



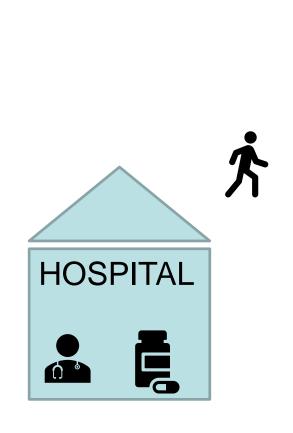
# SACC Shared Addiction Care Collaboration

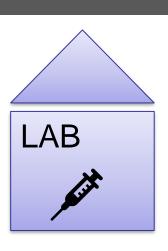
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# **Before SACC**





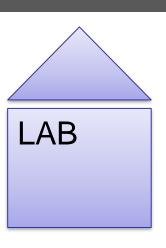


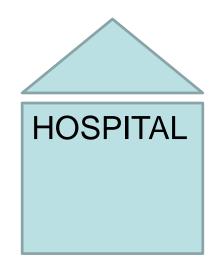






# With SACC











# Purpose with SACC

- To treat more people with hep C
- Easier access to treatment
- Database with infection status

Virus	Analyse	Resultat	Dato
HAV	HAV	Neg	28-08-2019
HBV	anti-HBs	Neg	28-08-2019
HBV	anti-HBc	Pos	28-08-2019
HBV	HBsAg	Neg	28-08-2019
HCV	anti-HCV	Pos	28-08-2019
HCV	HCV-RNA	Pos	28-08-2019
HIV	HIV	Neg	28-08-2019





#### What is SACC

- Decentralized treatment
- Collaboration between hospital and addiction clinic
- The addiction clinic:

Fibroscan, bloodscreening, medicine, follow-up

The hospital:

Conference decision about treatment





#### The role of the nurse

- Coordination
- Overview
- Outreach treatment
- Patientinformation
- Creates security for the patients





# What were the challenges in establishing SACC?

- Time consuming
- Sector transitions
- Economic challenges
- Consent from each person





#### What is the successes of SACC?

- Database with infection status
- Flexibility for patients
- Happy patients
- More treated patients
- Structure and systematics
- Changed mindsets





### What are future plans to alter or expand this work?

- Implement in all addictions clinics?
- Implement in prisons, shelters etc.?
- Transfer to other diseases?





## **Key Take Aways**

- 1) Collaboration between sectors is possible
- 2) You need resources to succeed
- 3) But it works:

