

## **Co-locating a hep c clinic with our NSP**

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### **Background/Approach:**

This abstract explores HepatitisWA's innovative model of care, focusing on the Deen Clinic's strategic integration with the Needle and Syringe Program (NSP) to address the challenges of Hepatitis C (HCV) treatment accessibility. Established in 2016, the model aims to reach priority populations, including people living with HCV, people who inject drugs (PWID), and Aboriginal people.

The Deen Clinic, co-located within the NSP building, provides a seamless pathway for clients to access testing and treatment for HCV. In 2022, the clinic expanded its reach, aspiring to become a primary health care hub for viral hepatitis.

### **Analysis/Argument:**

This comprehensive model embraces a patient-centred approach, offering a supportive environment and immediate referrals for testing and treatment. The intervention involves NSP staff offering brief interventions, with direct referrals to the Deen Clinic. The clinic staff conduct patient-centred intakes, inclusive of blood-borne viruses (BBV), sexual health screenings and vaccinations. A General Practitioner provides HCV treatment and primary healthcare services, ensuring holistic care beyond the immediate focus on BBV's.

### **Outcome/Results:**

Data from August 2016 to the present indicates the model's effectiveness, with 1056 direct referrals resulting in 347 initiated treatments. Notably, 237 patients achieved successful HCV treatment, and 160 demonstrated a serological viral response 4- or 12-weeks post-treatment.

### **Conclusions/Applications:**

In conclusion, the co-location of the HCV treatment clinic and NSP service proves to be a strategic and impactful approach, overcoming barriers to treatment. The model's flexibility, non-judgmental nature, and targeted focus on priority groups underscore a commitment to a non-mainstream approach. The initiative's success is further highlighted by proactive measures to build partnerships with homeless services, implementing Point-of-Care Testing (POCT) clinics for vulnerable populations. Sustaining and expanding these partnerships, along with a continued patient-centred and flexible approach, will be crucial for the clinic's ongoing success and provide a positive example for future healthcare endeavours in similar contexts.

### **Disclosure of Interest Statement:**

HepatitisWA provides a harm reduction service for the community including a government funded NSP.