

QUIET ACHIEVERS – A MULTI-DISCIPLINARY APPROACH TO HCV TREATMENT AND MANAGEMENT IN MARGINALISED POPULATIONS – THE QUIHN OUTREACH MODEL.

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Background/Approach:

In March 2016, Direct Acting Antivirals (DAAs) were listed on the Pharmaceuticals Benefit Scheme (PBS) allowing General Practitioners (GPs) to prescribe for people with chronic hepatitis C (HCV). Whilst a welcome move, Nurse Practitioners (NPs) around the country were overlooked as prescribers. After representation to the PBAC, NPs were finally permitted, in August 2017 to prescribe DAAs under Section 85. Although treatment to date continues to be provided in Tertiary settings and via some GPs, a gap in care remains for those who, for a variety of reasons, do not or will not access these services. Considering this, Queensland Injectors Health Network (QuiHN) developed an outreach NP model of care to provide treatment to clients, closer to their home and in their primary health care setting.

Analysis/Argument:

The NP model provides a “one stop shop” for HCV treatment to clients. The outreach clinics include onsite assessment, Fibroscan, and treatment in settings such as community mental health clinics, drug and alcohol clinics, and needle and syringe programs. These services have all requested the outreach service against a background of their own limited capacity to provide such care.

Outcome/Results:

The QuiHN outreach model provides holistic care to clients utilising a multidisciplinary team including the NP, harm-reduction focused case management staff, QuiHN counsellors, & when required, referral to the QuiHN GP or tertiary sector. This innovative approach acknowledges that treatment is much more than the prescribing of DAAs, and aims to ensure that clients are empowered to complete treatment, minimise the chance of re infection and are offered options to explore choices around their drug use.

Conclusions/Applications:

This inclusive model demonstrates the benefits of a collaborative approach to the treatment and management for people with chronic HCV who are not accessing mainstream treatment options, but are, however, high risk.

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