

Improving Access to combined Hepatitis C and Opioid Agonist Treatment Assessments for Patients within NSW Custodial Settings.

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Background: Drug and Alcohol (D&A) Nurse Practitioners (NPs) within Justice Health NSW (JHNSW) have expanded their scope of practice (SoP) to include the opportunistic prescribing of hepatitis C (HCV) treatment for patients being assessed for or already receiving Opioid Agonist Treatment (OAT).

Argument: People with opioid use disorder (OUD) in custodial settings frequently experience delays in commencing OAT, which can negatively impact treatment outcomes and engagement with HCV care. These delays contribute to poorer physical and mental health outcomes and suboptimal management of co-occurring substance use and infectious diseases. Streamlining access to both OAT and HCV treatment offers an opportunity to improve continuity of care during reception into custody.

Outcome: A pilot program was implemented at two reception custodial centres in metropolitan and regional New South Wales. The project aimed to streamline combined HCV and OAT assessments and facilitate earlier initiation of treatment for individuals identified with OUD and HCV.

The primary outcome was a reduction in wait times for initiation of both OAT and HCV treatment. Secondary outcomes included improved coordination between HCV and OAT care teams, enhanced workforce education and upskilling, development of integrated referral pathways and workflows, increased adherence to OAT and HCV antiviral therapy, and improved patient satisfaction with care.

Conclusions/Applications: Successful integration and collaboration between HCV and OAT teams, supported by targeted training and new workflows, improved continuity of care for patients with multiple co-morbidities. Active patient engagement and feedback identified barriers to care and informed ongoing quality improvement initiatives.

Disclosure of Interest Statement:

Nil disclosure of interest to declare