Monitoring the Care Cascade: Developing a Robust Screening and Treatment Information System

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Background

• Georgia has embarked on the world’s first national HCV elimination program

• Hepatitis C elimination hinges on the high quality of the monitoring data

• Robust information systems are essential to collect and analyze data
**Georgia HCV Care Cascade**
April 2015 – September 2017

**2015 Serosurvey Data:**

- Estimated HCV RNA+ persons Nationally: 150,000

**Treatment Data:**

- HCV RNA Positive: 43,993
- Initiated HCV treatment: 39,396 (89.6%)
- Completed treatment: 34,914 (88.6%)
- Cured*: 24,354

* of 32,142 patients eligible for SVR assessment, 24,804 were tested, 24,354 (98.2%) achieved SVR, 7,338 (23%) missing data.
How effective HCV program is at meeting 2020 targets?

<table>
<thead>
<tr>
<th>Target</th>
<th>N</th>
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<tbody>
<tr>
<td>Target of identifying 90% of HCV-infected persons</td>
<td>135,000</td>
</tr>
<tr>
<td>Target of treating 95% of people with chronic HCV infection</td>
<td>128,250</td>
</tr>
<tr>
<td>Target of curing 95% of persons treated for their HCV infection</td>
<td>121,838</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Status</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCV RNA Positive</td>
<td>43,993</td>
<td>32.6%</td>
</tr>
<tr>
<td>Initiated HCV</td>
<td>39,396</td>
<td>31.1%</td>
</tr>
<tr>
<td>Cured</td>
<td>24,354</td>
<td>19.2%</td>
</tr>
</tbody>
</table>
The Evolution of HCV Elimination Program Information Systems
April 2015 - September 2017

- Treatment system “STOP-C” launch
- CDC TA for “STOP-C”
- CDC TA for “Elimination-C” launch
- Screening data linked & screening registry roll out
- M&E Annual Report

- CDC TA for “STOP-C”
- M&E workshop
- CDC TA for treatment databases
- IT workshop

- April 2015
- February 2016
- April 2016
- June 2017
- May 2017
- July 2017
- November 2017
Stop-C Data System: April 2015

• Program Launch with free of charge treatment
  • Urgent need for data management system

• STOP-C Data System
  • Adapted from interferon program
  • Multi-purpose system (demographics, diagnostic, clinical and drug dispense)

• Limitations and challenges
  • No stakeholder input
  • Required extensive maintenance
  • Limited analytic capability
  • Limited capacity, as number of treatment sites and patients grew
Elimination-C Data System: June 2016

- Current web-based system in use in Georgia
- Created with more stakeholder input
- Incorporates more data as treatment sites expand (from 4 to 30 clinics currently)
- Risk behavior data collected including drug and alcohol use
- Patients that began treatment prior to June 2016, data continues entered into STOP-C
- No data sharing with STOP-C, requires periodic manual merging and cleaning of Stop-C and Elim-C
Screening Data Systems, 2015-2016

- Data collected at various settings
- Various formats
  - Excel, paper, web
  - Confidentiality issues for collecting data for PWID
- Difficult/impossible to merge and analyze
- Screening databases consolidated in May 2017
Screening and Treatment Databases Linked: Preliminary Findings

Unique identifier/personal ID allows for linkage of data systems

• Linked databases help to identify gaps in the care cascade
  • >20,000 persons of 41,000 who screened anti-HCV+ did not receive RNA testing
  • >2,000 HCV RNA (+) were not linked to treatment
Conclusions

• Information systems are essential for monitoring
  ▪ Database management is resource intensive

• Action-oriented Information systems integration is critical
  • monitor across the continuum of HCV care
  • Identify gaps in screening and linkage to care

• Preliminary findings highlight the need for improvements in post-test counseling and case navigation
Thank you!