Reach, Teach, Treat, Thrive: The evolution of a hepatitis C model of care.

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Background/Approach: Improving access to testing and time to treatment is critical in reaching the World Health Organization's goal of eliminating hepatitis C (HCV) by 2030. In June 2022, Hepatitis ACT (HepACT), in partnership with Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) built upon an existing peer-supported, integrated model of care for those at risk or living with hepatitis C. This new model of care was enhanced to include on-site point of care hepatitis C testing, and a weekly General Practitioner (GP)-led clinics, while keeping the core facets of peer support, educational workshops and incentives.

Analysis/Argument: HepACT supports thousands of community members each year through community awareness events, hepatitis education sessions and a busy secondary Needle and Syringe Program (NSP). CAHMA coordinates a community drop-in centre that sees over 200 people per month and provides a safe space for people who use drugs to find support and drug treatment services. Both organisations serve as trusted community hubs for those at-risk or living with hepatitis C. HepACT and CAHMA offered daily on-site point of care testing for hepatitis C, with a weekly GP-led clinic for those living with hepatitis C. Quarterly education workshops ran, with weekly check-ins for all program participants.

Outcome/Results: Between June 2022 and January 2023, a total of 70 people were tested for HCV – 53 clients (76%) were tested through the point of care testing program and 17 clients (24%) through venous blood draws from the GP. Out of the 70 clients tested, 20 (29%) were found to have a current HCV infection, with 12 (60%) of those people starting treatment. The high linkage to care was due to many factors. Each step of the program was incentivized: from testing, to treatment, to participation in the educational workshops. Additional support included 27 weekly GP-led clinics, one series of educational workshops and over 200 in-person or by phone weekly check-ins by peer educators and other staff. The program GP was available weekly to support any medical barriers to treatment, while the peer educators were able to provide social and emotional support during check-ins and workshops.

Conclusions/Applications: HepACT and CAHMA successfully improved upon an existing integrated model of care with the addition of on-site point of care HCV testing and a GP-led clinic. The use of trusted community hubs to provide both testing and treatment supports was critical in the success of the project. Both organisations used their longstanding relationships with the community to engage those living with or at risk for hepatitis C.

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