

## MODELS OF HEPATITIS C CARE IN METROPOLITAN MELBOURNE

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**Background:** The Eliminate Hepatitis C Partnership aims to increase hepatitis C treatment uptake amongst people who inject drugs (PWID). However the availability and delivery of hepatitis C care in general practice (GP) and community clinics in Australia is not well understood. To address this gap we conducted site scoping in metropolitan Melbourne to: 1) identify community health and GP clinics with high case-loads of PWID, 2) determine their current hepatitis C care models, and 3) develop activity plans to enhance treatment uptake among PWID.

**Methods:** We invited community health and GP clinics, particularly registered opioid substitution therapy prescribers and alcohol and other drug services for site scoping. We undertook semi-structured interviews in 16 sites, covering hepatitis C screening and diagnosis, liver fibrosis assessment and antiviral treatment.

**Results:** We identified four existing models of care: 1) shared care between visiting hepatitis nurse and specialist, 2) hepatitis nurse outreach clinic with specialist undertaking paper review for prescriptions, 3) visiting hepatitis nurse offering mentoring role to clinic nurse or GP for testing and treatment, with hepatitis nurse offering additional liver assessments, 4) GPs either treating patients independently or referring all patients to specialists (no involvement from hepatitis nurse). Sites often utilised two or more models. For sites utilising models involving GPs (3 and 4), strengthening referral pathways for liver assessment was seen as important to enhance access to testing and treatment for willing clients. Models where hepatitis nurses deliver care (1 and 2), capacity to provide opportunistic (point of care, (POC)) testing and increase linkage to treatment was identified as an opportunity.

**Conclusion:** Hepatitis C models of care varied across sites. POC testing, increased resourcing of integrated hepatitis nurse support to community sites and simplified referral pathways to treatment were identified as strategies to maximise hepatitis C testing and treatment uptake among PWID.

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