

EVALUATION OF THE 'PEERS ASSISTING TREATMENT OF HEPATITIS C' (PATH) MODEL IN A PRIMARY CARE SETTING IN MELBOURNE, AUSTRALIA

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Background:

People who inject drugs (PWID) experience many barriers in accessing hepatitis C (HCV) care. Peer support has been associated with improved engagement and retention in HCV care. Innovative peer support models may provide a pathway to engage individuals who are less connected to health services, and support PWID to prioritise testing and treatment.

Methods:

The 'Peers Assisting Treatment of Hepatitis C' (PATH) model was co-designed by Harm Reduction Victoria (HRVic), Access Health and Burnet Institute. HRVic employed two Peers with lived experience of injecting drug use and HCV, who were embedded at a primary care service for six months. PATH Peers sought to make accessing HCV care as simple as possible for clients. Through community engagement activities, Peers connected with clients on-site and on outreach. Stakeholder interviews and analysis of existing program and clinical data were used to evaluate PATH.

Results:

PATH Peers reported 194 interactions with clients; HCV risk factors commonly identified included frequent injecting drug use (71%), unstable housing or sleeping rough (43%), mental health issues (28%) and incarceration history (16%). Peers provided HCV education in 24% of interactions and made referrals during 31 (14%) interactions, predominately for issues related to mental health, domestic violence, housing and harm reduction. Five referrals were made to Access Health clinical services. Clinic staff interviews indicated Peers had a positive impact on improving attitudes and practices towards PWID, and strengthened client engagement with services. Peers reported difficulties in linking clients to HCV care in the absence of an integrated hepatitis nurse to prioritise HCV testing, or without the ability to offer incentives.

Conclusion:

PATH Peers were able to provide holistic support to people at risk of HCV. Ensuring peers are strongly linked to the clinical team and/or being able to offer incentives may increase engagement in HCV care among PWID.

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