Rapporteur Presentations: Models of Care & Programs

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Models of Care & Programs: Key Themes

1. Care Decentralisation
2. Peer Workers, Lived/Living Experience and Community Leadership
3. Underserved Populations and Equity
4. Streamlined Services, Simplified Pathways
5. Beyond Treatment - Sustained Engagement and Holistic Care

1 Care Decentralisation

- Moving care to where it is needed requires capacity building
- Nurse-led models lead decentralisation efforts to address gaps in care cascade
- Telehealth is extending the reach of specialist expertise and bridging gaps
- Community settings are becoming treatment centres
- Harm reduction services are increasingly providing complete BBV care

2 Peer Workers, Lived/Living Experience and Community Leadership

- Lived/living experience partnerships help to address mistrust
- Peer navigation and education improves linkage to care and reduces stigma
- Community leadership and ownership, not just consultation
- First Nations community leadership is prominent
- Peer co-design is becoming standard practice

3 Underserved Populations and Equity

- Crucial in the push for elimination
- Emphasis in equity rather than numbers treated or in care:
  - First Nations
  - CaLD communities and migrants
  - People who inject drugs (including PIEDs)
  - People in prisons
- Regional and remote areas – decentralisation, telehealth, outreach
- Opportunities for engagement – prisons, mental health services
- Addressing stigma and systemic prejudice will improve equity

4 Streamlined Services, Simplified Pathways

- Bringing together testing, vaccination and treatment
- One Stop Shop – POCT, Fibroscan, same-day diagnosis and treatment
- Community pharmacy and NSP screening
- Financial incentives for both GPs and patients (or Banh Mi!)
- Thinking differently – supervised self-venepuncture, digital follow-up

5 Beyond Treatment – Sustained Engagement and Holistic Care

- Enabling long-term engagement with monitoring and/or surveillance or empowering the patient to choose to delay or decline treatment and care
- Prioritising hepatitis delta screening in at-risk communities
- Integrating chronic disease and psychosocial care planning
- Addressing drivers of reinfection
- Connecting to liver cancer support

Models of Care & Programs: The Future

- Scale-up models and programs that work
- Embed viral hepatitis care into mainstream and community services
- Invest in peer/community leadership, governance and workforce development
- Take advantage of technology and innovation, but use it wisely:
  - Ethically, culturally-safe and person-centred
- Deliver care equitably through trusted, community-centred, peer-supported and culturally-safe models of care

Keep equity at the centre of elimination efforts