

ELIMINATE HEPATITIS C PARTNERSHIP: CLINICAL SITE SCOPING

Wong E¹, Pedrana A¹, Draper BL¹, Gold J¹, Richmond J¹, Stoove M¹, Doyle JS^{1,3,4}, Thompson AJ², Hellard ME^{1,3,4}

¹Disease Elimination Program, Burnet Institute, Victoria; ²St Vincent's Hospital, Victoria; ³Department of Infectious Diseases, The Alfred, Melbourne, Victoria; ⁴Department of Infectious Diseases, Monash University, Melbourne VIC

Background:

The Eliminate Hepatitis C Partnership aims to increase hepatitis C treatment uptake amongst people who inject drugs (PWID). As little is known about existing service delivery models in community settings we undertook community site scoping to: 1) identify community health and general practice (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 approached community health and GP clinics, alcohol and other drug services and registered opioid substitution therapy prescribers to be involved in site scoping. We undertook semi-structured interviews in 14 sites, covering hepatitis C screening and diagnosis, liver fibrosis assessment and antiviral treatment.

Results:

We identified four existing models of care: 1) on-site diagnosis by GPs and referral to a specialist for care, 2) shared care involving a visiting integrated hepatitis nurse and visiting specialist in patient management; 3) integrated hepatitis nurse-led testing and treatment through outreach from an associated specialist hospital (hospital specialist providing paper-check for each patient undergoing treatment), and 4) GPs providing testing and treatment independent of specialists for non-complex cases. Sites often utilised two or more models. For models involving GPs (1 & 4), strengthening referral pathways for liver assessment was seen as important to enhance access to testing and treatment when clients were ready. For models involving hepatitis nurses (2 & 3), 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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