A Novel Approach for a New Era: Successful Integration of Multidisciplinary, Hepatitis C Care within an Established HIV Primary Care Practice

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Results

- 76 patients initiated Peg/RBV. None were coinfected with HIV.
- Final outcome data is available in 61 patients. 15 patients remain on Peg/RBV.
- Adverse events (AEs) were typical of Peg/RBV.
- Reasons for discontinuation (18, 29%):
  - Medical (6, 10%): Symptomatic CAD (1), Encephalopathy (2), Psoriasis (1), Hepatocellular Carcinoma (1), New Onset Type 1 Diabetes/DKA (1)
  - Psychiatric (2, 3%): Depression (1), Aggressive Behavior (1)
  - Other: Self Choice (5, 8%), Addiction (3, 5%), Relocation (1), Incarceration (1)
- SVR was achieved in 35 patients (57%) overall, GT 1 (23, 51%), GT 2 (6, 86%), GT 3 (4, 67%), GT 4 (1, 50%), and GT 6 (1, 100%).

Conclusions

Integration of HCV monoinfection services into an existing multidisciplinary HIV clinical practice resulted in high rates of therapy completion and SVR in a diverse patient population. Providers experienced in the care of HIV and its many medical and psychosocial comorbidities are well poised to manage the diverse and complex needs of patients living with HCV in their communities. Focusing efforts on education, adherence support, health stabilization and patient preparedness for treatment allowed Peg/RBV to be provided to a broader population. Further evaluation of this model of care is necessary in HIV treatment centers and other patient-centered medical homes, where medical, case management, mental health, and nutrition services may be co-located.