

# 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

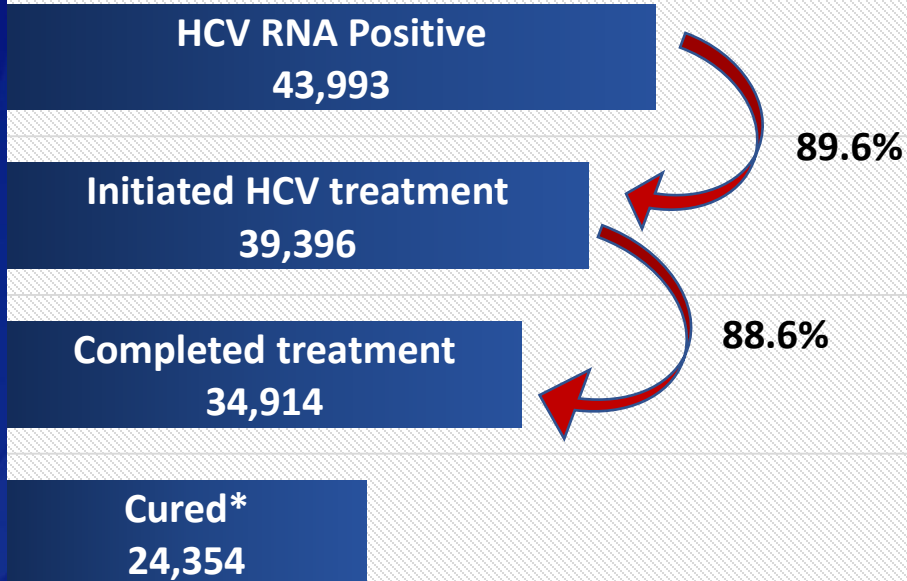
# Georgia HCV Care Cascade

## April 2015 – September 2017

### 2015 Serosurvey Data:

Estimated HCV RNA+  
persons Nationally  
150,000

### Treatment Data:



\* 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?

Target of identifying 90% of HCV-infected persons  
**N=135,000**



Target of treating 95% of people with chronic HCV infection  
**N=128,250**

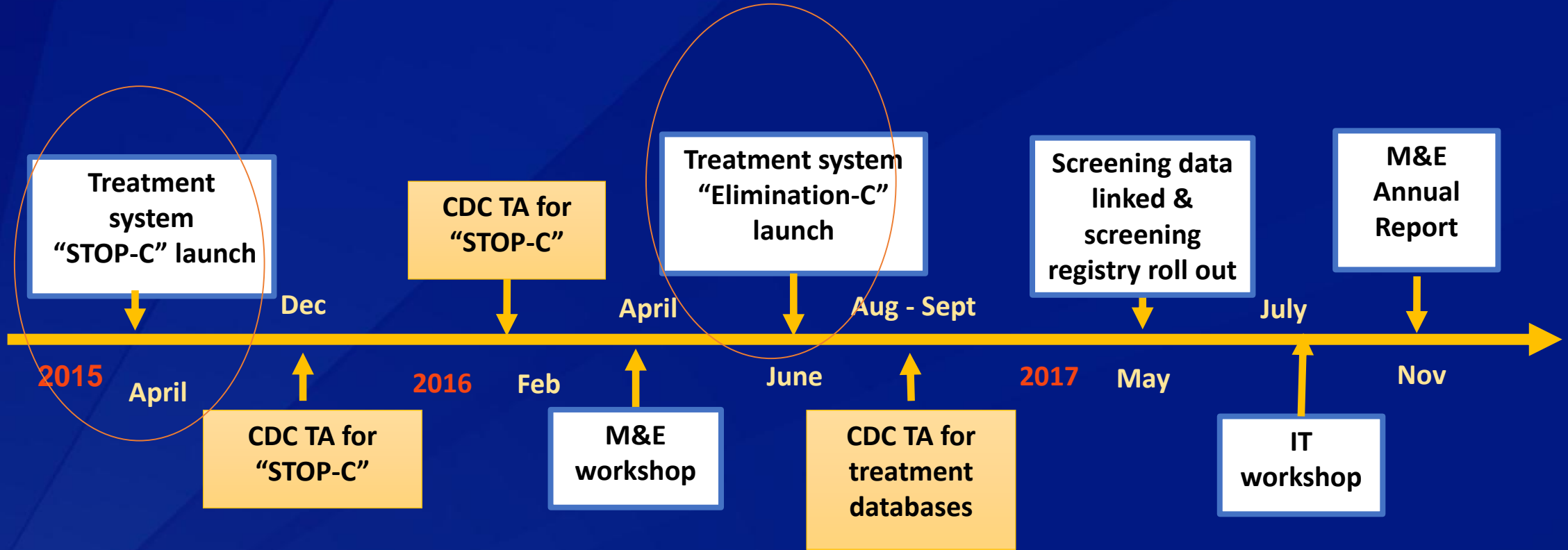


Target of curing 95% of persons treated for their HCV infection  
**N=121,838**



0% 20% 40% 60% 80% 100%

# The Evolution of HCV Elimination Program Information Systems April 2015- September 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

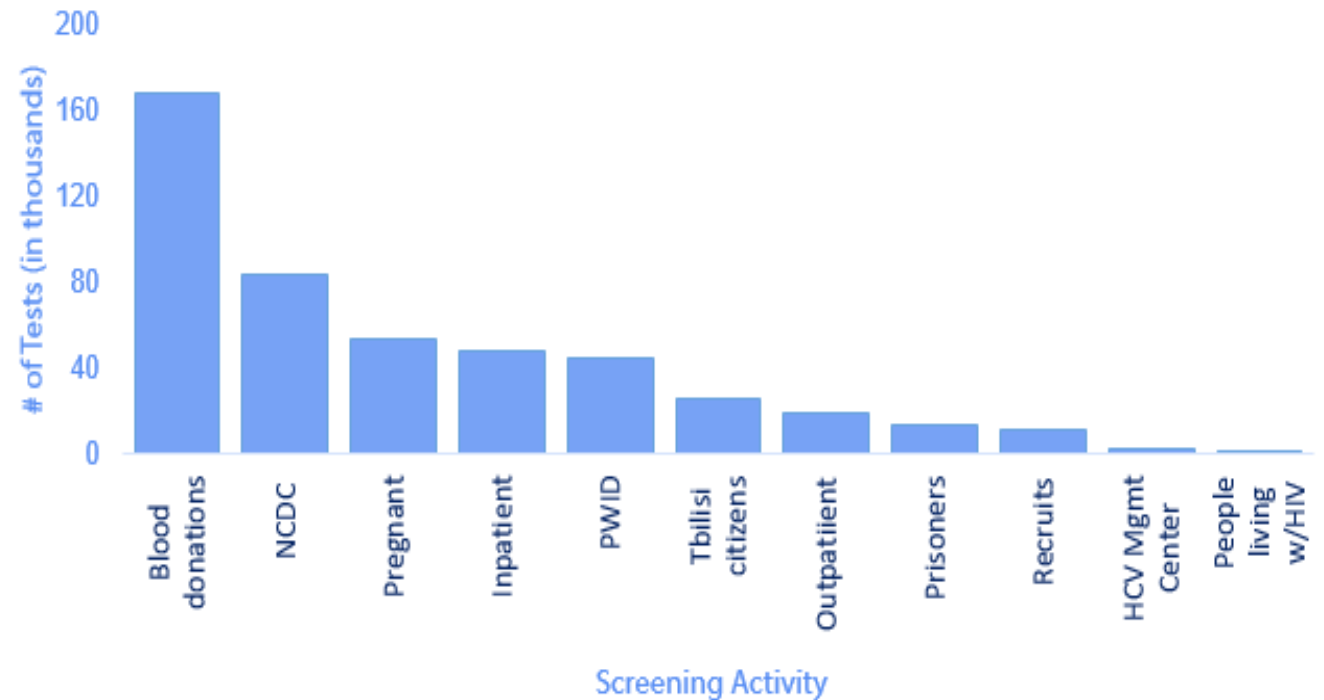
# Elimination-C Data System: June 2016

- 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

## Hepatitis C screening in Georgia — 2015–2016





# 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!