



Linking Knowledge to Action: Empowering HCPs in Screening and Treatment of Patients Across the Viral Spectrum

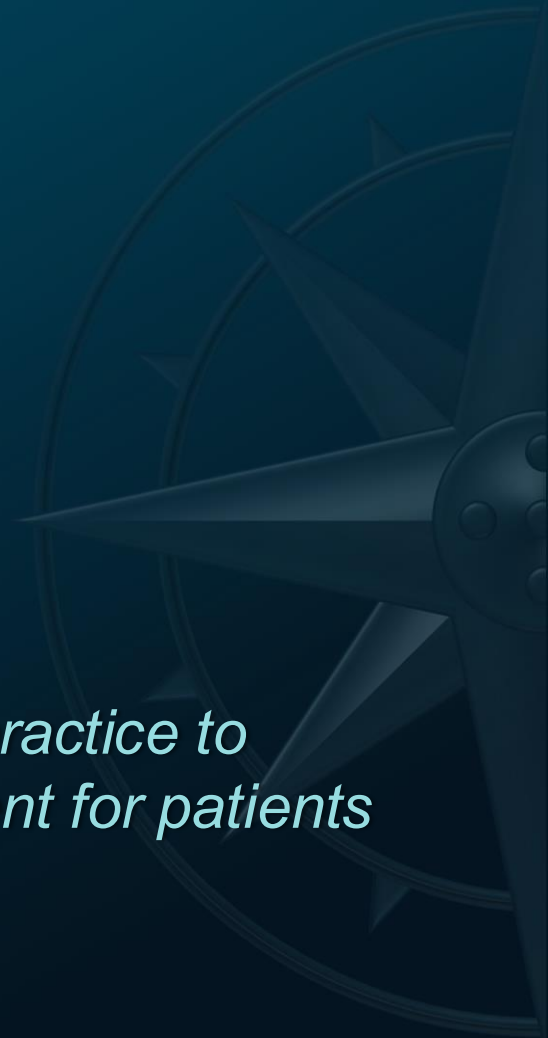
Incorporating Collaborative Care Strategies to Enhance Linkage to Care and Treatment Initiation in Viral Hepatitis

This activity is supported by an independent educational grant from Gilead Sciences, Inc.



LEARNING OBJECTIVE

Incorporate collaborative care strategies into practice to improve linkage to care and patient engagement for patients with HBV, HCV, and HDV



Key Highlights from AASLD 2025



- **New AASLD/IDSA Hepatitis B Guidelines** were released, emphasizing broader HBV screening – particularly one-time screening for all adults – along with simplified treatment initiation criteria and clearer recommendations for monitoring special populations
- Data presented highlight **promising progress toward an HBV functional cure**, with combination regimens such as siRNA- and capsid-inhibitor-based approaches, showing deeper and more sustained HBsAg declines than monotherapy. While still investigational, these regimens point toward a future of finite treatment courses
- For hepatitis C, updated studies of **ultra-short and long-acting DAA therapies showed SVR rates above 95%**, offering potential game-changers for difficult-to-reach populations, including individuals without stable housing and people who inject drugs
- **Real-world data for bulevirtide in HDV** demonstrated continued improvements in viral suppression and liver inflammation, reinforcing its role as a foundational HDV therapy

Faculty Introductions





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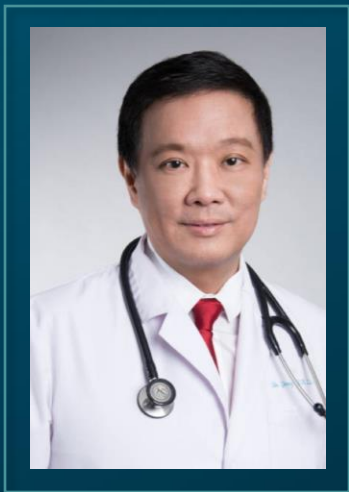
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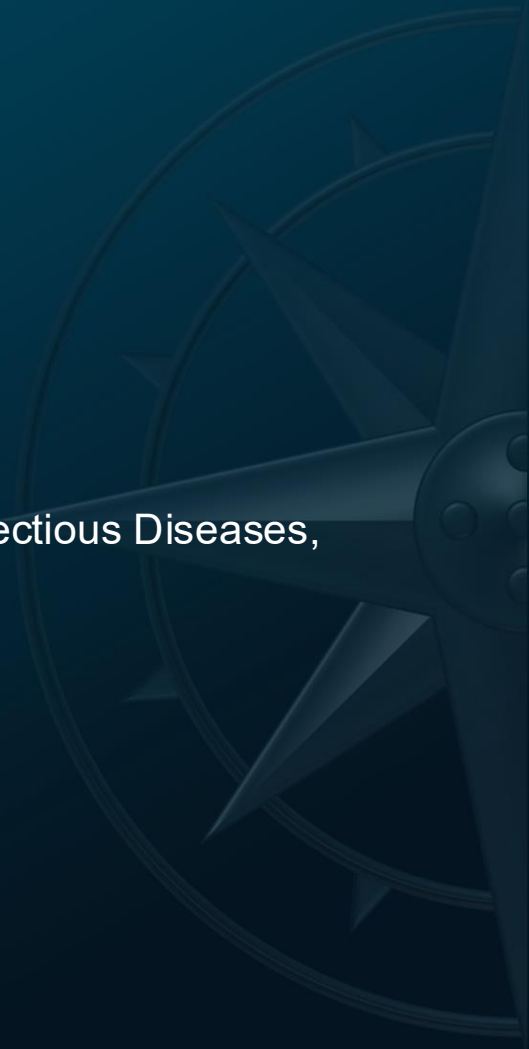
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***Incorporating Collaborative Care
Strategies to Enhance Linkage to Care
and Treatment Initiation for Viral Hepatitis***



***Are there collaborative care models
for hepatitis B in your region?***



Collaborative Hepatitis Care in Asia

- Example: Guangdong Province (population:~150 million)
- Supports universal screening (HBV and HCV)
- Goal: screen 70% of population
- Rapid tests (relatively inexpensive)
- “Hepatitis-Free Generation”
 - Community and home screenings
 - Only requires one drop of blood
 - Cost effective
 - ~95% accuracy



HCV = hepatitis C virus.

Fan R, et al. *Lancet Infect Dis*. 2016;16(10):1103-1105. Kaewdech A, et al. *Viruses*. 2024;17(1):34. Sun N, et al. *Infect Dis Model*. 2025;11(1):191-202.

Multiplex Testing

- HIV, HBV, HCV
- Only requires one drop of blood
 - Nearly 95% accurate
 - Facilitates community-based testing
 - Future prospect: self-testing
 - “Whole person” approach?
 - Combine hepatitis screening with other testing (e.g., blood pressure, cholesterol testing, body mass index [BMI], non-invasive liver testing)

Screening and Linkage to Care



Strategies for Viral Hepatitis Collaborative Care

Education for primary care clinicians

- Simplify processes (timeliness matters)
- Provide reminders, support

Shorten time from screening / diagnosis to treatment

- Co-locate services where people get screening for other comorbidities to counter system “fragmentation”
 - E.g., HCV screening and treatment in opioid use disorder clinic
 - Co-locate telemedicine, telehealthcare

Linking People to Care



Significant
role for
pharmacists,
NPs, PAs,
nurses

E-consult
direct-to-
treatment
program

One strategy
does not fit all –
tailored approach
based on patient
background,
insurance, other
factors preferred

Addressing
cultural barriers

- Communication modalities
- Customized education

Stigma Related to Hepatitis B

- Varies based on patient, place of employment, country/location
- Drugs in development aiming for hepatitis B functional cure
 - Hepatitis B surface antigen → promotes stigma for some patients
 - Level of perceived stigma varies from person-to-person

***Access to Screening and
Treatment in Spain***



Hepatitis in Spain

- National elimination plan in place
- Free screening and access to treatment
- Large number of patients with chronic hepatitis C have been cured
- All people born in Spain vaccinated for hepatitis B
- Adults >40 who were not vaccinated as newborn or adolescent can be vaccinated if they have risk factors
- Many migrants are not vaccinated
 - Many in Spain from South America, Sub-Saharan Africa
 - Endemicity of hepatitis B (and often hepatitis D) very high



***Linkage to Care in France and
Germany***



Approaches to Screening for Hepatitis

- Population-based universal screening
- Cost effectiveness of screening
- Variations in approach for B, C, Delta
- High-risk populations vs general population





Which of the following strategies is most effective in improving viral hepatitis case finding and linkage to care in France?

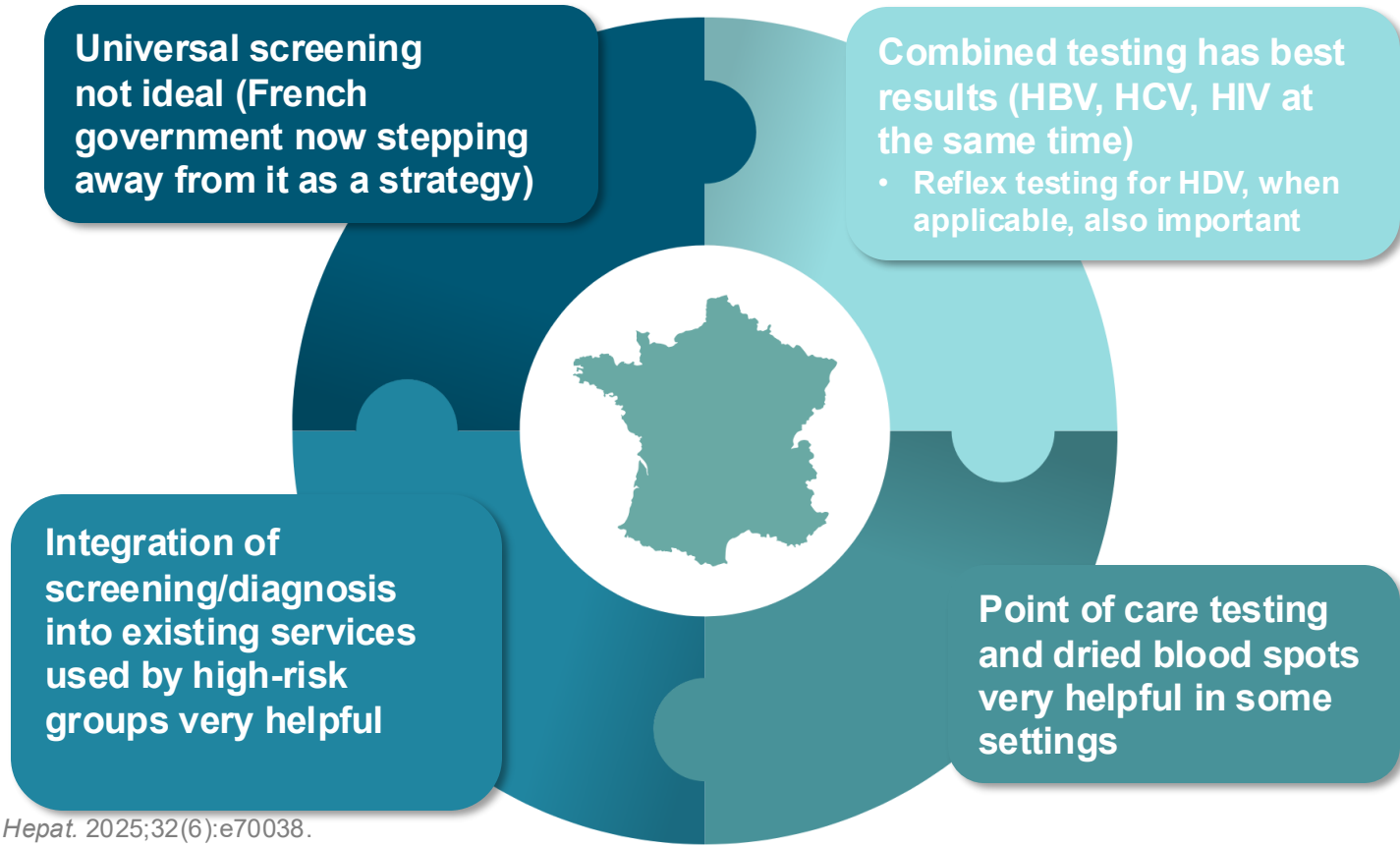
- A. Implementing universal, population-wide HBV and HCV screening as the primary national approach
- B. Relying on general practitioners to lead most viral hepatitis testing and treatment efforts
- C. Integrating combined HBV/HCV/HIV testing and HDV reflex testing into existing high-risk service settings (e.g., opioid substitution clinics, HIV clinics, prisons)
- D. Focusing exclusively on point-of-care testing and dried blood spots without additional system-level changes
- E. I don't know



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Diagnosis and Linkage to Care in France



Community Outreach and Culturally-Adapted Campaigns in France



Decentralized
testing
important
(primary care
clinicians,
nurses, etc.)

Opioid
substitution
clinics

Needle
syringe
programs

Sexual
health
clinics

Migrant
centers

HIV
clinics

Prisons /
detention
centers

Culturally-
adapted
campaigns
consider
different
cultures,
languages

Barriers that Limit Expansion of Screening



**Incomplete
reflex testing**

**Issues in prison
implementation**

**Patient
unfamiliarity
with HDV**

Data gaps

**Social
structural
barriers**

**Language
barriers**

The Hepatitis C Factor



- Hep C “solved”
- Waning interest by clinicians in treating patients with HCV (“no longer a problem”)
- Misunderstanding about HBV drug development
- Evolution of drug development
- HDV often ignored on a global basis

Population-based Screening in Germany

- Every individual age >35 eligible for:
 - Program started in 2021
 - General health checkup
 - Screening for viral hepatitis 1X
- By 2022: newly-diagnosed cases of HBV 5X as high compared to pre-pandemic era (2019)
- But, important to recognize there are pockets of HCV, HBV, HDV infected patients that remain and should be specifically targeted (a public health imperative)



Who Treats Viral Hepatitis in France?

- In theory, all clinicians can prescribe viral hepatitis drugs, including GPs
- In practice, vast majority of patients still cared for by specialists (usually hepatologist or infectious disease specialist)
- A new type of GP – “liver general practitioner” has emerged
 - CME/CE important for these GPs because patients have questions



SMART Goals

Specific, Measurable, Attainable, Relevant, Timely

Put information into action! Consider the following goals; then *set a time frame* that fits with your work environment and *a reasonable improvement target* that aligns with your patient population.

- Implement combined HBV/HCV/HDV(\pm HIV) testing within routine workflows, adopting at least one integrated screening approach
- Reduce time from diagnosis to treatment by adopting models such as co-located services, telemedicine, or pharmacist-led pathways
- Increase collaboration with primary care, pharmacists, and community health workers





Visit the **Liver Disease Hub**

Free resources and education
for health care professionals and patients

<https://www.cmeoutfitters.com/practice/liver-disease-hub/>

To Receive Credit

To receive CME/CE credit for this activity, participants must complete the post-test and evaluation online.

Participants will be able to download and print their certificate immediately upon completion.



Other activities in this series...

- Improving Time to Treatment Initiation for Viral Hepatitis (HBV, HCV, and HDV) through Screening and Diagnosis
- Shared Decision-Making and Motivational Interviewing in the Care of Patients with HBV, HCV, and/or HDV
- Actionable Strategies to Engage with High-Risk Patient Populations in HBV, HCV, and HDV Care