

# COMMUNITY PRESCRIBING OF HEPATITIS C TREATMENT – A MENTORSHIP AND CAPACITY BUILDING MODEL TO INCREASE TREATMENT UPTAKE BY TARGETED POPULATIONS

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## **Background:**

Accessibility of hepatitis C (HCV) direct acting antiviral (DAA) treatment has presented an unparalleled opportunity in Australia to achieve elimination of HCV as a public health concern. The significant early uptake of treatments largely arose from tertiary settings has subsequently declined. Community-based prescribing is slowly evolving but needs to be augmented using initiatives that support services to include HCV treatment within their existing frameworks. The Integrated Hepatitis C Service (IHCS) at Melbourne Health partnered with community services providing capacity development and mentorship programs, reaching targeted populations including regional/rural Victorians and people experiencing homelessness in Central Melbourne.

## **Method:**

The IHCS, partnered with a regional community health service and Gastroenterologist in Wodonga to develop centrally triaged HCV treatment clinics onsite and via telehealth. Education, remote consultation and telephone support provided by this team facilitated General Practitioner (GP) prescribing. In metropolitan Melbourne, the IHCS Clinical Nurse Consultant (CNC) provided clinical support and mentorship to the nurse at a homeless person's crisis accommodation centre and a local GP, to establish a HCV treatment pathway for the residents.

## **Results:**

The regional Victorian partnership effectively eliminated a wait list of 275 people requiring HCV treatment. Since DAA's have been available 192 have commenced treatment via this model. The IHCS received 57 remote consultation requests from GP's in this region with a commencement rate of >80%. The homeless person's service provided HCV assessment for 30 clients and supported 10 to commence treatment prescribed by a local GP.

## **Conclusions:**

HCV treatment models embedded within clients' existing services or without geographical constraints are unique in their requirements of support and integration. In the shift from tertiary treatment to community prescribing, essential in maintaining the momentum towards elimination targets, tertiary services are ideally placed to support workforce development along with ongoing mentorship, instrumental in increasing uptake of treatment.

## **Disclosures:**

The Victorian Infectious Diseases Service acknowledges the support received from AbbVie enabling regional clinic attendance and from Bristol-Myers Squibb and Gilead for the sponsorship of educational meetings