

De-Livering integrated care – evolution of a program into the AOD space

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Background:

The 'De-livering integrated care' model was developed in 2014 with the intention of providing a 'no wrong door' approach to Hepatitis C (HCV) care. The NSW Ministry of Health (NSW MoH) aims for HCV elimination by 2028. In response to 'The Framework for HCV testing and care in Alcohol and other Drug Services' guidance document, a quality improvement (QI) project was developed between the North Coast HIV and Related Programs unit (HARP) and MNC Drug and Alcohol service (D&A) and was implemented in 2024.

Description of model of care/intervention/program:

This QI aimed to make Dried Blood Spot Testing (DBST) standard of care for HCV screening in the Opioid Agonist Treatment (OAT) Model of Care (MoC). Embedding the use of DBST into the OAT MoC increases access to testing and treatment for HCV in the AOD setting whilst providing clear clinical pathways for more complex clients identified as positive for HCV.

Effectiveness:

Launched during Hepatitis Awareness week in July 2024 – the project increased the known HCV status of patients attending the AOD service by doing DBST in this setting. Prior to implementation of this project there had been a total of 17 DBST attended under the LCNNSW-DH DBS site code. At midpoint of this project there has been a 376% (n=81) increase in testing by the AOD staff indicating successful uptake of this testing modality.

Conclusion and next steps:

The Mid North Coast has a unique integrated Hepatology CNC position that enables project implementation between North Coast HARP and MNC D&A. This project is both an extension of De-Livering Integrated Care and an example of this successful integration, with significant resources provided by HARP services to D&A services to implement effective and appropriate DBS training and results management under research led testing modalities to increase testing and treatment in the AOD setting.