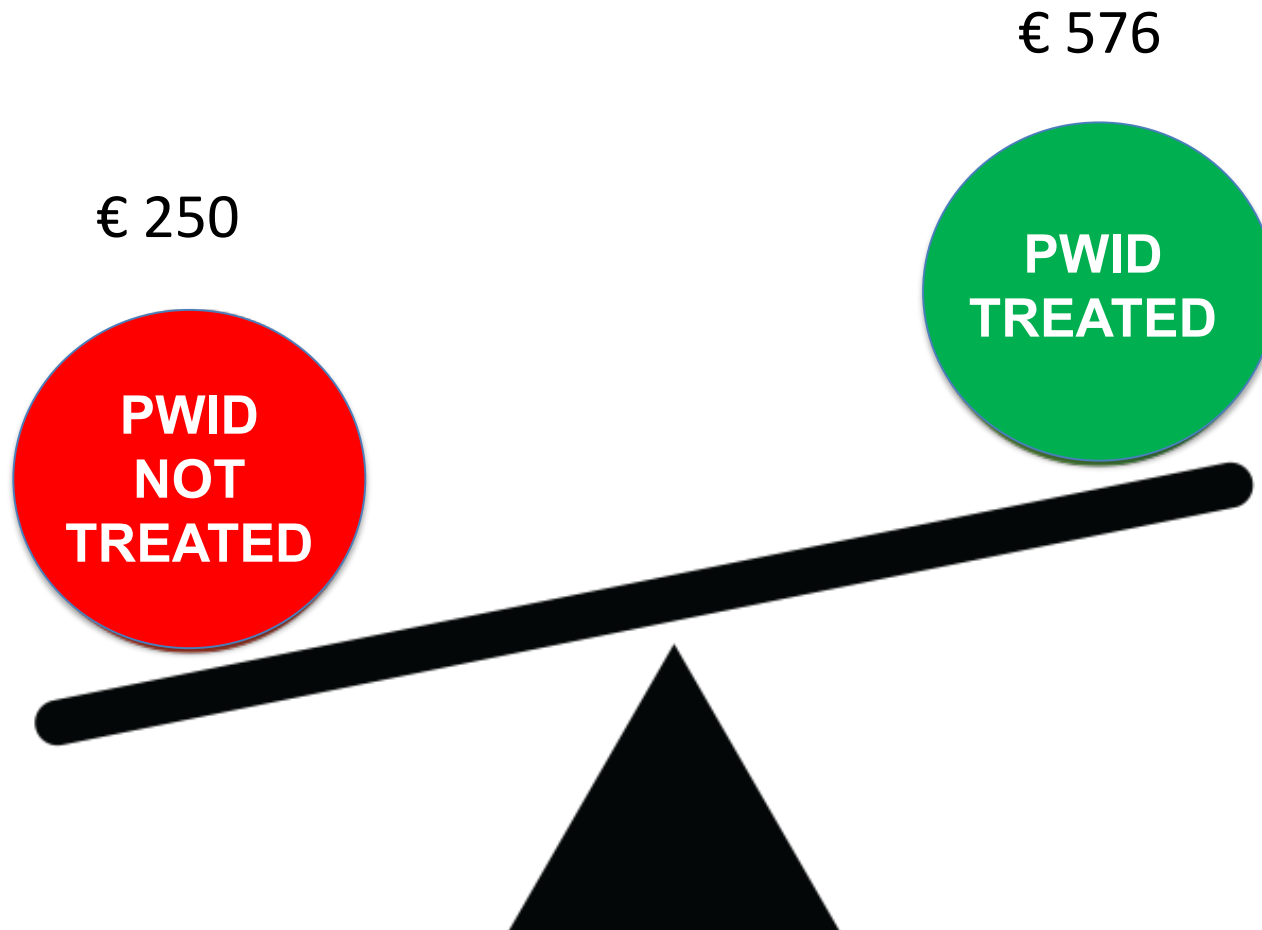
Monitoraggio &  
Follow up



€ 320,20

€ 575,60

# Patient's Journey: Health Cost



F.A. Nava, Personal Communication

# Point of Care as New Paradigma

- It permits to reach new outcomes
- It is cost-effectiveness (“health return”)
- It make easy the access to cure
- It increase the basic level of assistance
- It a strong paradigma of a “new vision” of team-work and clinical network