Ongoing Nurse Care Coordination Among Persons with HIV and Hepatitis C Infection
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Introduction
• The Infectious Diseases Practice (IDP) started a coordinated treatment in 2005 for persons with HIV (PWH) and Hepatitis C Virus (HCV) infection to help improve outcomes among persons with HIV (PWH) and Hepatitis C (HCV).
• Since 2014, there have been newer well tolerated all oral direct acting agents (DAA) for HCV.
• This has resulted in a debate about the ongoing need for intensive care coordination of PWH and HCV during HCV treatment.
• The IDP serves a predominantly minority populations with high rates of mental health and substance use issues; challenges that are associated with higher rates of being lost to care.
• We looked at the impact of intensive nurse care coordination (NCC) of PWH and HCV at an inner-city clinic in Newark, NJ.

Methods
• This was a retrospective chart review of HCV treatment outcomes among PWH at Rutgers New Jersey Medical School who received HCV treatment between January and October 2019
• A dedicated HCV nurse was responsible for assuring insurance authorizations, medical appointments, and coordination with patients and their pharmacies, medication adherence etc.
• We collected baseline demographics, HIV and HCV viral load (VL), HCV treatment outcomes and retention in care rate (≥2 visits during study period).

Results
• 32 patients were included in this study (Table-1 below).

Table-1: Demographic Characteristics

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>N=32 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>(50%)</td>
</tr>
<tr>
<td>Race</td>
<td></td>
</tr>
<tr>
<td>• Black</td>
<td>27 (84%)</td>
</tr>
<tr>
<td>• Hispanic</td>
<td>03 (9%)</td>
</tr>
<tr>
<td>• Other</td>
<td>02 (6%)</td>
</tr>
<tr>
<td>Mental Health</td>
<td>25%</td>
</tr>
<tr>
<td>Substance use disorder (SUD)</td>
<td>47%</td>
</tr>
<tr>
<td>HIV VL &lt;20 at baseline</td>
<td>91%</td>
</tr>
<tr>
<td>HCV Genotype 1</td>
<td>93%</td>
</tr>
</tbody>
</table>

Figure-1: Hepatitis C Treatment Outcomes

- 32 (100%) Started HCV Treatment
  - 15 (47%) were still on HCV treatment
    - 15 (47%) attained HCV Sustained Virologic Response (SVR)
  - 0 (0%) are awaiting results of HCV treatment outcomes
  - 2 (6%) were lost to follow up

Results- Contd
• Nurse care coordination is a key component and adds immense value to medical outcomes among persons with HIV and HCV.
• Nursing involvement shows that even patients with high rates of mental health and substance use disorder can be successfully treated

Limitations
• This was retrospective study.
• The total study population was small.
• We did not have a control arm without nursing involvement.
• It is also possible that those who were linked and retained in care were more likely to get treated for HCV.

Conclusions
• NCC remains a key component to improve outcomes with respect to HCV cure and retention in care among PWH and HCV, particularly among minority populations with high rates of MH and SUD.

References