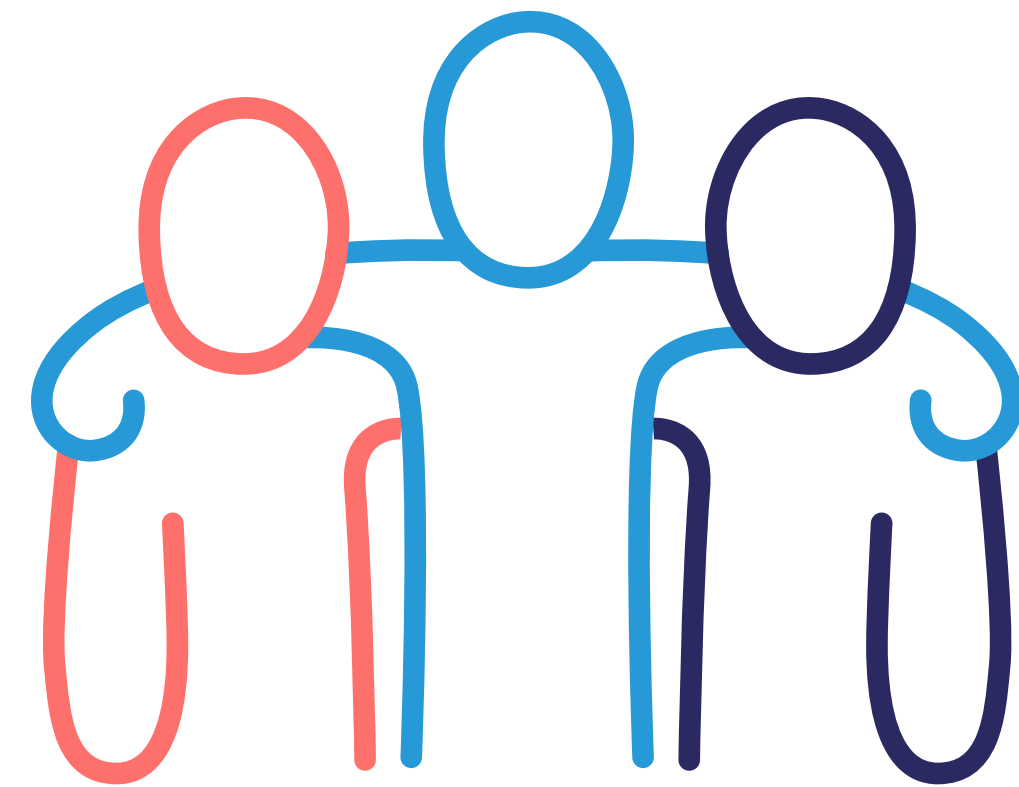
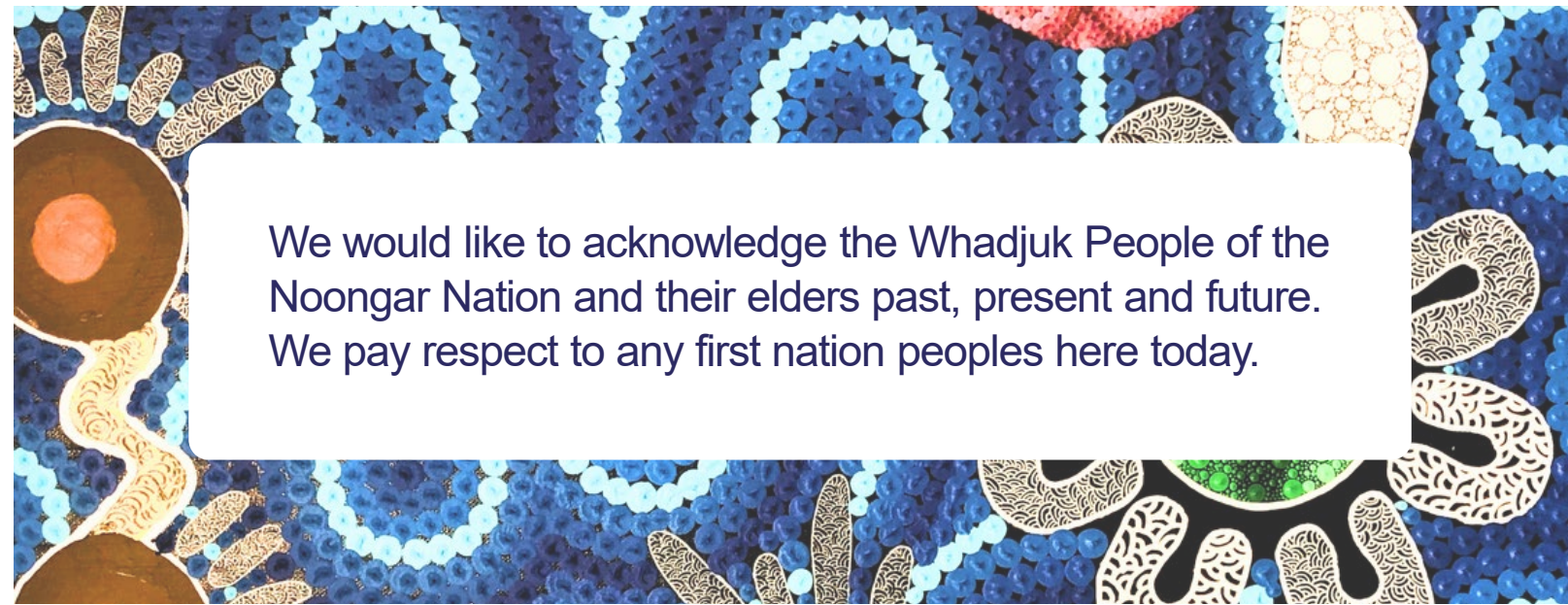


What do Clients Prefer?

Experiences from Peers & Community Organisations

Donna Garcia | Aboriginal Health Worker, HepatitisWA
Jessica McNabb | Clinic Nurse, HepatitisWA



hepatitis*wa*



Who we are

- The Deen Clinic is part of HepatitisWA
- We provide specialist screening, treatment and management of hepatitis B and C.
- Purpose built facilities, including: on-site phlebotomy, hepatitis C point-of-care testing (PoCT), Fibroscan liver assessments.
- Co-location of Needle and Syringe Program (NSP)
- Delivery of care is trauma-informed and culturally safe.
- Extension of hepatitis C point-of-care testing and treatment through outreach, partnerships with homeless organisations, alcohol and other drug services and pharmacy services.



What we offer

- Walk-in clinic and warm referrals from NSP.
- PoCT – **same day results and same day workup and treatment** when the doctor is in clinic.
- Patient centred, holistic care, **education, full BBV/STI screen offered** via phlebotomy onsite.
- Onsite testing is un-incentivised, driven by a **motivation of the client** wanting to have better health outcomes.
- **Full course of treatment** offered though substudy, removes barrier of extra step going to pharmacy where there is no medication on shelf and needs to be ordered in.



What works

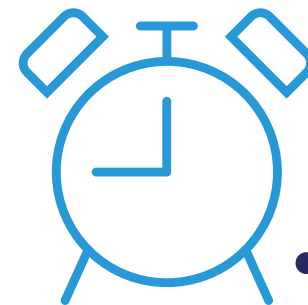
- Outreach.
 - GP onsite available to see patients straight away, \$ incentive, education and information from Donna having a yarn and promoting testing and giving away goodies.
- Four trained operators allows more outreach.
- Easy process to get hepatitis C PoCT, rapid tests checking for co-infection and non-invasive liver assessment, worked up for treatment same day.
- Hep C Peer Educator who can alleviate anxiety around treatment, accompany client to the pharmacy, offer support throughout treatment.
- Starter packs, good pharmacy relationship, weekly packs.



Testing Strengths and Barriers

How to decide which test to use:

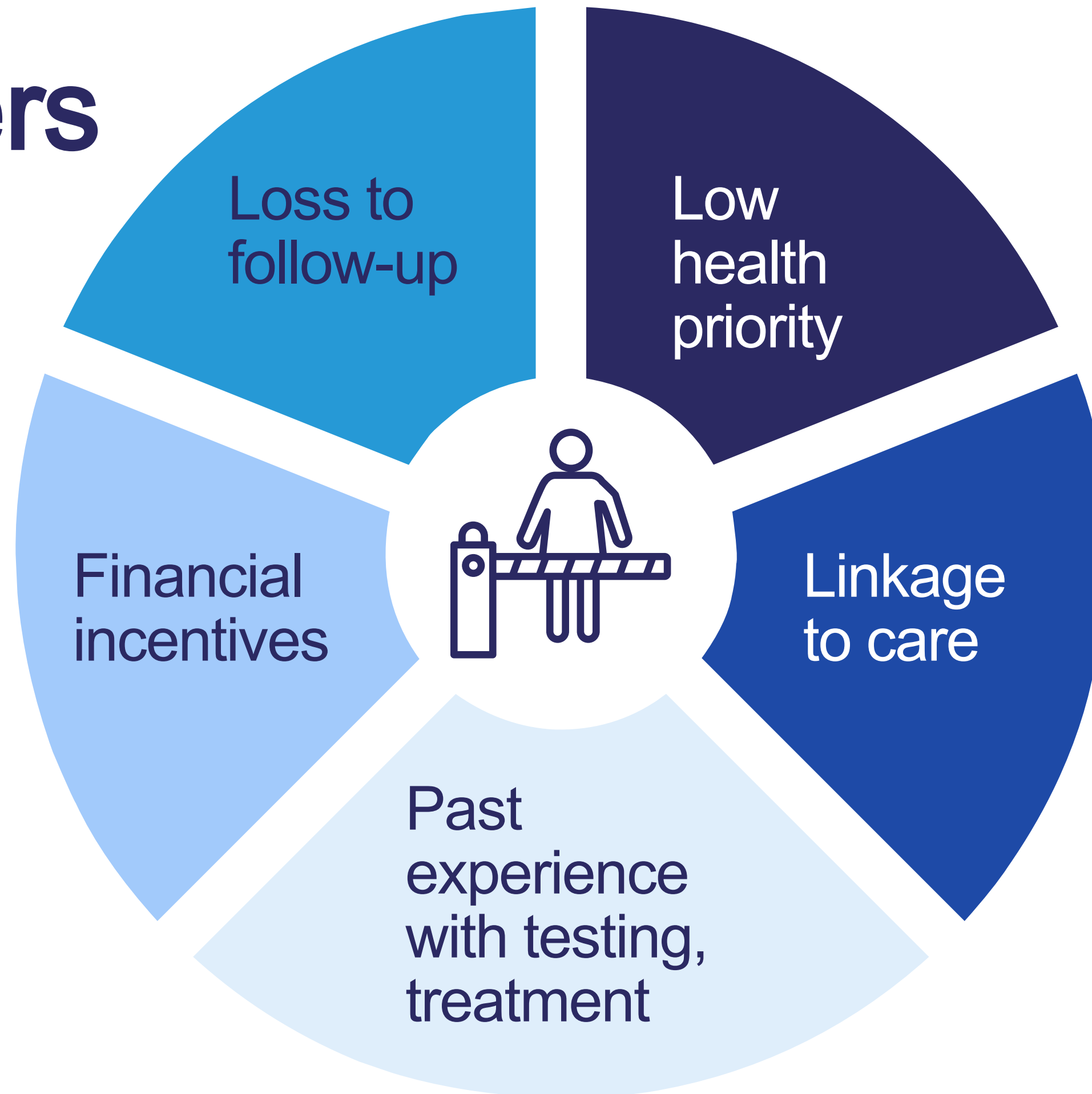
- It is beneficial offering both HCV point of care testing and full BBV screen, gives the patient the choice and empowers them to decide on the right intervention/s.
- We use just one type of AB test – INSTI, quicker result.
- AB if no known infection, RNA if previous infection.



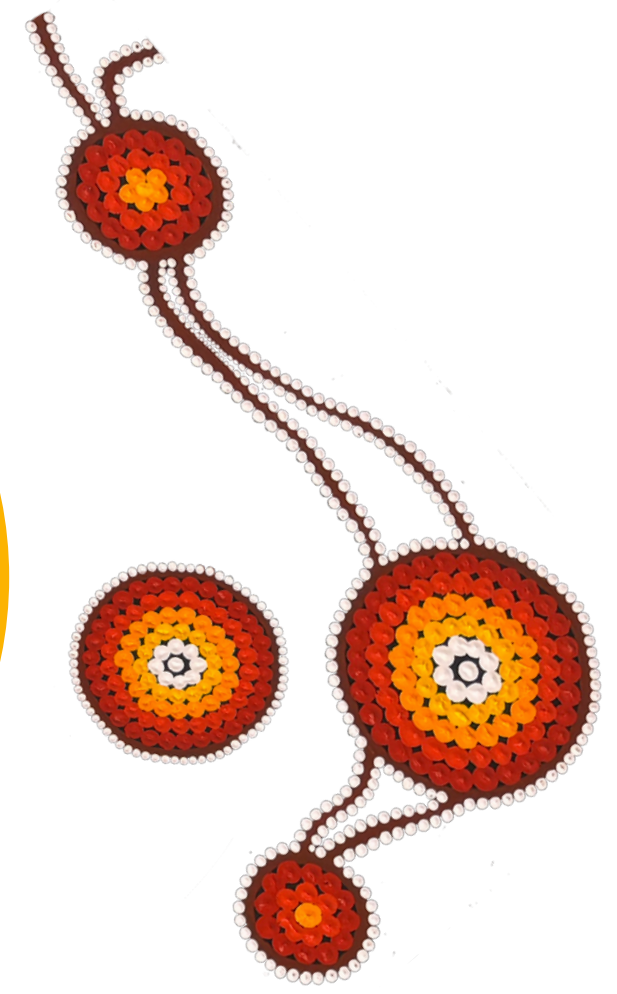
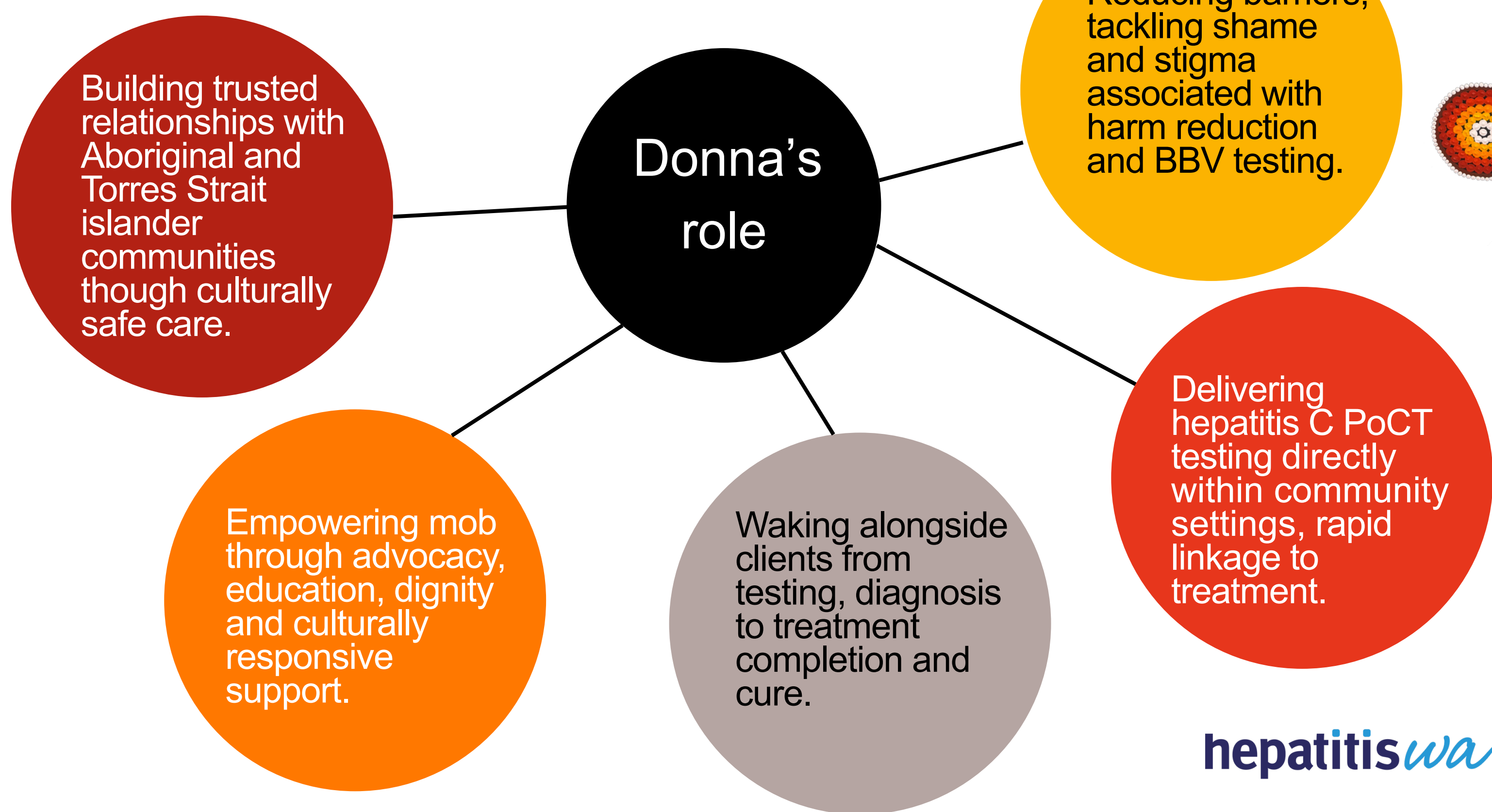
Strengths & limitations of POC vs Venepuncture:

- We incentivise getting the result as opposed to getting the test.
- Tests done in clinical settings can be off-putting to participants, also not having an understanding of, or being comfortable with what happens to their details. HIV/ HBV strips only available for people with viral loads.
- Venepuncture can be avoided with onsite Fibroscan and HBV /HIV strips. Venepuncture is offered and when patient wants full screen they often opt for venepuncture.

Barriers



Connection to mob



Donna's quotes

- “There’s no shame in getting tested and there is no shame in having hep C. Shame is not doing anything about it. It’s too easy to get treatment these days.”
- It’s just like a diabetes finger prick test and guess what?? I can give you that result and if needed I can book you in with the doctor. It’s so easy.”
- If you miss a tablet, just keep taking them — don’t double up.” I ensure mob feel supported, informed, and confident.



Feedback from our Peer Educator

- “Clients tell me they feel safe to open up about behaviors and risks, knowing they are talking with a peer.”
- “I’m able to explain my experience of the DAA cure and how easy it was, with no side effects.”
- “When a client knows I’m a Peer and can do their antibody testing in minutes without phlebotomy it helps relieve anxiety for them.”
- “Maybe the most rewarding thing about being a HCV Peer is accompanying clients to pharmacy, facilitating their relationship with the Pharmacist, and building agency with them.”



thank you!



Contact us

Website www.hepatitiswa.com.au

Email info@hepatitiswa.com.au

Address 134 Aberdeen St,
Northbridge WA 6003

Telephone 9227 9800

LinkedIn @HepatitisWA

Instagram @hepatitiswa