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#136 - Improving routine hepatitis C testing and treatment in inpatient mental health services: a pilot implementation trial

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Background/Objectives/Aims

Hepatitis C virus (HCV) disproportionately impacts individuals experiencing mental illness (19%) versus general population (1.2%). This pilot project aimed to assess feasibility and efficacy of implementation strategies increasing HCV testing; b) explore the acceptability of routine HCV testing and treatment in MHS and barriers and enablers of implementation.

Methods

A Pre-post mixed method study in two MHS in-patient wards in the Hunter New England, NSW. Implementation strategies included executive support, site champion, staff training and resource provision to support delivery of the following model of care: all patients offered HCV testing; treatment access via a nurse-led remote-prescribing model. Medical records provided testing data; validated surveys



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and focus groups assessed clinician acceptability; and explored implementation barriers and enablers.

Main Findings

Over 7 months, HCV testing increased by 34%. 75% of clients diagnosed with HCV started treatment. 100% of surveyed clinicians agreed HCV-testing was important and welcomed routine testing as usual care. 90% of clinicians reported HCV testing is implementable. Focus groups revealed barriers to HCV care including clinician's self-efficacy to prescribe medication, staff turnover leading to inconsistent testing, and patient-level challenges (e.g., short stays, acutely ill); and prominent enablers: clinician's motivation to test, offering curative treatment, and support from a site champion.

Conclusions

Routine HCV care is feasible, increased HCV testing and treatment in MHS units. Data on barriers and enablers to HCV care maybe used to refine implementation strategies to support mental health clinicians. These strategies should then be tested using more robust evaluation methods, via a randomised controlled trial.