STAYING HONEST ABOUT HCV TREATMENT ACCESS – BARRIERS TO TREATMENT FROM A QUIHN PERSPECTIVE.

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Background/Approach:

QuIHN's Treatment and Management Program (TMP) offers community treatment prescribing, prioritising people who inject drugs who have Hepatitis C. TMP offers a multi-disciplinary approach with Case managers, Nurse Practitioner, GP's, Clinical Nurse and Counsellors.

TMP has treated 340 clients across 6 sites in Queensland. Of those completed treatment 64.1% achieved SVR at 12 weeks post treatment, 1.8 % did not respond to treatment, and 34.1% completed treatment but did not attend their final blood test. TMP have worked up a further 300 who have not started treatment. While caseworking with many people onto and through HCV treatment, QuIHN's workers have listened to over 700 clients stories.

Analysis/Argument:

Common stories have emerged, which need to be brought forward for further discussion and action.

- Treatment isn't accessible to people who inject drugs (**still** told to stop using drugs/drinking, only one chance)
- The work-up can be difficult (confusion about anti-body test results, appointments before treatment, pathology, ultrasound or Fibroscan, sent to various treating services, discrimination and judgement, other competing health issues).
- Access to NSP equipment through secondary sites where promotion and referral knowledge is limited. The NSP may not promote, educate, or know where to refer for treatment

Outcome/Results:

In response to these stories, QuIHN have committed to flexible service delivery to get closer to where people live to access HCV treatments by:

- outreaching NSP.
- one stop shop nurse practitioner outreach clinics provide accessible treatment services.
- harm reduction case management services,
- having experienced non-judgemental staff,
- sharing peers stories, fears and treatment successes through TRACKS and social media

Conclusions/Applications:

We need to get or stay honest about the very real barriers that are preventing people from lining up to be treated, especially for the group of people who are actively consuming drugs intravenously – access, education, discrimination.

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