

## Impact of implementation of a collaborative and assertive HCV focused MOC on screening and treatment uptake, in a metropolitan, private opioid pharmacotherapy clinic

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### Background

- **Longstanding partnership** – private OPT clinic + outreach Liver Clinic
  - Approx 200 clients. 2 visiting OPT prescribers. Not DAA prescribers
  - Inner city Newtown/Enmore. Vulnerable cohort. Many health issues.
  - Since 2016, 1-2 times monthly Hepatology RN/CNC/NP clinic
    - Strong HCV focus. 10-15% cirrhosis. Alcohol. Some HBV.
- **Mid 2018 NP Audit**
  - Available blood results – 46%
  - Known to Liver Clinic – 57%
  - HCV treatment uptake if recommended – 80%
  - SVR check rate -



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## New Model of Care established – 4 elements

### 1. Collaboration

Strengthening partnerships/information sharing/relationships/systems

- Existing partners (OPT Drs, dosing staff, Hepatology NP/RN)
- New partner - Hepatitis NSW

### 2. Removal of perceived barriers

- Addition of Peer Worker (JD, HepNSW)
- Addition of Client consent tool (consent form) for RPAH liver clinic RN/NP to chase previous blood results
- Increase visiting Liver clinic frequency (3-4 times/month, 2-2.5hrs)
- Add mobile Difficult Venous Access clinic to each Liver clinic
- Provision of individualised supervised DAA therapy



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## New Model of Care established – 4 elements

### 3. Assertive client engagement re HCV

- During regular visits by OPT staff & Drs, especially during Liver Clinics
- Via **Peer Worker** during each Liver clinic

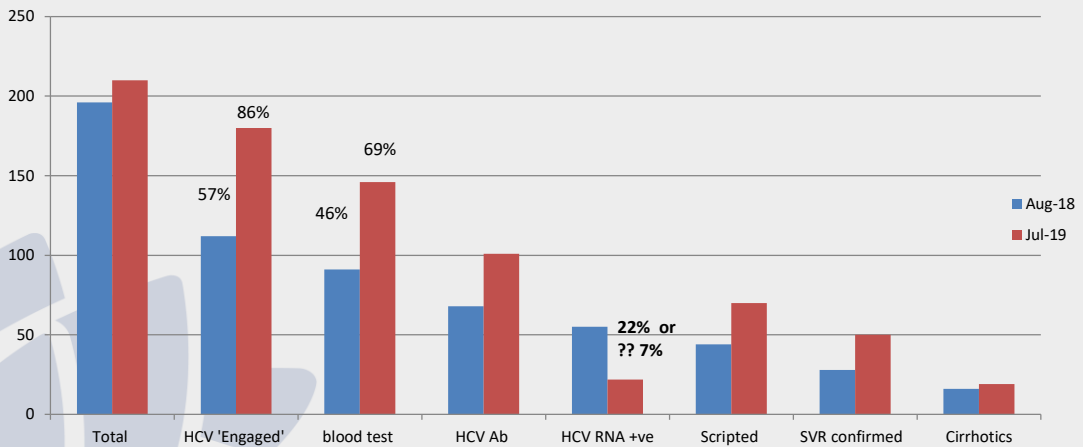
### 4. Data Monitoring

- Documentation of each 'cascade of care' step achieved
- Engaged
- Screened (or recent results located)
- Treated if indicated
- SVR confirmed



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## RESULTS – 12 months later.....



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## Conclusions

- New MOC improved the rate of HCV focused care at this clinic
  - Slower than hoped...?!
  - All changes in the MOC have been important
  - Particularly addition of Peer Worker JD re client engagement
- Not all clients are interested in engaging with on site or visiting staff re HCV



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