

C No More: A nurse and peer-led model of hepatitis C care in the community corrections setting

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Burnet
reach for the many



Bunjil The Creator by Stacey (The Torch); Stacey is a Taungurung/Boon Wurrung woman with traditional connections to Naarm.



<https://thetorch.org.au/>



C.NO.MORE

WASH REDUCTION VICTORIA BURNET ST VINCENTS HOSPITAL



Disclosures:

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- AT, BR, GM, JH have received honorarium, paid speaker roles, or professional development support from Gilead Sciences and AbbVie



The C No More Collaboration



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MELBOURNE

CLINICAL

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Jacinta Holmes
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RESEARCH

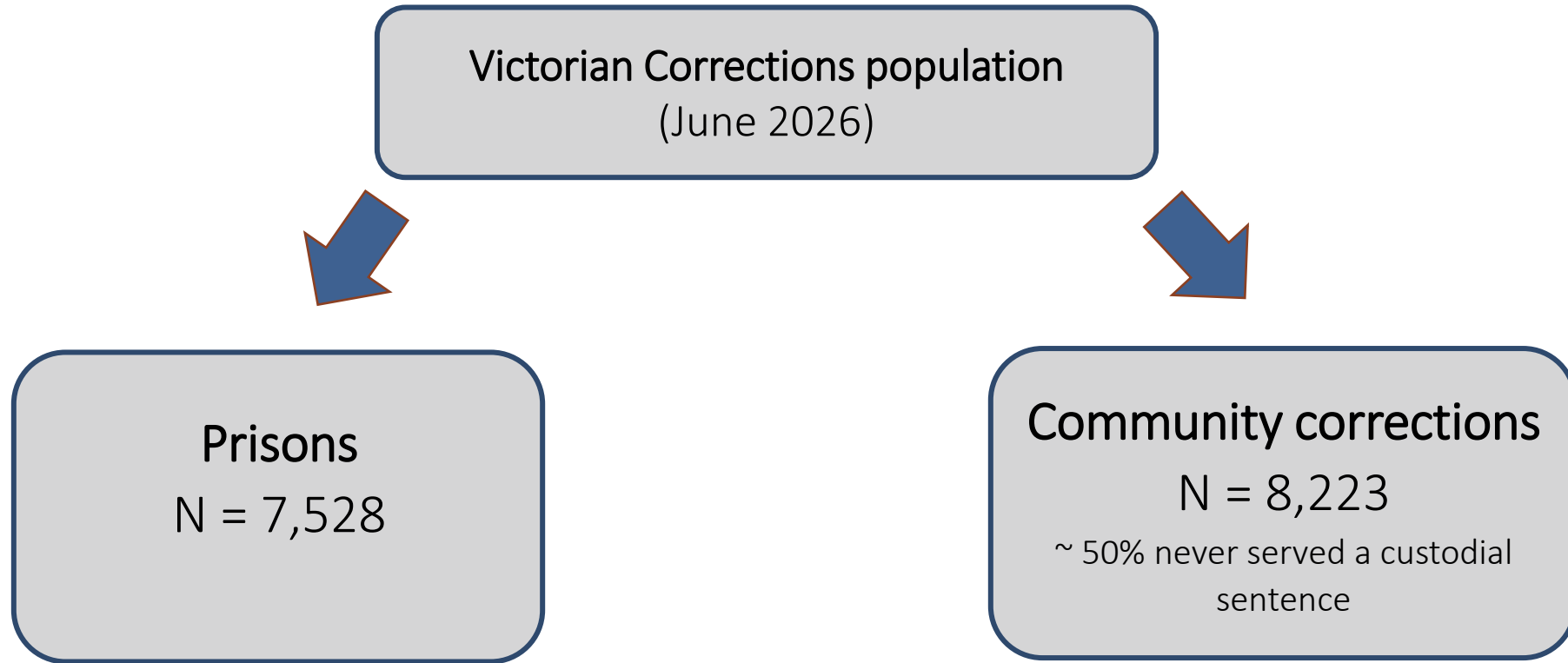
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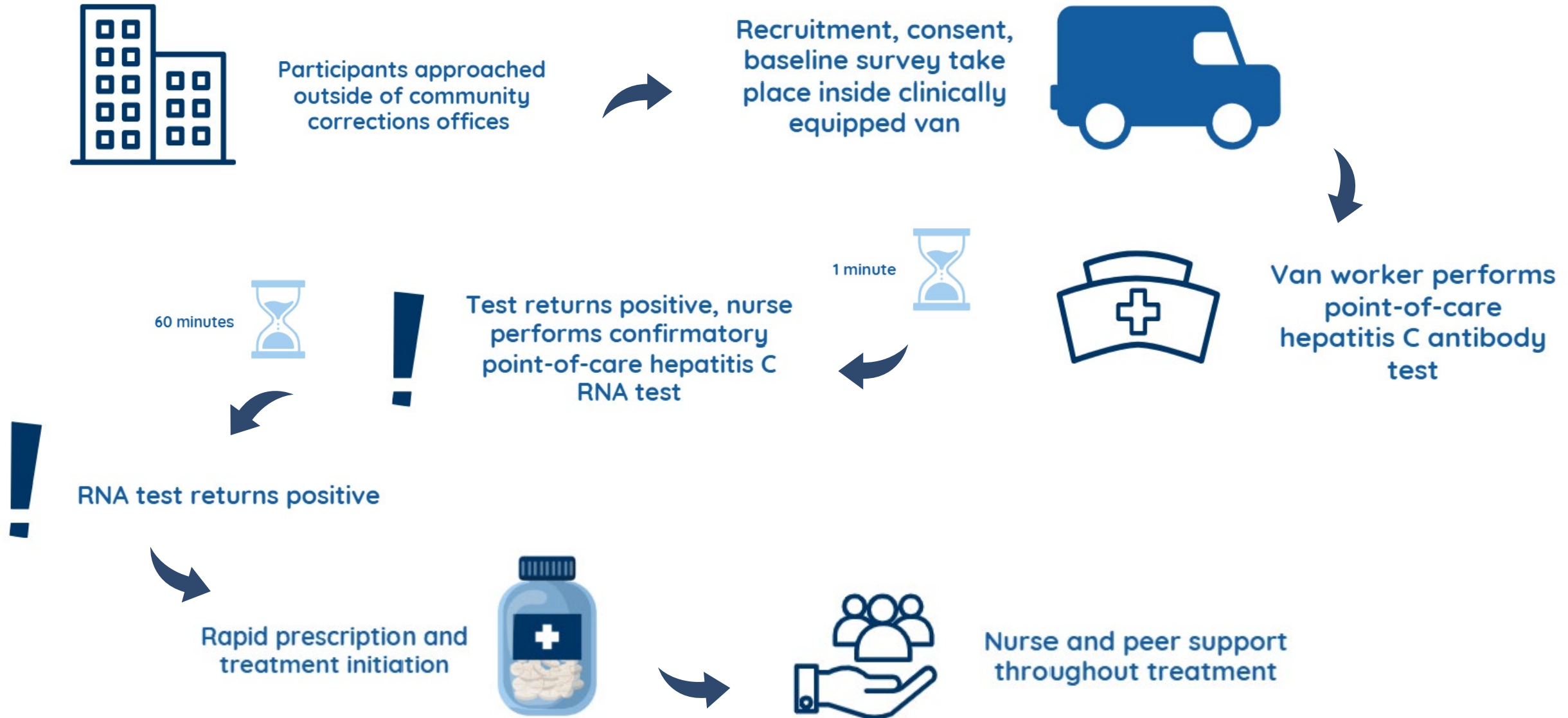
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Rationale: Community corrections



Model of care



Results

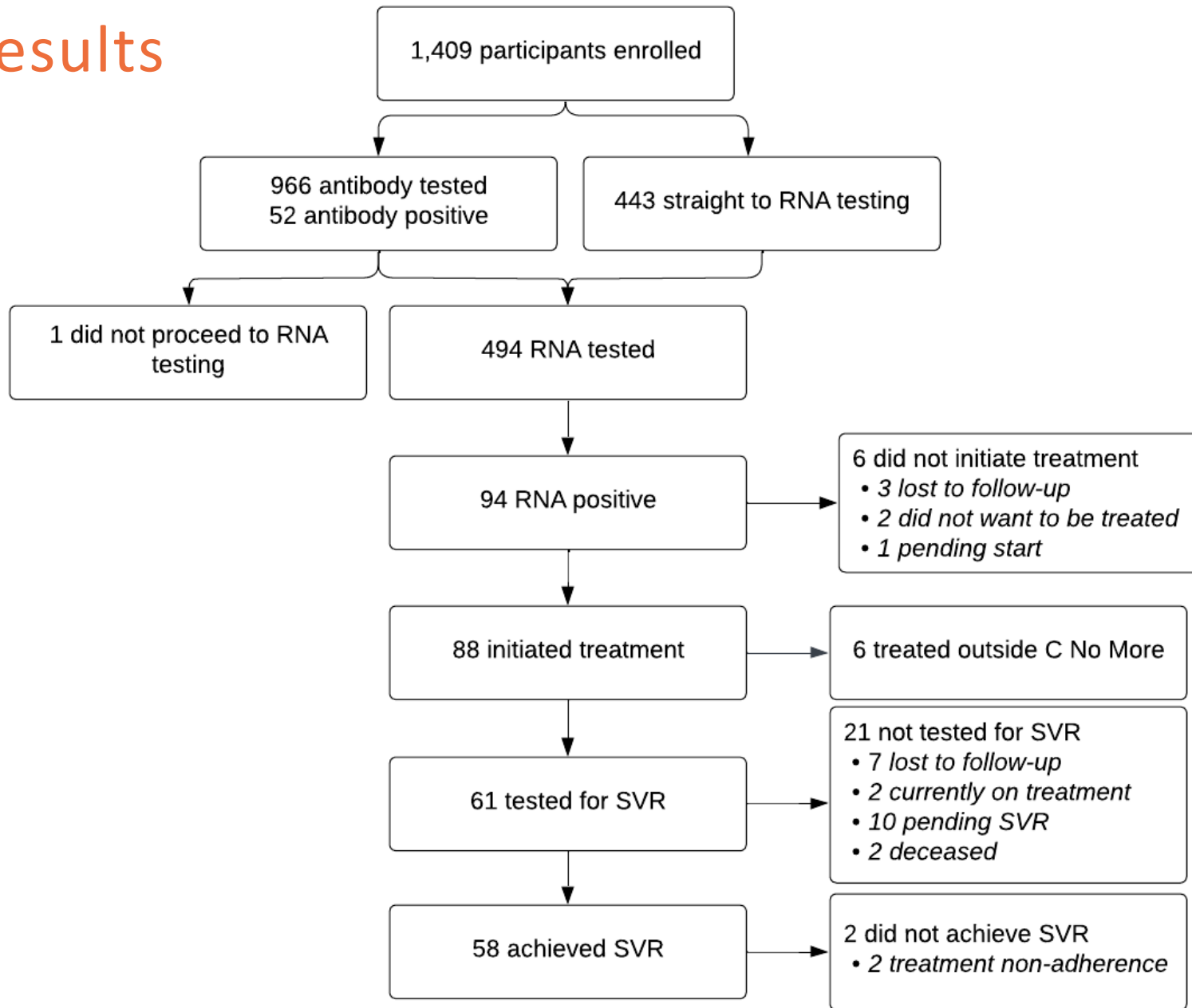


Figure 1. Participant flowchart for C No More model of care

Study population characteristics



Total	1,409	94 RNA positive
Age (mean)	42.8 years (11.6 s.d.)	49 (9.4 s.d.)
Male	1,039 (74%)	72 (77%)
Injecting drug use		
Current	534 (38%)	66 (70%)
Previous	257 (18%)	22 (23%)
Current community corrections order	456 (32%)	22 (23%)
Previously incarcerated	863 (61%)	70 (74%)
Criminal legal system involvement	1,058 (75%)	80 (85%)
No fixed address	200 (14%)	17 (18%)
Unstable housing	366 (26%)	25 (27%)
Current opioid agonist therapy	252 (18%)	49 (52%)

RNA prevalence



7%

overall



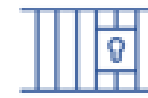
12%

in people who currently
inject drugs



5%

in people on community
corrections orders



8%

in people previously
imprisoned



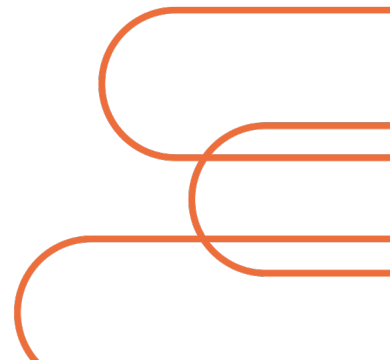
11%

in people on opioid
agonist therapy



9%

in people with no fixed
address



Median time to treat



- 9.5 days (IQR 6-21)

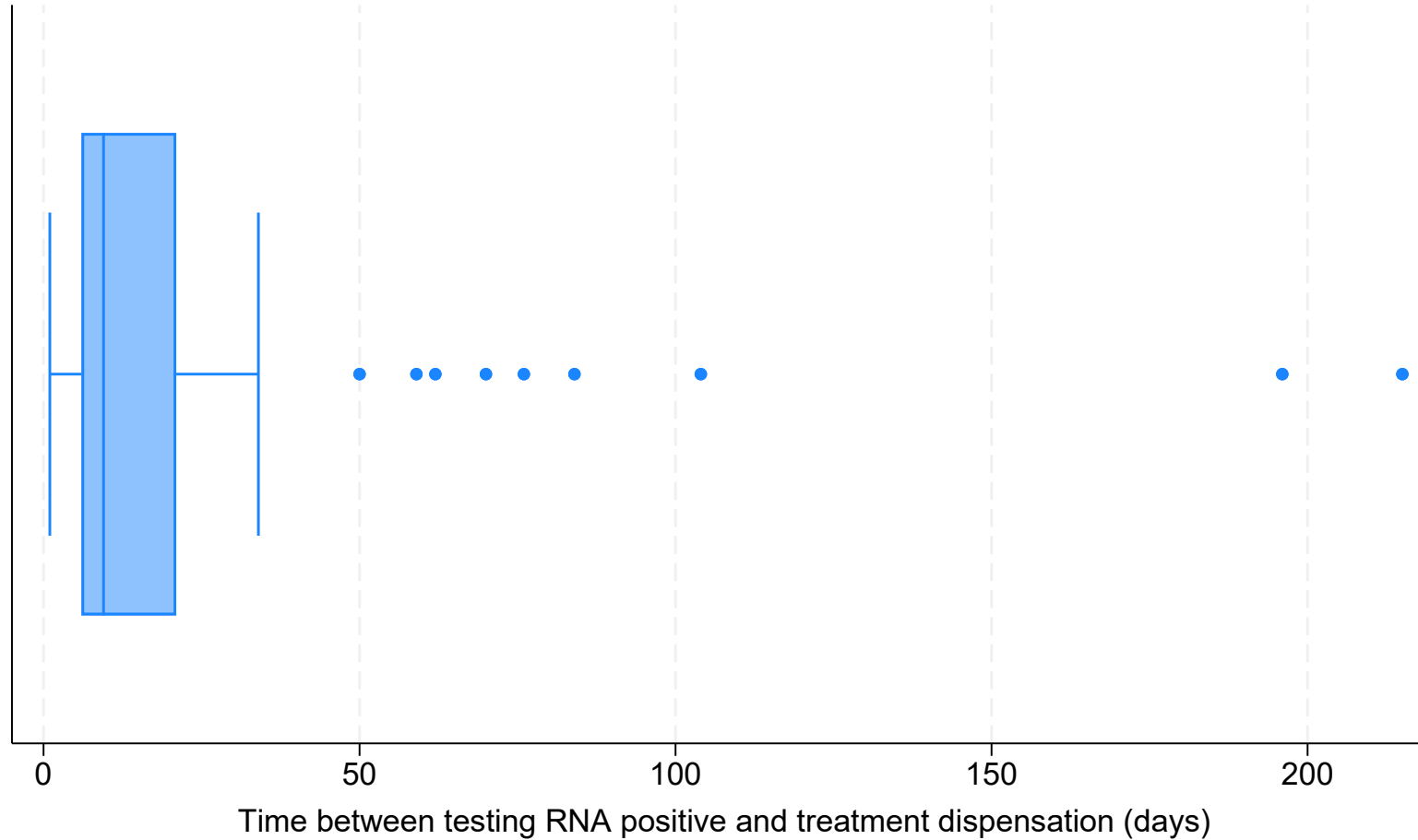


Figure 2. Boxplot of distribution of time between testing RNA positive and initiating treatment

Supportive, proactive care



Median contact
episodes to initiate
treatment



11

(IQR 5-21)

Median contact
episodes to
complete treatment



15

(IQR 6-24)

Secondary contacts
to facilitate
engagement

Friend
Partner
Mum Dad
Corrections Officer
Brother Sister
Cousin Housemate Grandma
Homelessness nurse Social worker
Disability worker Pharmacist Support worker
Doctor Lawyer

Costing analysis



Open Forum Infectious Diseases

MAJOR ARTICLE



A Costing Analysis of a Nurse- and Peer-Led Mobile Model of Hepatitis C Care Adjacent to the Community Corrections Setting

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Background. Prison-based hepatitis C models of care treat significant numbers of people in Australia but exclude most of the criminal justice system, individuals serving their sentence in the community, on community corrections orders. We estimate the cost of a nurse- and peer-led model of hepatitis C care, offering hepatitis C virus (HCV) point-of-care testing and treatment initiation, adjacent to the community corrections setting in Melbourne, Australia.

Methods. Data from September 2023 to March 2025 for the C No More program were incorporated. All costs were estimated from a service provider perspective, including clinic infrastructure, staff wages, testing, incentive, and pharmacy costs. Treatment and pretreatment pathology costs were excluded as these are covered by the Australian government. Total program cost, mean cost per individual initiated on treatment, and mean cost per individual that achieved sustained virological response were calculated.

Results. The total cost of the C No More service between September 2023 and March 2025 was A\$312 166.85 (costs are presented in 2024 Australian dollars). Among 832 participants, 592 were HCV antibody tested, 275 were HCV RNA tested, 61 were HCV RNA positive, 58 initiated treatment, and 41 achieved sustained virological response. The cost per participant initiating treatment was A\$5382.19, and the cost per participant cured was A\$7613.83. HCV RNA-negative participants (n = 771 [93%]) contributed to 84% of total program costs (A\$263 490.72).

Conclusions. Providing effective hepatitis C care in the community requires a low-threshold, supportive model of care with intensive follow-up and retention in care strategies. Service costs reflect increased case finding challenges, in the context of declining community HCV RNA prevalence.

Mean cost per individual initiated on treatment

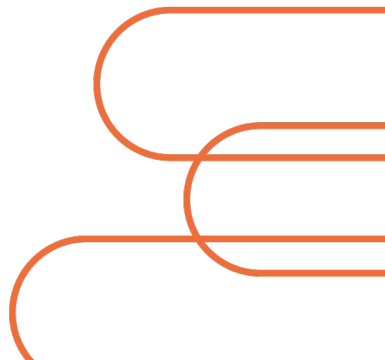
Mean cost per individual that achieved SVR

Distribution of costs for HCV RNA positive individuals

Methods



- Data from September 2023-March 2025
- Costs estimated from a service provider perspective
- Ingredients-based approach
- Costs included clinic infrastructure (van, testing equipment, pathology chair), staff wages, testing costs, incentive packs, and pharmacy costs
- Treatment and pathology costs excluded- covered by Australian government



Cohort breakdown

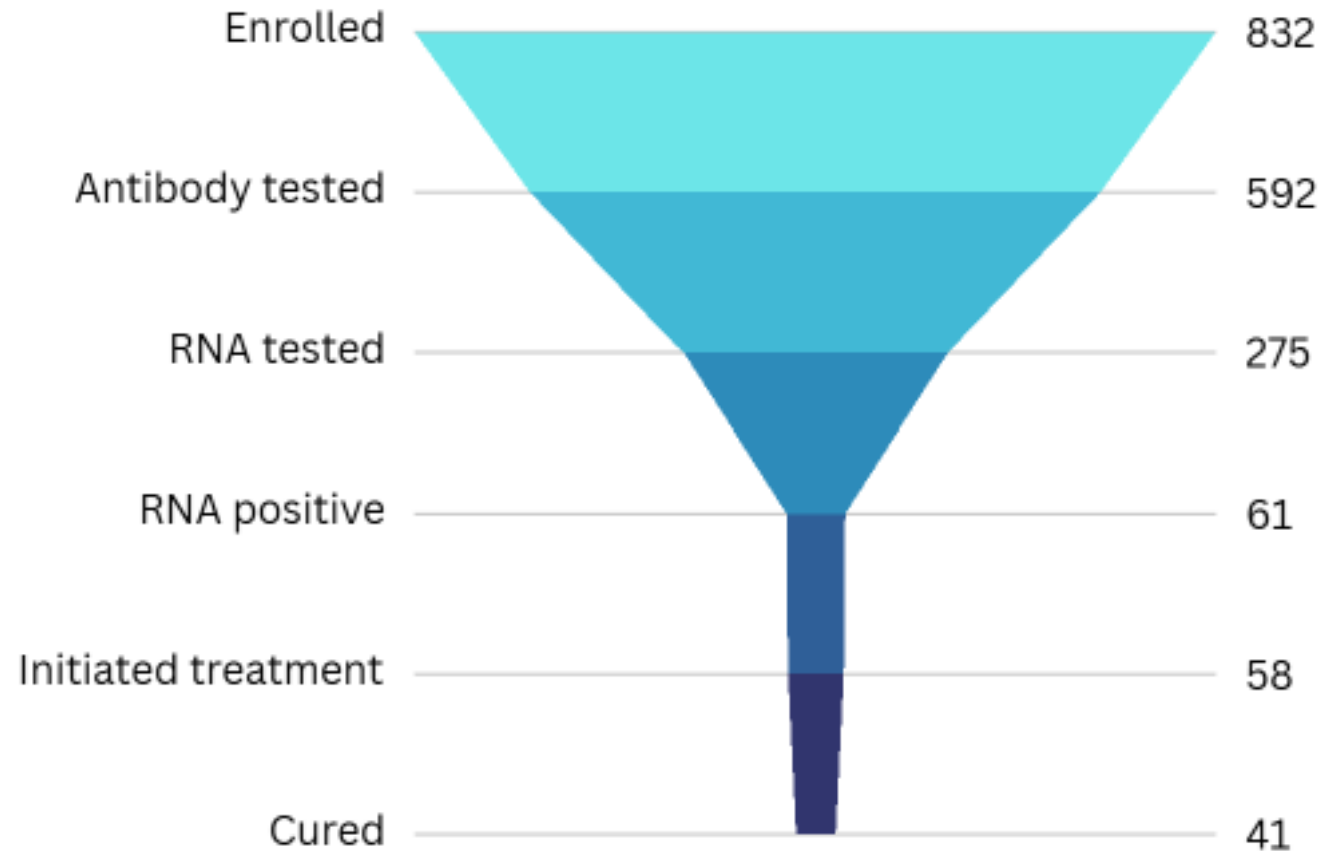
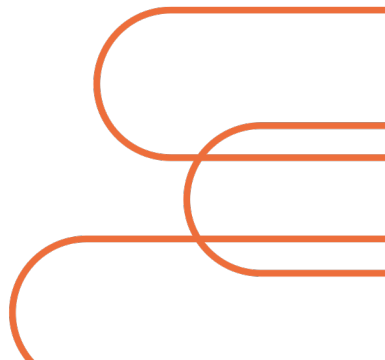


Figure 3. Cohort breakdown for C No More model of care

- Total 832
- 33% RNA tested
- 7% RNA positive
- 93% RNA negative
- 95% initiated treatment
- 71% SVR



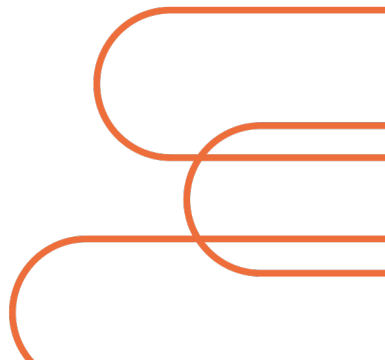
Cost ingredients



Item	Total cost AUD
Infrastructure	40,004
Clinic costs (staffing, travel)	184,276
Incentives	39,620
Testing	23,033
Treatment initiation and retention	25,333



Total costings		
Total cost of C No More September 2023-March 2025	\$312,166.85	
Total infrastructure and clinic costs	\$224,280.35	72%
Total testing costs	\$62,553.00	20%
Total treatment initiation and monitoring costs	\$25,333.50	8%
Mean costings		
Mean total cost per client initiated on treatment	\$5,382.19	
Mean total cost per client cured	\$7,613.83	
Mean cost per C No More client September 2023-March 2025	\$375.20	



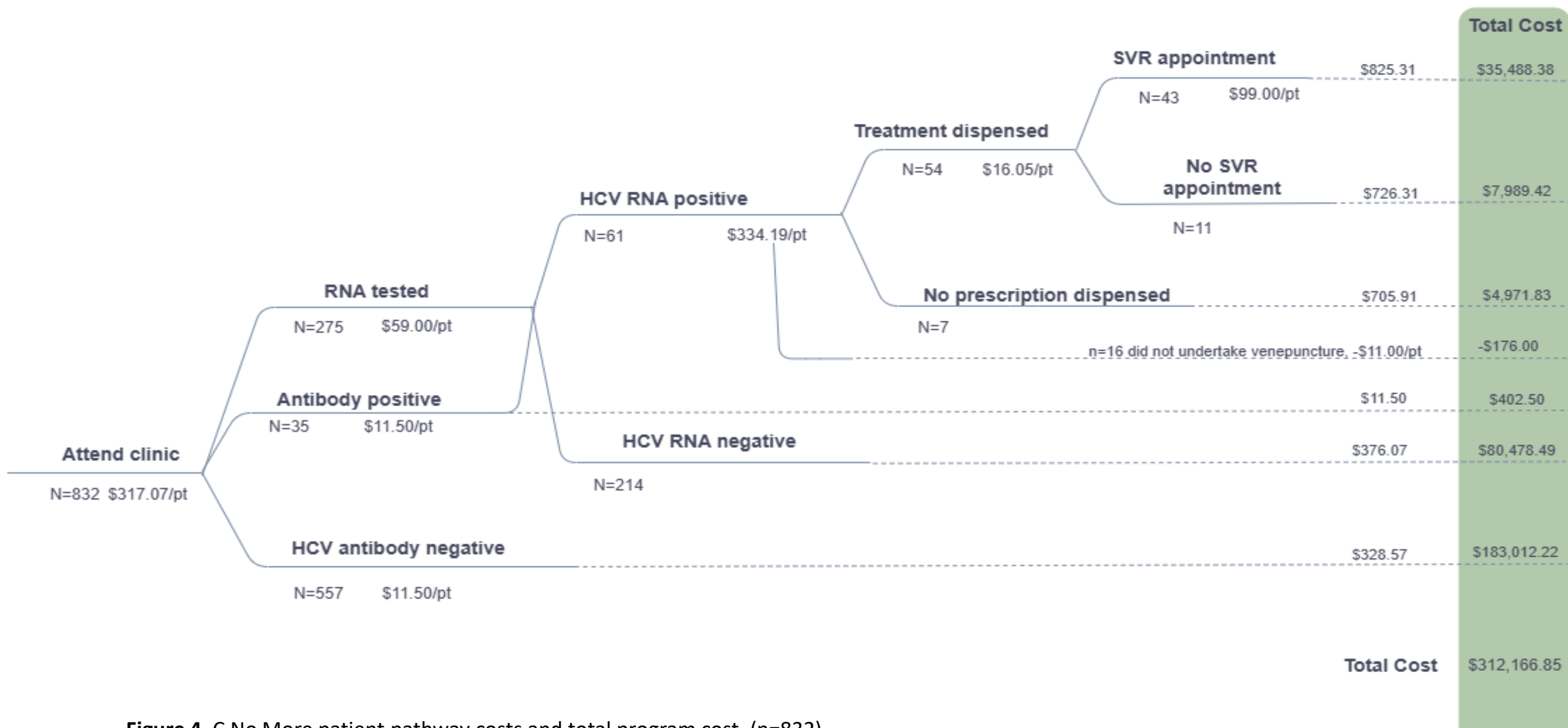


Figure 4. C No More patient pathway costs and total program cost, (n=832).

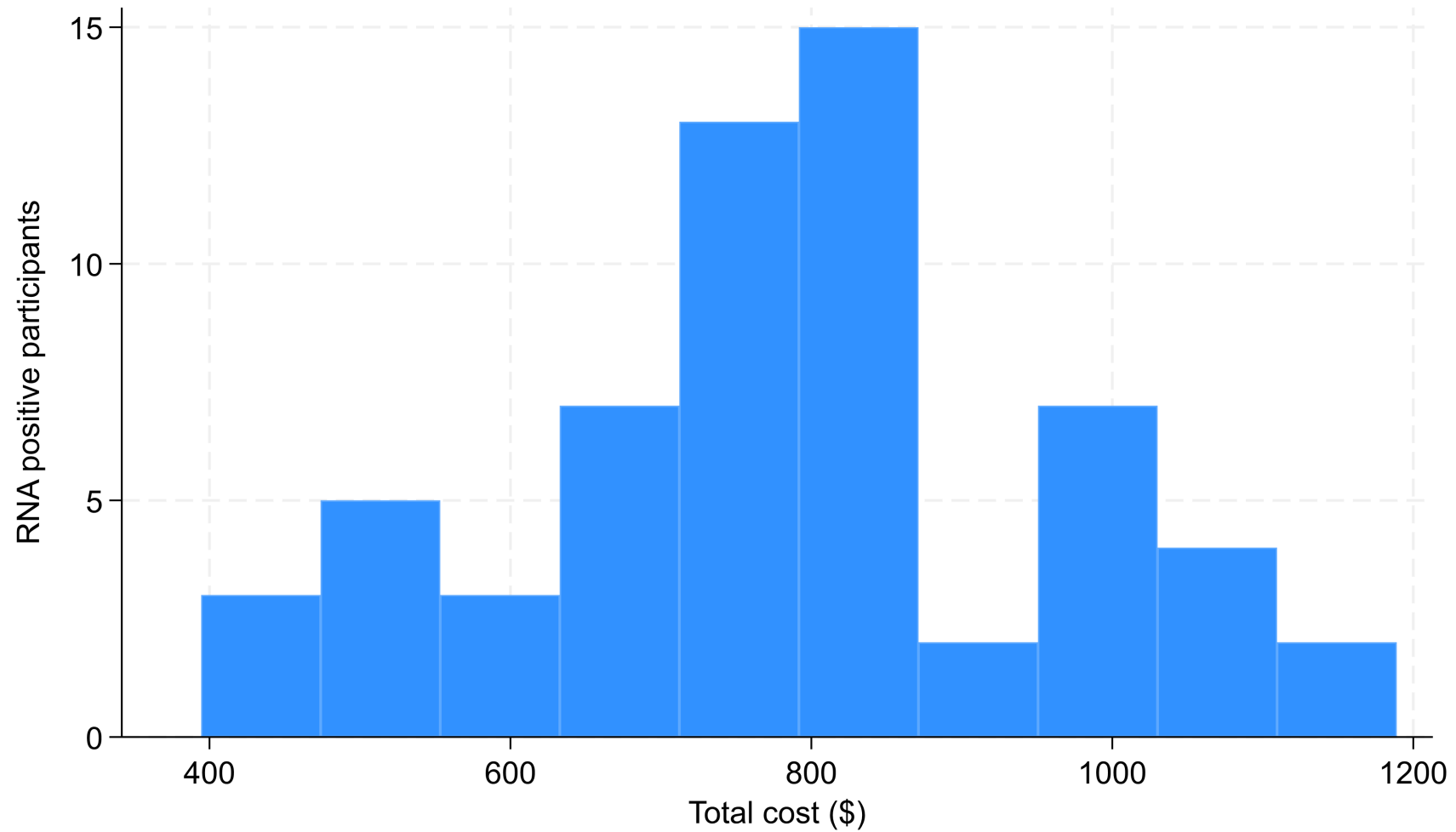


Figure 5. Distribution of total individual cost among HCV RNA positive individuals, including testing, follow-up support for treatment initiation, and SVR testing (n=61).



Implications

Clinically effective

High treatment initiation rates (95%)

Streamlined, supportive nurse and peer-led care

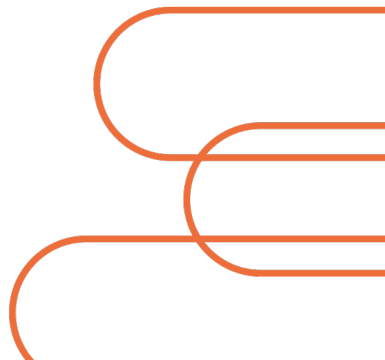
Important population

7% RNA prevalence, higher among sub-populations

Clear need for hepatitis care in this setting

Comparable in cost

As elimination progresses and case finding costs increase, nurse and peer-led outreach models of care might be important for hepatitis C elimination



Partners



ST VINCENT'S
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Funding



GILEAD
Creating Possible



ST VINCENT'S
HOSPITAL
MELBOURNE



HCVPOCT

National Australian Hepatitis C Point-of-Care Testing Program



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HEPATITIS
QUEENSLAND
Hepatitis and Liver Health



Justice
and Community
Safety



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HEPATITIS NETWORK

