



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

Shared Decision-Making and Motivational Interviewing in the Care of Patients with HBV, HCV, and HDV

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



LEARNING OBJECTIVE

Integrate shared decision-making and motivational interviewing as key components for patient-centered care for individuals 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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Medical Director, Center for Asian Health

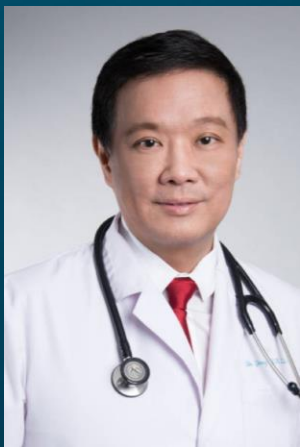
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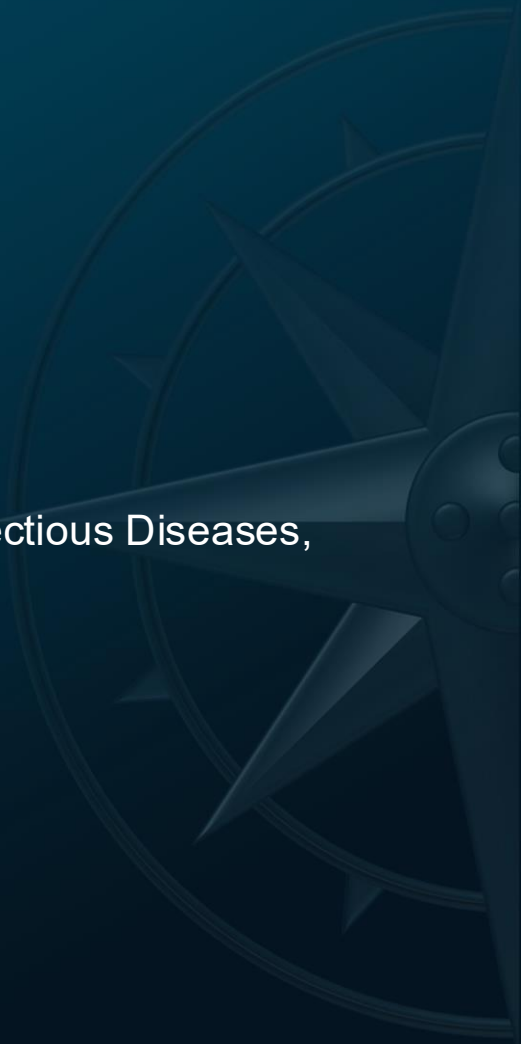
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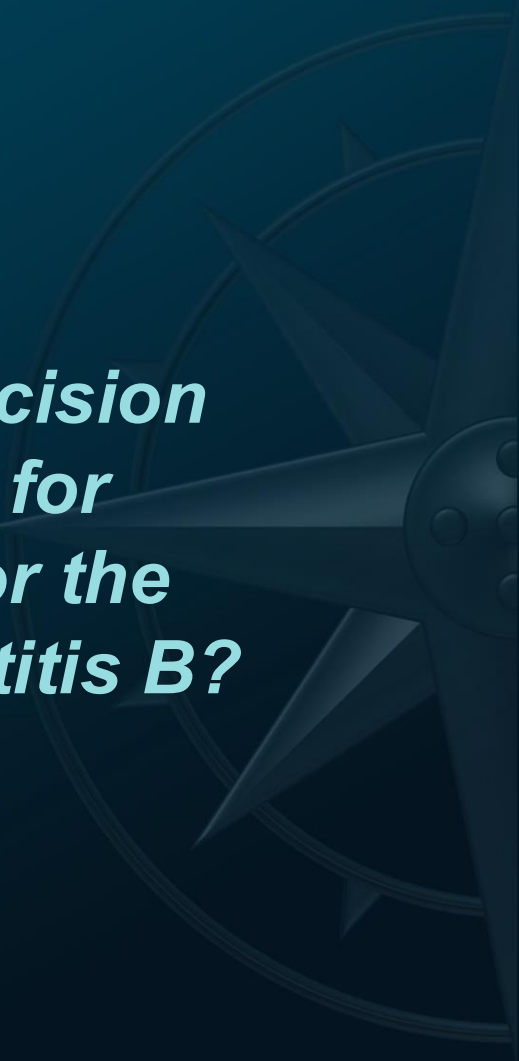
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Shared Decision-Making in Viral Hepatitis Patient Care

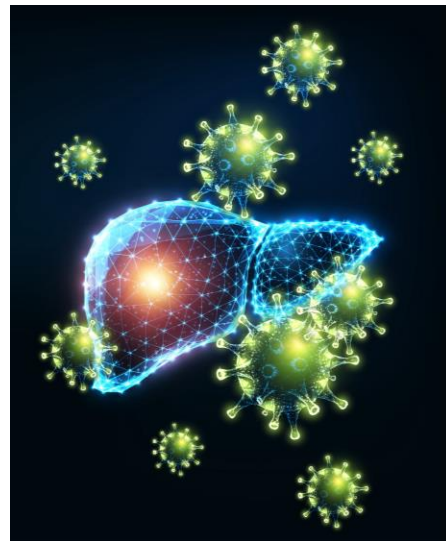


How do you implement shared-decision making (SDM) in your practice, for example, with younger patients or the parents of children who have hepatitis B?



SDM in Clinical Practice

- Immune tolerant versus HBeAg-negative (immune-inactive/control) phases of chronic hepatitis B (CHB)
- Traditional definition of the immune-tolerant phase in CHB has been challenged and is being dispensed with in several practice guidelines in favor of HBeAg-positive chronic infection
 - Shift reflects a better understanding that the phase is truly not benign or entirely “tolerant” immunologically



Practical Issues (SDM and HBV)



For pediatric patients, part of SDM conversation should be:

If patient is <7 years old, it is possible they could lose their surface antigen and live without hepatitis B for the rest of their life – a reason to start treatment

Patients/parents may be concerned with stigma

Prevention of transmission also an important conversation

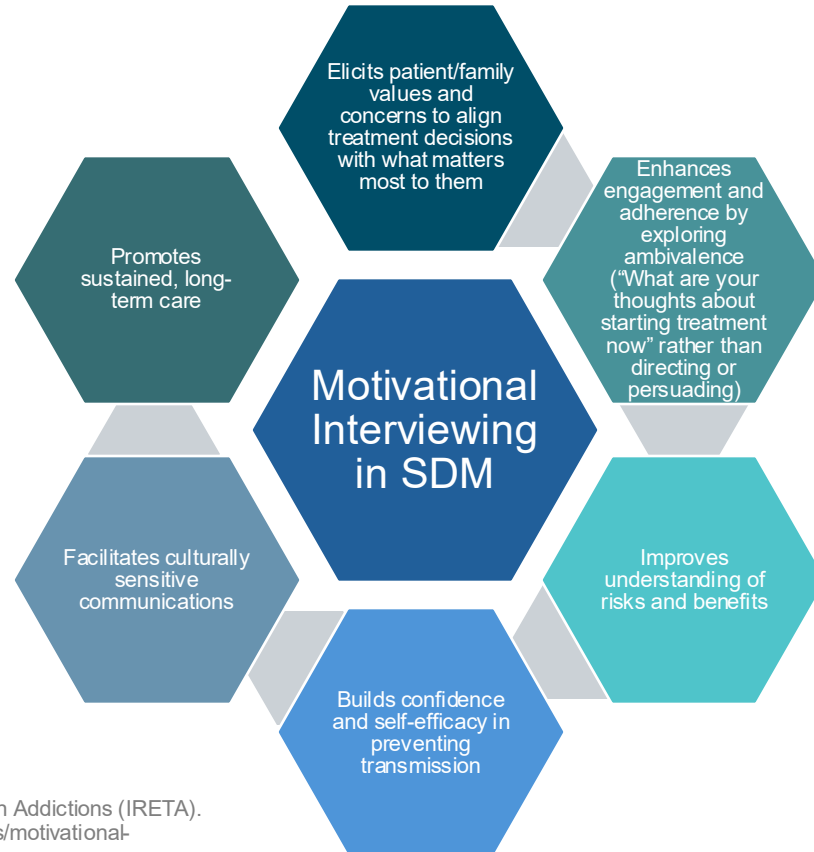
Many patients are reticent to discuss “real concerns” about stigma, discrimination, personal relationships with clinicians

Vaccination obviates the need for these conversations

Patient Engagement and Motivational Interviewing



Motivational Interviewing in SDM (HBV, HCV, HDV)



Community Programs in Spain

- Migration centers
- Screening programs in Spain
 - Consulates
 - Pakistan consulate (in Barcelona)
 - Romanian consulate (HDV very high in Romania)
 - Addiction centers
- Linkage to care
 - From screening centers to treatment centers
 - Mobile applications helpful in ongoing communications



SDM in Spain/Europe



- Cultural considerations
 - Supported in EASL Guidelines
 - Overcoming language barriers
- Nurses: critical role in counseling/care, especially with regard to HBV
 - Emphasis on long-term treatment, no cure (albeit "functional cure" possible)
- In hepatitis C, patients who are cured must be reminded that the risk of re-infection remains
- When appropriate, recommend clinical trials

SDM in Spain/Europe

- Language barriers can be challenging
 - Interpreters are used
 - Culturally-adapted material helpful
 - Google translate (as a backup)
 - Friends/family members to assist in translation
 - Video translators, phone-based translators

Motivational Interviewing



- Varies in Europe depending upon region, institution, resources (heterogeneous)
- More tools/resources needed to reach populations regarding HBV and HDV
- Counseling establishes chronic nature of disease, need for continuous treatment
- Educational videos helpful
- Various apps (e.g., WhatsApp) has improved communications with healthcare teams and patient adherence to therapies

Patients Often “Open Up” to Nurses or Patient Navigators vs Physicians

- Patients report high levels of trust in nurses
- More likely to reveal sensitive information vs physicians
- In many settings, nurses spend more time with patients
 - May engage in more holistic communication
 - Psychosocial issues
 - Lifestyle





Which of the following questions is most consistent with a motivational interviewing approach when engaging patients with chronic HBV, HCV, or HDV?

- A. “You need to start treatment soon – do you understand why?”
- B. ”Why haven’t you been coming to your clinic visits regularly? You can do this!”
- C. “What concerns or priorities do you have as you think about starting treatment?”
- D. “Are you ready to start treatment today or not?”
- E. I don’t know



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Sample Motivational Interview Questions



- What are your thoughts about starting treatment?
- What matters most to you as you consider your treatment options?
- On a scale of 1-10, how ready do you feel to begin treatment (and what would help move you up a point or two?)
- What concerns, if any, do you have about passing hepatitis to others?
- What do you already know about how hepatitis is transmitted, and what questions do you still have?



From Screening to Treatment



Identify patients with anti-HCV antibodies or HBSAg-positive

Reflex testing (if appropriate)

If HBSAg-positive, proceed to HBV DNA and anti-delta antibodies

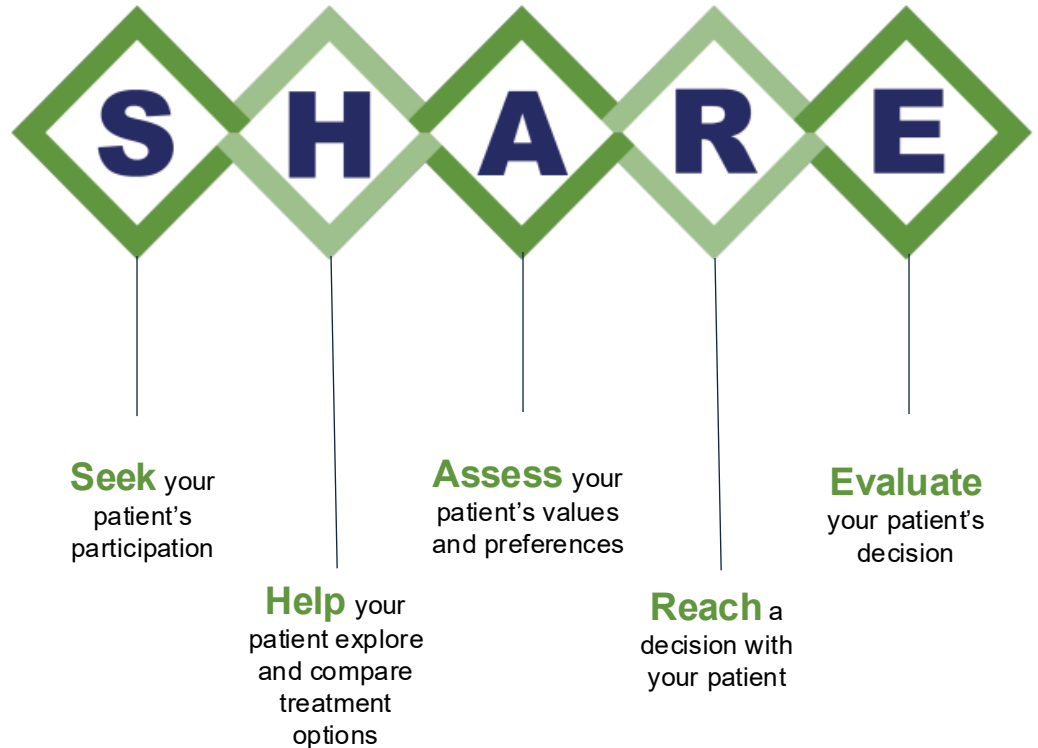
Check all medical registers and link to care, as appropriate

***Additional European
Perspectives: SDM and
Motivational Interviewing***



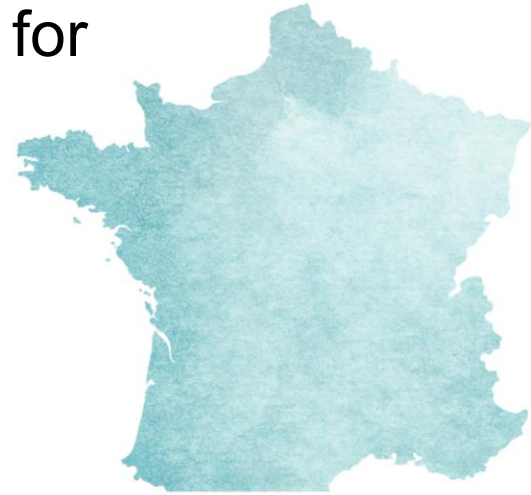
SDM

- For successful SDM, clinicians need to be current with hepatitis screening and treatment strategies so they can answer questions
- 2025 AASLD/IDSA Hepatitis B Guidelines
- EASL Guidelines
- Others



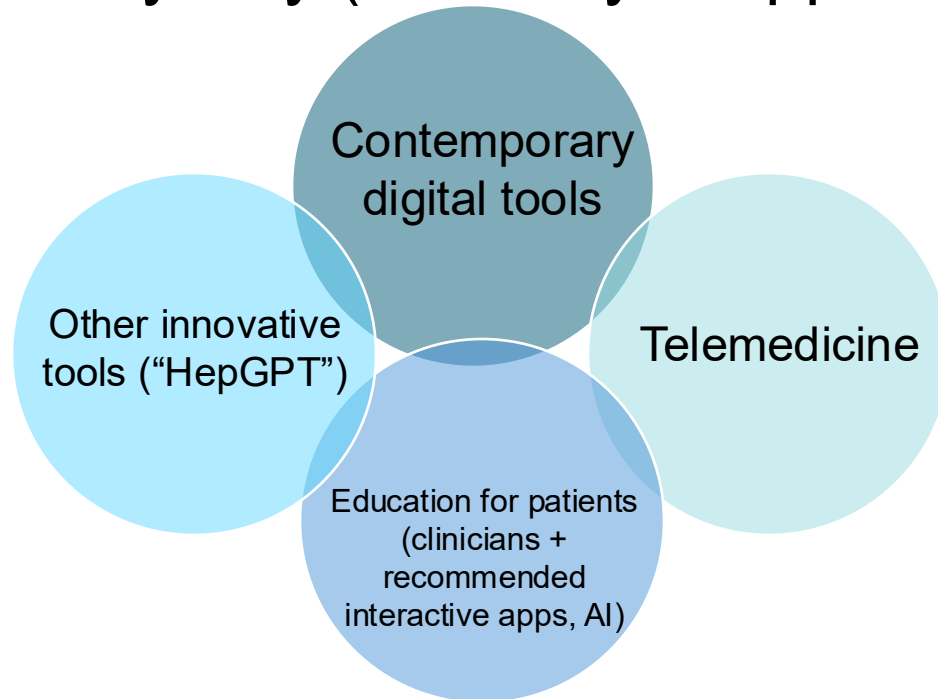
Hepatitis Care in France

- Country is organized into regional networks for viral hepatitis
 - Hepatology academic centers
 - Community hospitals
 - Private specialists
 - General practitioners
- Linked to virology labs, local health clinics, opiate substitution clinics, prison clinics, etc.
- Majority of new patients: younger, less severe disease, are often migrants, prisoners, or PWIDs



Multidisciplinary Teams in France

Interprofessional teams work together in a complementary way (nowadays supported by AI)



SDM Faculty Discussion
Heiner Wedemeyer, MD
Debika Bhattacharya, MD, MSc



SDM Faculty Discussion

Su Wang, MD, MPH

George Lau, MD



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.

- Integrate at least two patient-centered strategies (e.g., eliciting concerns about stigma, transmission, or treatment burden) into HBV/HCV/HDV care discussions
- Use at least one motivational interviewing technique – such as open-ended questions – to improve engagement and retention, especially in vulnerable populations
- Implement or reinforce workflows that include reflex testing and proactive follow-up for patients, as appropriate



Other activities in this series...

- Improving Time to Treatment Initiation for Viral Hepatitis (HBV, HCV, and HDV) through Screening and Diagnosis
- Incorporating Collaborative Strategies to Enhance Linkage to Care and Treatment Initiation for Viral Hepatitis
- Actionable Strategies to Engage with High-Risk Patient Populations in HBV, HCV, and HDV Care



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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.