

The Use of Interconnected Nurse Led Models of Care to Improve Treatment Uptake for Hepatitis C Elimination

Authors:

Bondezi K^{1,2}, Phu A^{1,2}, George J^{1,2,3},

¹Storr Liver Centre, Westmead Hospital, Westmead, New South Wales, Australia

²The University of Sydney, Faculty of Medicine and Health, Sydney, New South Wales, Australia

³Storr Liver Centre, The Westmead Institute for Medical Research, Westmead, New South Wales, Australia

Background/Approach: Hepatitis C virus (HCV) elimination targets are currently limited by gaps across the testing, and treatment cascade with patients often being lost to follow up. Disengagement from care is disproportionately observed among individuals experiencing homelessness, mental health, unstable or chaotic life circumstances, and ongoing substance use. The use of interconnected nurse led models of care and community collaborations facilitate improved care and increased opportunities to engage, treat and overcome stigma for people at high risk of blood borne viruses (BBV's).

Analysis/Argument: A team of nurses work across all models and in different settings, linking community outreach, general practitioner (GP) and self-referrals, inpatient consultations, research projects, case finding projects, collaboration and partnership models to ensure linkage and continuity of care. The approach uses simplified and adaptable protocols eliminating the need for appointment schedules providing decentralized access to marginalized populations. Implementation of this integrated approach ensures individuals tested in one model can be identified via another model and followed via any model without fragmentation in care. Patient centred care is prioritized and follow up is tailored to meet individual needs minimizing barriers. Escalation of care when required is seamless as it is managed by the same team.

Outcome/Results: Between July 2023 and July 2025, a total of 2 101 screening encounters were made for hepatitis C across all nurse led models of care. Fourteen percent (303) tested positive. Forty-seven percent (143) were managed within the nurse led models, while the remaining 160 were followed by their usual care providers. Treatment was initiated for one hundred and thirty-four (93.7%) patients. Among those treated, seventy-three percent (99) achieved sustained virological response (SVR), including four patients who required retreatment after initially not achieving SVR.

Conclusions/Applications: The use of interconnected models with same nurses across all models helps build trust, reduces lost to follow up and improves treatment uptake. Future efforts should prioritise funding nurse led models of care to enable flexible, patient-centred service delivery and accelerate progress towards elimination goals.

Disclosure of Interest Statement:

Nil disclosures