

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).

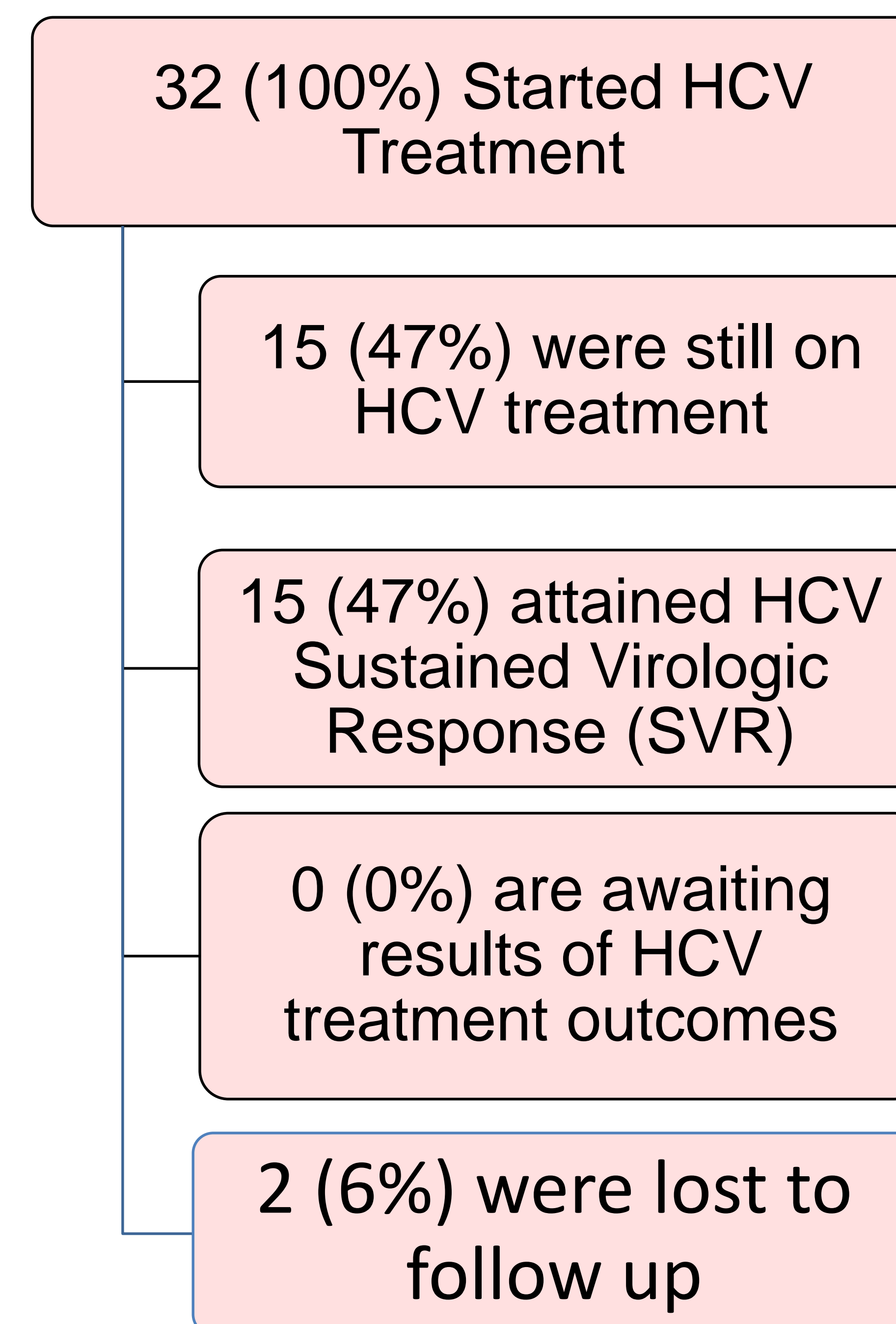
Results

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

Table-1: Demographic Characteristics

Characteristic	N=32 (%)
Male	(50%)
Race	
• Black	27 (84%)
• Hispanic	03 (9%)
• Other	02 (6%)
Mental Health	25%
Substance use disorder (SUD)	47%
HIV VL <20 at baseline	91%
HCV Genotype 1	93%

Figure-1: Hepatitis C Treatment Outcomes



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

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