

# Client Acceptability and Feasibility of Expanded Access to Direct Acting Antiviral Therapy for Hepatitis C at the Kirketon Road Centre

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## Introduction

The Kirketon Road Centre (KRC) is a publicly funded primary health care service in Kings Cross, Sydney providing prevention, treatment and care of viral hepatitis in people who inject drugs. Since the introduction of direct acting antivirals (DAAs) in Australia, KRC has sought to support treatment by offering clients daily or weekly medication through our opioid substitution treatment (OST) program regardless of participation in OST or opioid dependence. The aim of this study was to evaluate the acceptability and feasibility of delivering DAAs on a daily or weekly basis, and the impact on the provision of care to other clients.



## Methods

Feasibility of KRC's dosing options was evaluated by monitoring treatment uptake and selection of dosing options during the first six months of DAA availability. All clients initiating treatment with DAAs during this time were included. Data were analysed to compare demographic characteristics of clients choosing a supportive dosing option with those choosing to receive monthly prescriptions.

Acceptability of the dosing options among clients was evaluated using a cross-sectional survey conducted six months into the program to ascertain feedback and satisfaction. The survey included clients accessing KRC including those receiving DAAs through a daily or weekly treatment plan, those on treatment who managed their own DAA prescriptions, and those not on treatment. Data were analysed to determine acceptability of offering daily dosing plans.

Acceptability of the dosing options was also evaluated among KRC staff by comparing responses to two surveys. The first survey, prior to offering the dosing options, asked about staff attitudes towards offering HCV treatments and their degree of concern regarding various aspects of implementing the dosing options. The second survey, after nine months of providing DAAs through the OST program, included the same questions phrased to assess the observed impact of implementing the dosing options.

## Results - Feasibility

In the first six months of prescribing DAAs, 79 clients commenced treatment at KRC. Of these, 30 clients (38%) chose to receive medications either weekly (n=10) or daily (n=20) at KRC. Among these 30 clients, 12 (40%) were not enrolled in OST including 8 who did not use opioids. Clients choosing to receive DAAs daily or weekly at KRC compared to those who self-managed their medication were:

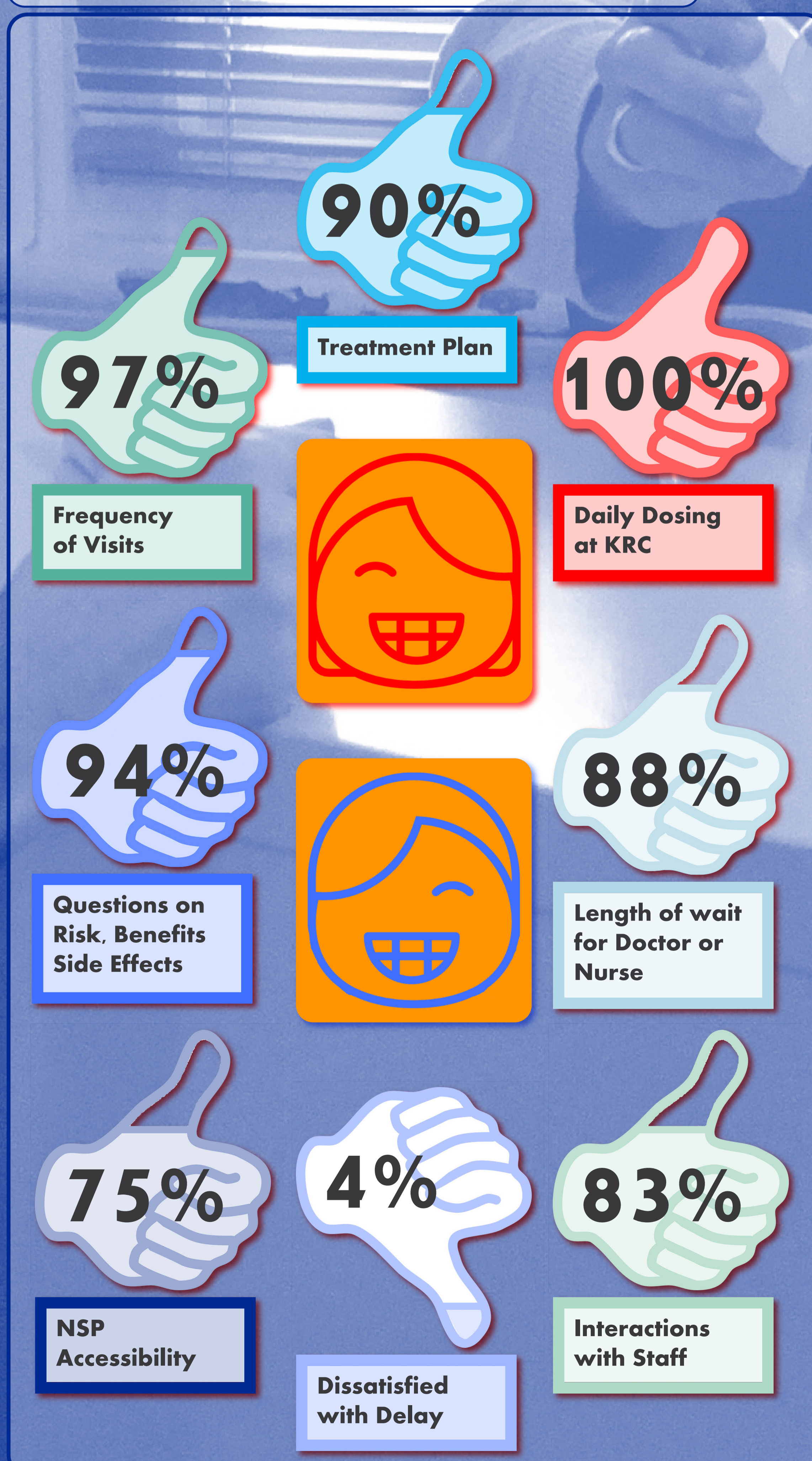
- Younger (44 vs 49 years, p=0.026)
- Aboriginal (47% vs 23%, p=0.025)
- Ever in custody (86% vs 53%, p=0.018)
- Homeless in the last year (53% vs 19%, 0.001)
- Injected drugs in last six months (86% vs 63%, p=0.037)
- Currently enrolled in opioid substitution treatment (60% vs 27%, p=0.005)

## Results - Staff Acceptability

All staff thought KRC should provide treatment for HCV and make treatment as accessible as possible for clients. After providing daily and weekly dosing options for clients on DAAs, staff had fewer concerns and observed fewer impacts than were anticipated although concerns regarding the space required for medication storage persist. Although staff identified concerns prior to implementation, these were significantly less likely to be reported as ongoing concerns once DAA dosing had commenced. Concerns related to the following factors were significantly reduced :

- Length of wait for OST dosing (73% pre vs 45% post, p=0.043)
- Crowding in reception (67% vs 35%, p=0.028)
- Staff ability to effectively manage incidents between clients (30% vs 5%, p=0.034) and client expectations while waiting (50% vs 16%, p=0.029)

Figure-1 Proportion of Clients Satisfied or Very Satisfied



## Results - Client Acceptability

A total 117 clients completed the survey: 32 taking HCV treatment and 85 accessing other services at KRC. The median age was 41 years (IQR 31-48), although clients on HCV treatment were older than other clients completing the survey. Of the clients participating, 75 (66%) were male, 22 (21%) were Aboriginal or Torres Strait Islander, and 77 (66%) had injected drugs in the last year. There were no significant differences in client acceptability or satisfaction between clients on HCV treatment and clients accessing other KRC services. Client acceptability is shown in figure 1.

## Discussion

This study demonstrates that providing daily or weekly dosing of DAAs in a primary health care setting is both feasible and acceptable. Using the existing OST program provided the means to efficiently provide medications regardless of client participation in OST with minimal impact on other service provision.

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