

# Breakthrough project: hepatitis C in addiction care

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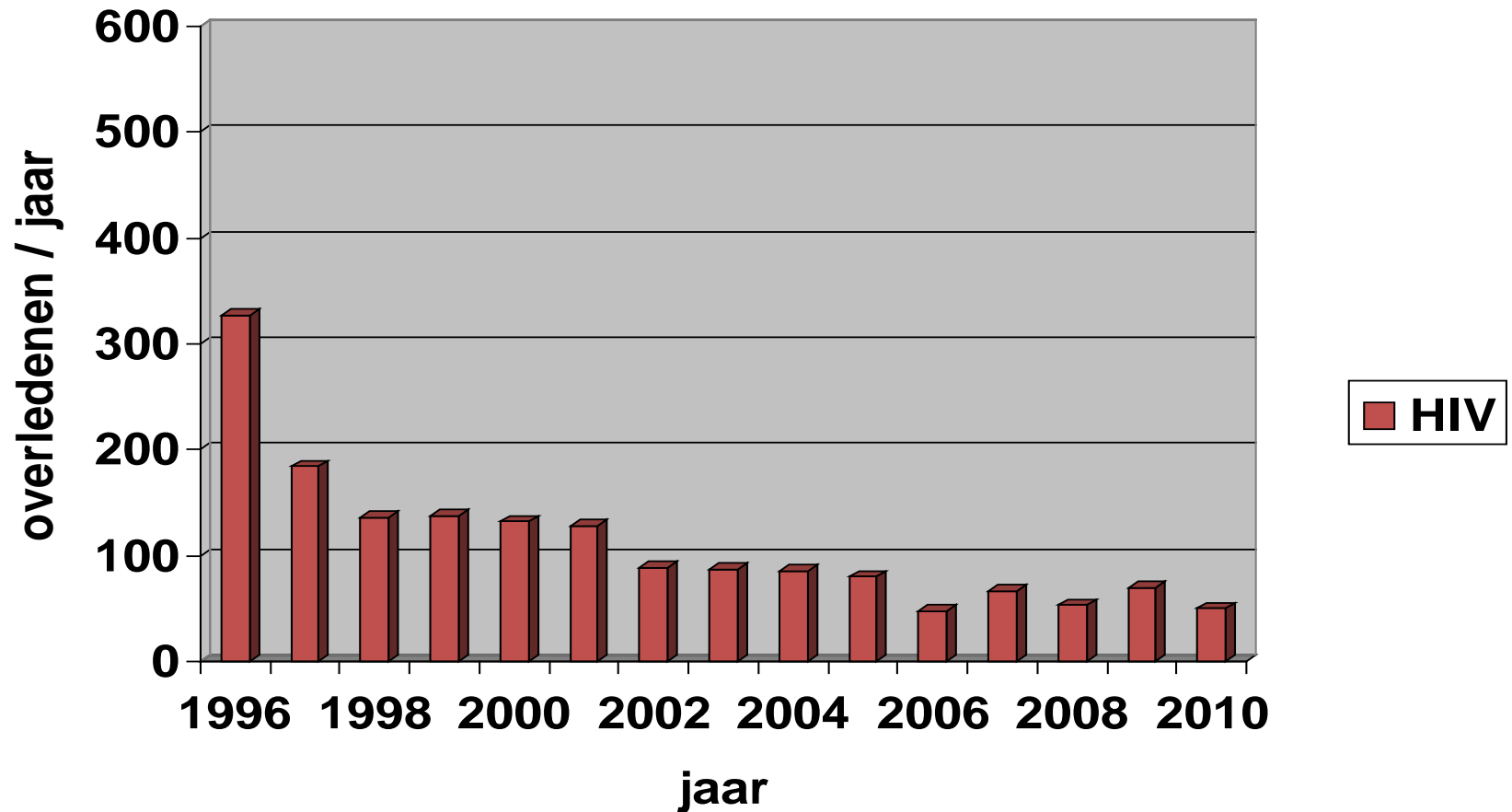
Netwerk Infectieziekten  
& Harm Reduction



Trimbos  
instituut  
Netherlands Institute of  
Mental Health and Addiction

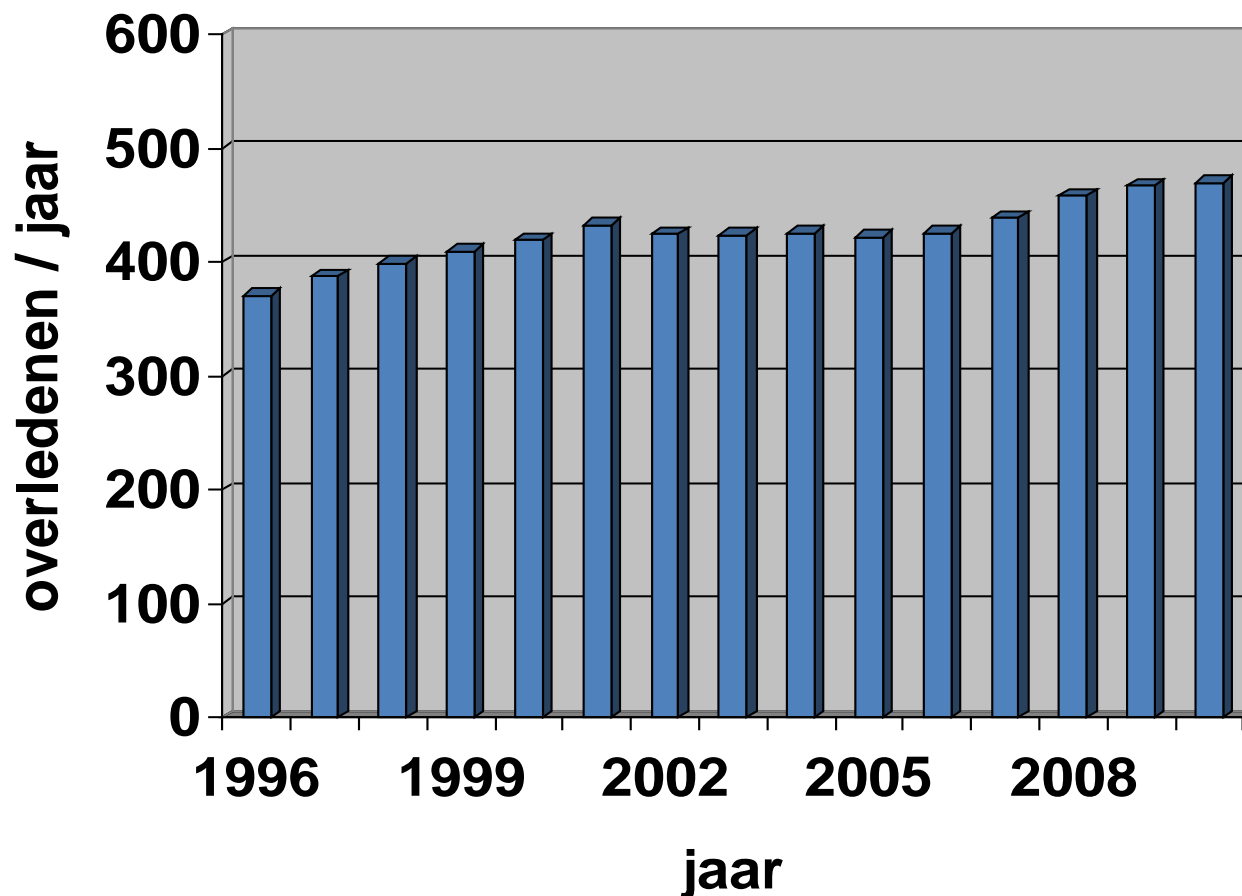


## Mortality HIV in NL 1996-2010



Centraal Bureau Statistiek, [http://statline.cbs.nl/statweb/..](http://statline.cbs.nl/statweb/)

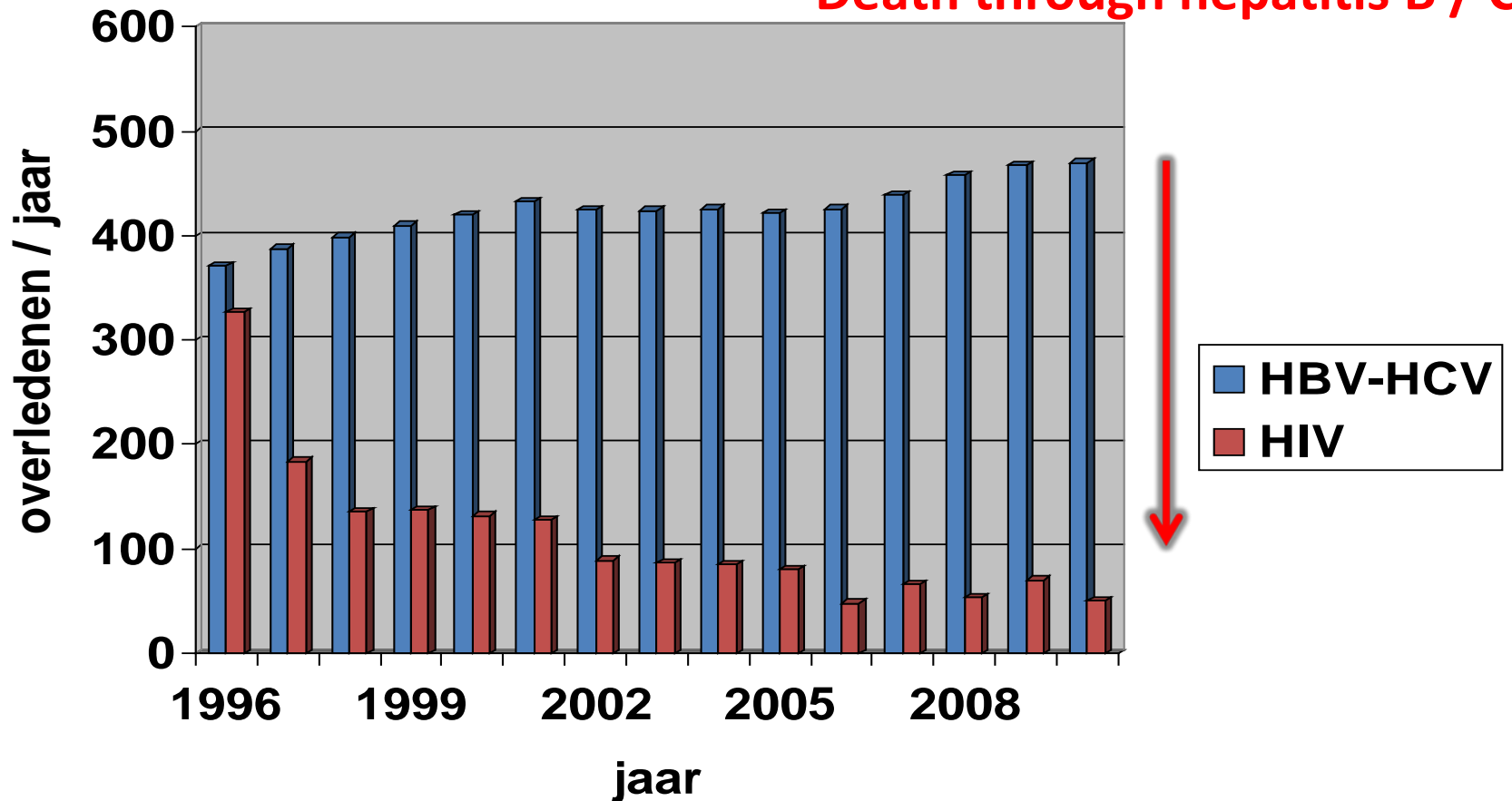
## Mortality hepatitis B and C in NL 1996-2010



Centraal Bureau Statistiek, <http://statline.cbs.nl/statweb/> ... categorie: virale hepatitis, nieuwvorming primair lever x 0,26 \*\*, chronische leverziekte x 0,35 \*\*

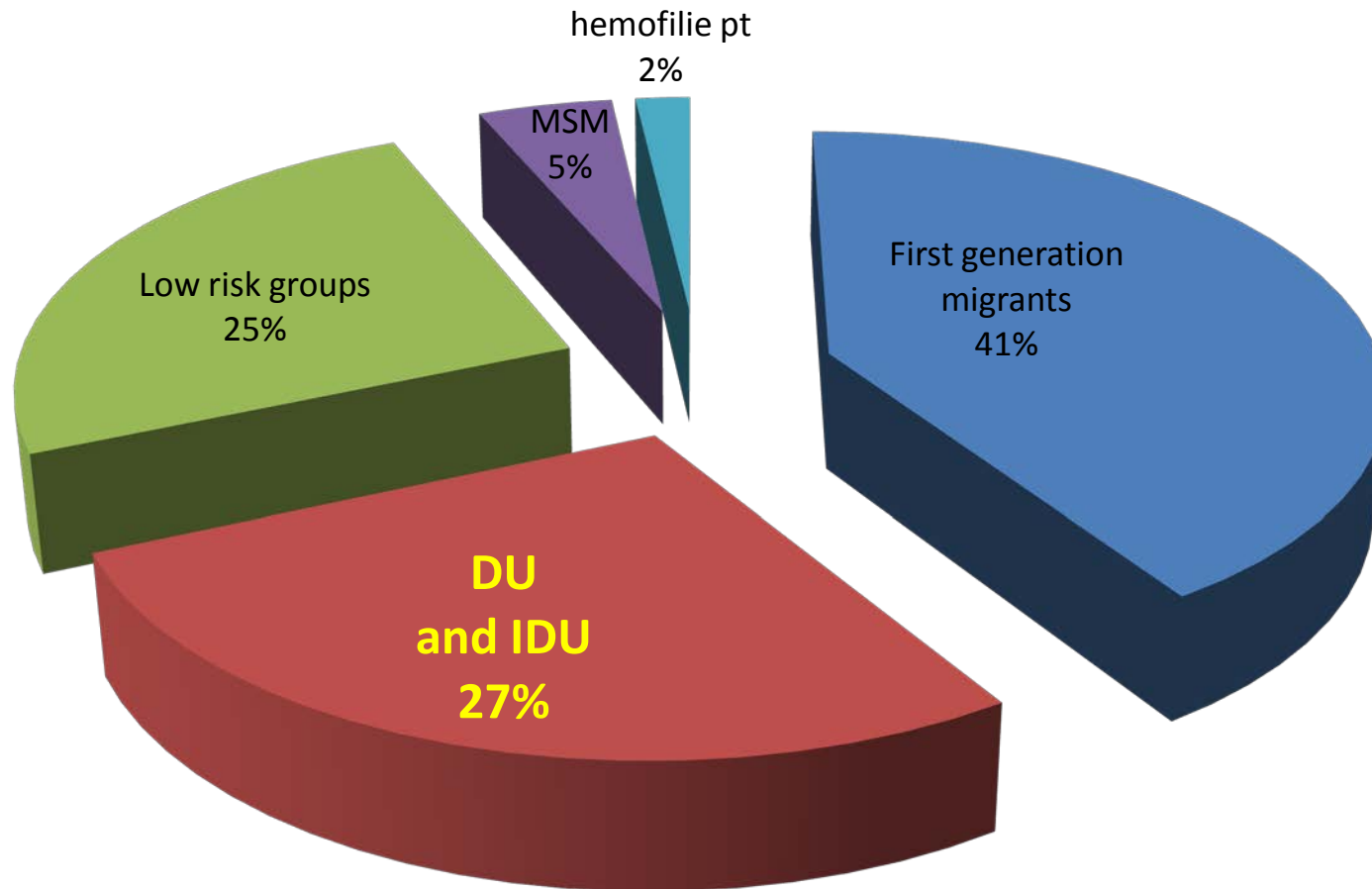
## What needs to change?

### Death through hepatitis B / C

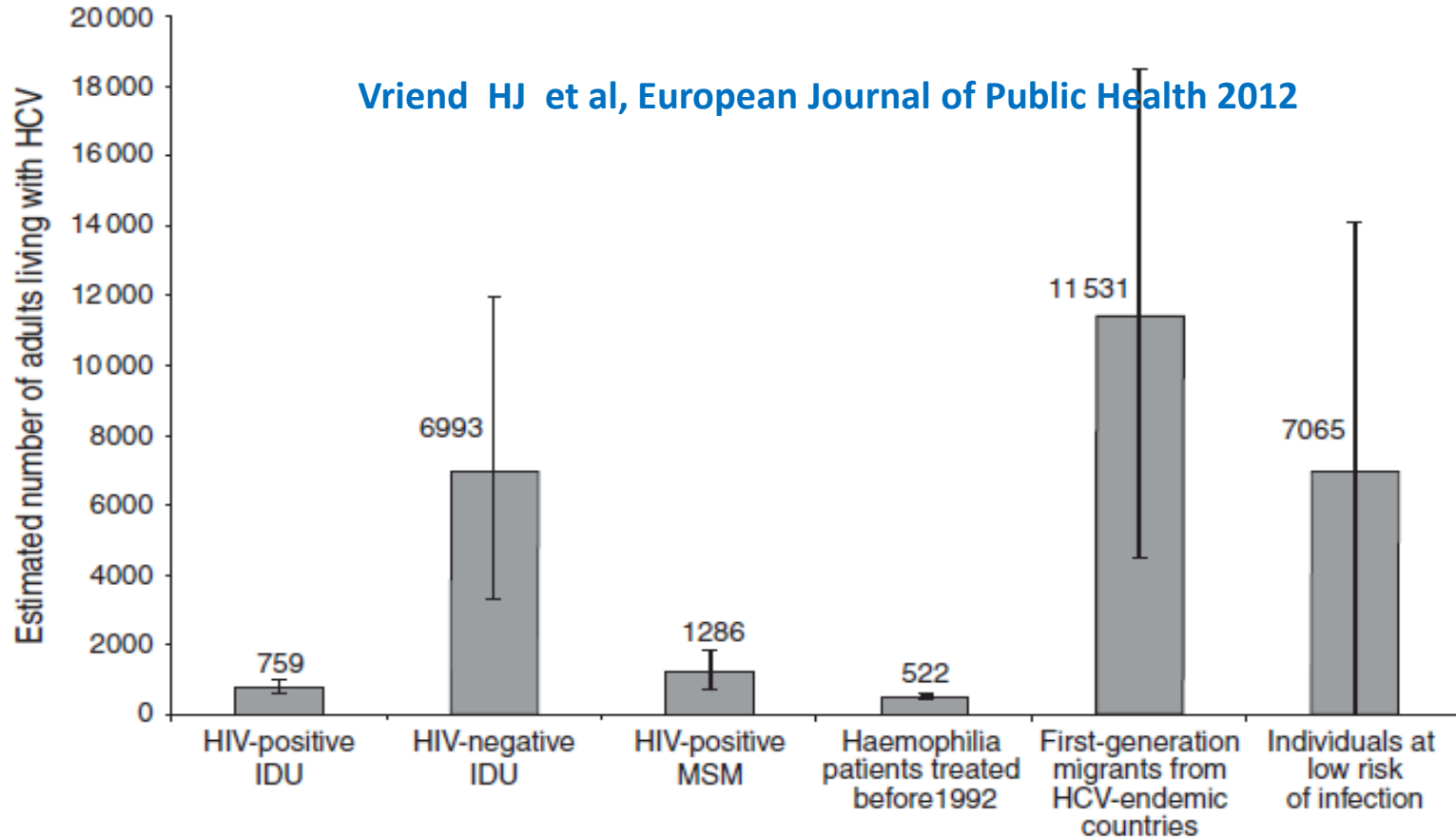


Centraal Bureau Statistiek, [http://statline.cbs.nl/statweb/..](http://statline.cbs.nl/statweb/)

# Who has hepC in NL?



## Aandeel subgroepen HCV populatie in NL (total 30.000)



# DU: case finding and treatment

## *Inventarisation of practice:*

1. Minority of HCV-carriers is found  
(number?? Few thousand??)
1. Minority of this minority is ever treated for HCV  
(number?? Few hundred??)

## *Scientific literature:*

1. **Screening** of (I)DUs is cost-effective:
  - With every 1,6 tests 1 HCV case is found
  - Which is substantially higher than in other risk groups  
(Kretzschmar 2004) (Helsper, 2011)
2. **Treatment** of (I)DUs is as expensive as of non-DU  
(Helsper et al, 2012) (costs are mainly medication)

# Addiction care

NL: 11 regional addiction  
care centers

All are represented in Network Infectious  
Diseases & Harm Reduction

9-10% actual injectors

+ - 15.000 opiate users

Almost all are in MMP or HAT

Social addiction care: MMP, HAT, DCR, ACR,  
supported housing (hostels)





# Some HCV studies and projects

- Amsterdam: DUTCH-C (stopped)
- Rotterdam: Active testing and treatment (stopped)
- Heerlen: testing and treatment
- On very small scale: Utrecht, Deventer (upgraded in breakthrough project)
  
- Relatively small scale, depending on 1 doctor
- Mostly for study purposes, funding with 'project' money
- Little attention for securing results in policy and practice
  
- 2009-2010: nationwide program "Hepatitis C Information Campaign", also for drug users
- Mexican flu... → study in AC on promoting and obstructing conditions

# Role of addiction care (AC)

Medical specialist is responsible for treatment

## **Support from AC in all phases:**

- Case finding:
  - Workers in AC have good sight on risk behavior
  - *Active testing* enhances case finding (Helsper 2011, Singels 2010)
- Preparation for HCV treatment:
  - Working towards HCV treatment: stability in drug use, stable living conditions and co-morbidity
- Guidance/support during treatment:
  - Expertise on blood puncture, motivational interviewing, medication management, hospitalisation when in bad condition, recognition of specific addiction problems
- Aftercare:
  - Consolidation of positive results in various areas: a “new start”

# Bottleneck

- No large scale HCV care / support in AC
- Obstructing factors at many levels and location specific
- Solutions must match local possibilities

## *When should we take action?*

**NOW** is the right time:

- ✓ treatment results are good and with new medication even better
- ✓ increasing professionalism of AC and increasing attention for physical/medical aspects
- ✓ support of ministry of health
- ✓ about 40 hepatitis centers (hospitals)

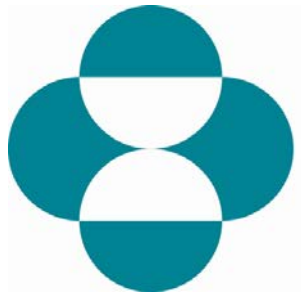
# Public-private cooperation



ZonMw



Ministerie van Volksgezondheid,  
Welzijn en Sport



MSD



# Breakthrough project

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## **“Case finding and treatment of hepatitis C in addiction care”**

Project supports AC organisations (and hospitals)  
in the improvement of HCV care,  
fitting the local situation

2013-2014

# Breakthrough

- Frequently used enhancing method, boost for change
- **Aim is to realise concrete changes in care within a short period of time; HERE: Resulting in a HCV pathway that is described and secured in regular work/task**
- 10 multidisciplinary teams (AC and hospital) from 4 AC temporarily work together, they learn from each other
- Making use of best practices and experts in the field, supported by Trimbos team
- Teams work in PDSA cycles in which improvements are tested in practice



# What did Trimbos do?

- **Organising conferences** on which teams exchanged experiences and learned how to work with PDSA
- **Excel file** in which teams had to register their patients/clients, filling out all kinds of data
- **Frequent contact** with the teams to help them further
- **Experts** gave information and helped the teams further
- **Presentations, conference reports**; making this Breakthrough project a good and well-known example of how HCV casefinding and treatment should be carried out locally (other teams/AC wanted to join in!)

# Organisation

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- Finding funding: took 18 months
- Preparation: 6 months. NID&HR: finding teams. Support from management is key. 10 teams from 4 AC
- First conference: kick off (sep13)
- Teams: PDSA cycles: 12 months  
(conference 2-3-4 – dec13-apr14-sep14)
- Management conference (mar14)
- Securing results: 6 months, incl. last conference (dec14)
- Finding funding for Breakthrough-II (2015-2017)



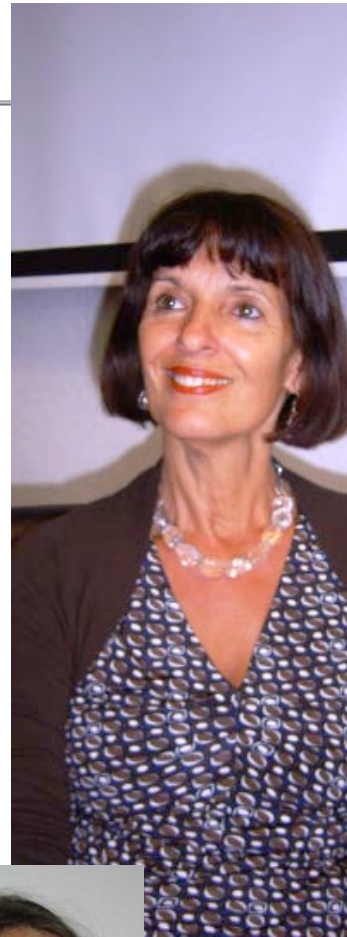
# Drie typen teams

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1. De lokale teams (samenwerking van verslavingszorg en ziekenhuis)
2. Het team met experts
3. Het centrale coördinatieteam uit het Trimbos-instituut

# Expert team

- *Verślavingszorgexperts:*
  - Nel van Zanten, IrisZorg, namens de VVGN
  - Nelly van der Gaarden, Bouman GGz
  - Karen Lindenburg, Tactus (DUTCH-C GGD A'dam)
  - Femke Vletter, Tactus
- *HCV experts:*
  - Rob de Knecht (MDL-arts ErasmusMC)
  - Clemens Richter (infectioloog Rijnstate)
- *Doorbraakexperts:*
  - Peter van Splunteren, Trimbos
  - Simone van de Lindt, Trimbos
- *Advisering*
  - Solko Schalm, BIBHEP-Liverdoc



**Nel van Zanten**



# Teams IVZ – ziekenhuis

- *Victas: Utrecht (en Amersfoort)*
- *Emergis: Vlissingen, Goes, Middelburg, Terneuzen*
- *Vincent van Gogh: Roermond en Venlo*
- *Tactus: Deventer, Almelo, Almere (en Lelystad)*



www.streeklief.nl

# What did teams do?

- Some had experience in testing (and treatment) – others not
- Some had ID nurses – others not
- Some already had contact with hospital – others not
- Some already had sort of a pathway – others had nothing

→ Some teams started from scratch

# Examples of local bottlenecks/solutions

- Testing with swabs (just HCV, but quick) or blood testing (and also hiv, HBV)
- Fased testing: taking more blood, so in case of anti-HCV, the lab can test for RNA without taking blood again
- 'Seducing' patients to get tested, with small gifts
- Attention for psychiatric report
- Training AC and hospital nurses together
- Counseling and information hours given by nurses of both AC and hospital
- Testing is secured in treatment plans and in physical screening
- Filling out the excel file and gaining insight in AC registration (espec. earlier testing results)
- **Communication/working together with hospital**

# Examples of local bottlenecks/solutions

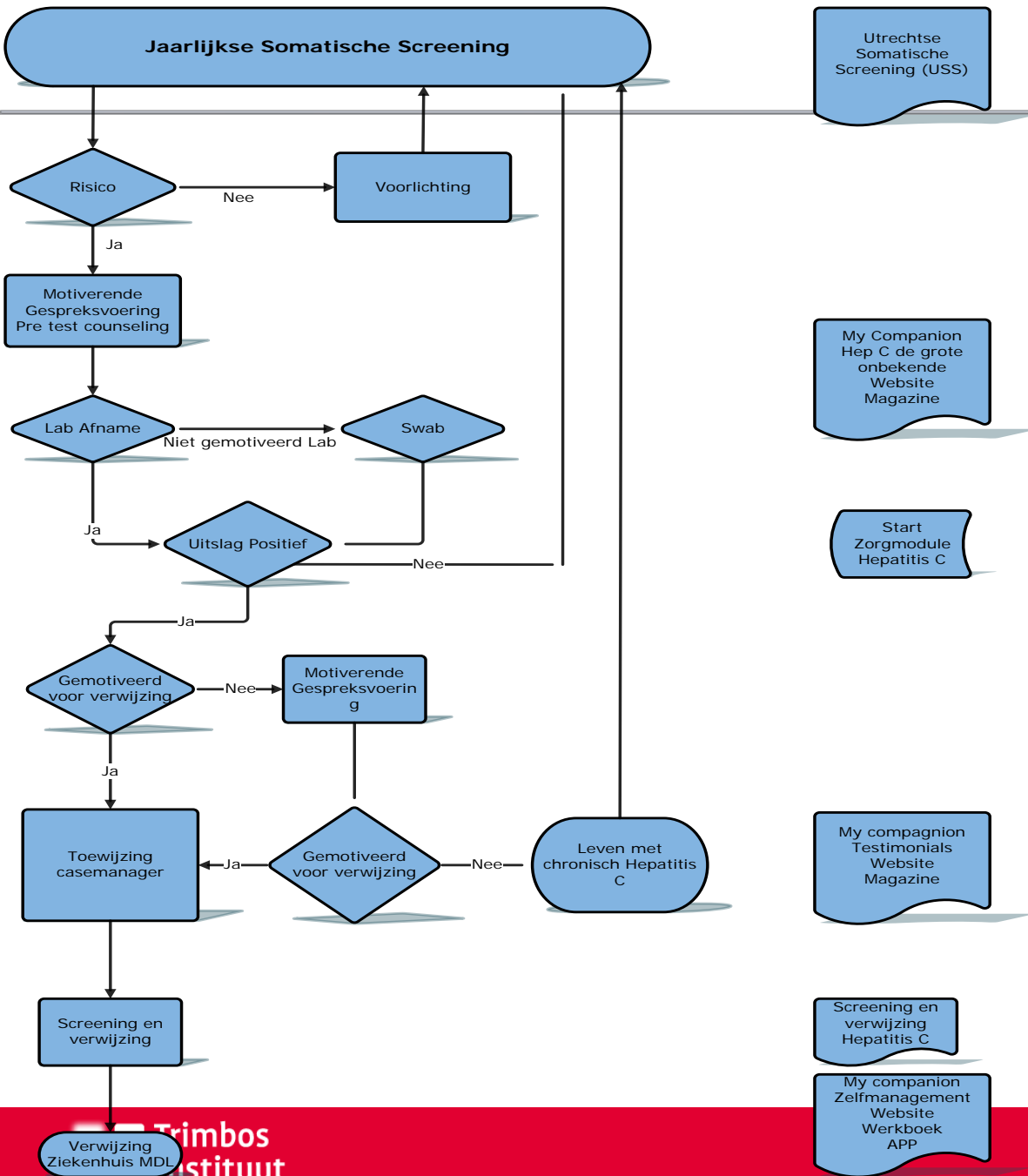
- Communicating results to management
- Bottlenecks financing screening and supporting treatment
- Information leaflet for patients
- Informed consent needed from patient (communication between medical specialist and AC)
- Attention for birth control and HCV
- How to decrease drop out at all phases
- Etc. etc.

**Think big, but start small!**

**Start with one AC location and one hospital**

**– once you have a pathway that works, scaling up to other AC locations and hospitals will be easier!**

# Flowchart Zorgpad Hepatitis C , Screening en Verwijzing



Utrechtse Somatische Screening (USS)

My Companion Hep C de grote onbekende Website Magazine

Start Zorgmodule Hepatitis C

My companion Testimonials Website Magazine

Screening en verwijzing Hepatitis C

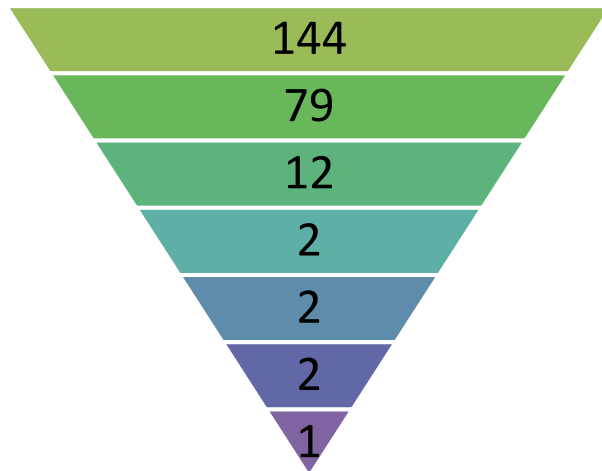
My companion Zelfmanagement Website Werkboek APP



# Excel file

|        | VLTS   | Client_geb. datum | Vaccinatie B | HCV      | datum BO   | HIV      | HCVstatus | Stand van zaken/ acties                                       |
|--------|--------|-------------------|--------------|----------|------------|----------|-----------|---|
|        |        |                   |              |          |            |          | Geno      |   |
| 13623  | H.     | 30-12-1970        | afgerond     | nis      | 16-8-2005  | NIS      | N.v.t.    | client wil geen hcv onderzoek doen, zegt alles veilig te doen |
| 20089  | G.     | 5-8-1960          | nis          | negatief | 30-8-2013  | negatief | N.v.t.    | Gescreend, getest, geen infectie                              |
| 13292  | R.     | 6-9-1962          | nis          | negatief | 16-4-2009  | nis      | N.v.t     | In 2006 behandeld.  |
| 12673  | J.G.   | 25-6-1959         | nis          | nis      | nis        | nis      |           | 14-6 labform meegegeven, gaat testen in DZ                    |
| 18463  | H.     | 1-12-1958         | afgerond     | negatief | 23-9-2013  | nis      | N.v.t.    | Gescreend, getest, geen risico gelopen, type 2b is behandeld. |
| 3133   | R.     | 12-5-1969         | nis          | Positief | nis        | nis      |           | Positief op antistoffen HCV                                   |
| 18492  | D.     | 2-2-1966          | nis          |          |            |          |           | Gescreend, risico gelopen, labform??                          |
| 13041  | J.     | 21-8-1964         | nis          | nis      | 15-5-2013  | nis      | N.v.t.    | Gescreend, geen risico gelopen                                |
| 138027 | N.     | 15-8-1976         | nis          | negatief | 5-3-2014   | negatief | N.v.t.    | Gescreend, geen risico gelopen                                |
| 23947  | P.P.   | 25-3-1974         | afgerond     | positief | 21-5-2013  | nis      | nis       | Geen behandeling ivm zwakke lichamelijke toestand             |
| 130407 | A.A.E. | 21-1-1948         | nis          | negatief | 10-6-2014  | negatief | N.v.t.    | Gescreend, getest, geen infectie                              |
| 18552  | C.B.   | 30-6-1971         | nis          | nis      | nis        | nis      |           | Hylke gaat dit op korte termijn doen 2-4-2014                 |
| 18524  | R.T.J. | 3-8-1954          | nis          | nis      | nis        | nis      |           | Colinda een mailtje gestuurd om dit te doen 2-4-2014          |
| 15174  | M.     | 10-9-1970         | afgerond     | negatief | 2-7-2014   | negatief | N.v.t.    | Gescreend, getest, geen infectie                              |
| 22307  | T.     | 9-8-1961          | nis          | nis      | nis        | nis      |           | Cl. staat momenteel onder behandeling                         |
| 10562  | P.A.J. | 9-3-1960          | nis          | nis      | 19-10-2012 | nis      | N.v.t.    | Gescreend, geen risico gelopen                                |

## Deventer



### Population (in excel)

Gescreend

Hcv

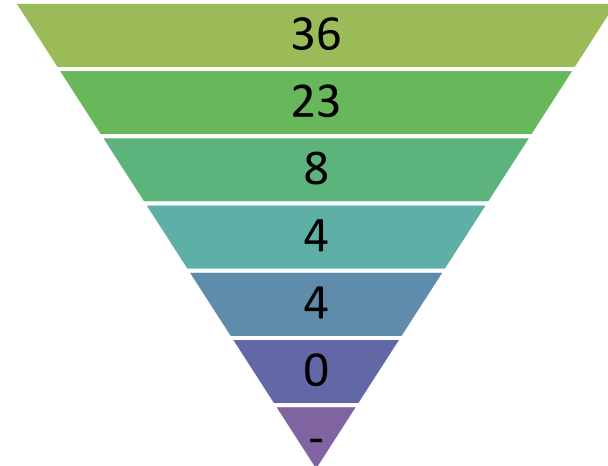
Referral to hospital

Indication for treatment

In treatment

Treatment finished

## Utrecht





# In short: in 1 year time...

- We learned about all kinds of local obstacles
- Teams learned the principles of the Breakthrough method and teams learned 'implementation tricks'
- Growing importance of measuring
- A long list of best practices
- Huge solidarity between teams, experts and Trimbos
- Four conferences
- A management conference
- **Pathways !**

**We complemented the teams:  
they are persistent go-getters**



# What's next?

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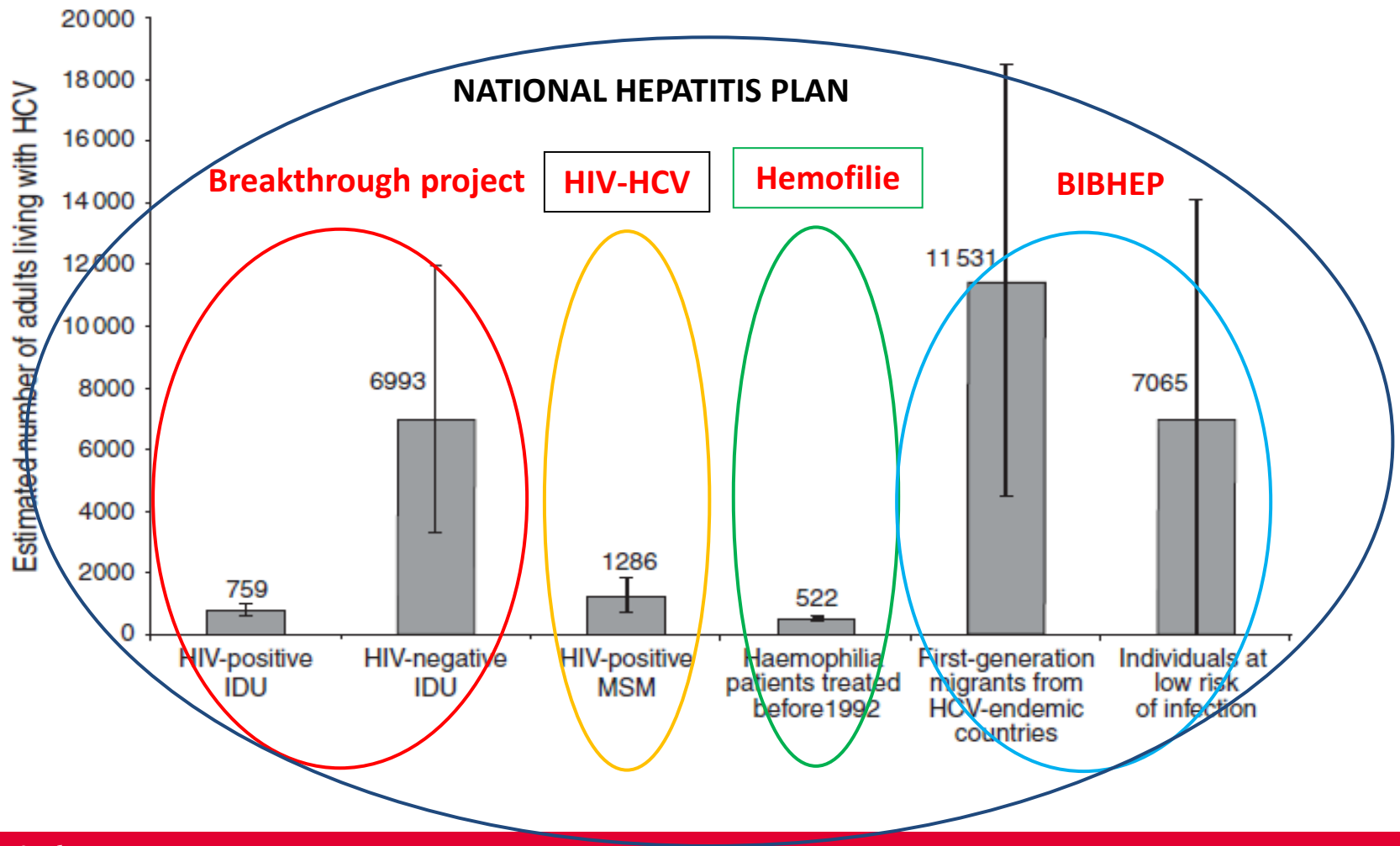
- Securing / consolidation
- More locations, more teams
- Other AC's

## Breakthrough-II

- Teams are lining up to join
- Funding ?! (work in progress)

[www.hepcverslaving.nl](http://www.hepcverslaving.nl)

# Impact !



# Contact

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**Netwerk Infectieziekten  
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