Evidence supports community-based hepatitis C care

A systematic review conducted in 2015 demonstrated that – compared to tertiary-based hepatitis C care – community-based care increases treatment uptake whilst maintaining cure outcomes.

THE ISSUE

Historically, pegylated interferon-based hepatitis C treatment was provided by specialist doctors in tertiary hospital outpatient clinics, because it was toxic, had limited efficacy and complicated dosing regimens. The requirement to attend tertiary services was thought to contribute to low treatment uptake rates. In March 2016, effective and well-tolerated direct-acting anti-viral (DAA) drugs to treat hepatitis C were listed on the Australian Pharmaceutical Benefits Scheme (PBS). To increase access to DAA treatment, the PBS enabled general practitioners to prescribe DAA drugs in primary care. The following review was conducted before DAA treatment was available, and investigated the impact on treatment uptake of providing pegylated interferon-based treatment in the community.

Policy Implications

- Community-based hepatitis C treatment can increase treatment uptake.
- Evaluation of DAA care provided in the community is required to further inform support strategies.

WHAT OUR WORK FOUND

Burnet Institute researchers carried out a systematic review to identify studies that compared pegylated interferon-based hepatitis C treatment uptake and cure outcomes in a community healthcare setting with those in a tertiary facility. The community settings included use of telehealth and treatment in primary care clinics, opioid substitution therapy clinics or needle exchange programs.

Thirteen studies fulfilled the inclusion criteria:

- Six studies measured treatment uptake; three studies demonstrated an increase in treatment uptake at the community site, two studies showed similar rates between sites, and one demonstrated decreased treatment uptake at the community site.
- Nine studies measured cure rate; four demonstrated higher cure rates in the community, four demonstrated similar cure rates, and one demonstrated cure rates in the community inferior to those at the tertiary site.

CONCLUSION

Although limited, the available data suggests that provision of pegylated interferon-based hepatitis C treatment in the community increases treatment uptake and maintains cure outcomes.

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