

The Kombi Clinic

Driving Out Hep C In South East Queensland Disenfranchised Communities



Dr Joss O'Loan
+
Dr Matt Young
Inala Institute of Medical Research



Acknowledgement of windfalls



- Gilead
- MSD
- Anyone with an oversized novelty cheque



Australia has lost its way
– we need to lead the world in something



- We need a win !
- Easy access to prescribe DAAs
- General Practitioners can independently prescribe
- Reducing barriers to access

Barriers to Hep C treatment

- Cost of services / parking / transport
- Distance to services / hospitals
- Phlebotomist / difficulty locating veins
- Access to fibroscan / imaging
- Priorities for the patient
- Stigma associated with accessing services



Busting the myth of 'the hard to reach'



- It is the doctor that is hard to reach not the patient!
- We know where the patients are, we need to go to them

5

The Kombi Solution



- The cure must be taken to the people
- We need to break down the barriers for access
- Load up the Kombi & Hit the road

6

Kombi Solutions



- **Improving priorities**
 - There is no delay. Walk ins accepted and expected. Immediacy is the key.
- **reducing stigma**
 - No-one feels threatened by a Kombi.
 - The Pink Flamingo shirts and the Rock 'n' Roll make people feel happy.
- **All in one place**
 - We bring everything with us – doctor, phlebotomist, Fibroscan + Nurse
 - Zero cost to patient

The Dream Team



- Mim O'Flynn (Fibroscan)
- Christie Hoger + Mick Mooney (QML – phlebotomy)
- Supported by Hepatitis QLD
 - Sam White + Michelle Kudell



The Vitals

- 1978 Model VW Kombi.
- Cream coloured. Rust covered by tape.
- Medical students required for push start.
- Occasional tow truck call out.
- Four weekly serum lead levels mandatory due to toxic fumes.
- Its an Icon !



9

How it works



10

Nuts and bolts of the Kombi Clinic



- It is a 2 visit process
- We take the Kombi out once a week and return to venues at 4 weekly intervals.
- We utilise the good will of the places that we visit to encourage patients to meet us.



11

Visit One



- Patients are drawn to the iconic image of the Kombi.
- They are then mesmerised by the pumping Rock and Roll.
- They are besotted by the pink flamingo Hawaiian shirts.
- They beg us to be tested.
- They speak to a GP + They get a fibroscan + They get their blood tests
- They are told to return in 4 weeks



12

Visit Two

- All the results are reviewed.
- Scripts are given.
- Follow up arrangements are made including post Tx blood tests.
- All patients are encouraged to spread the Gospel of the Kombi and to bring in their friends who may be at risk of Hep C.

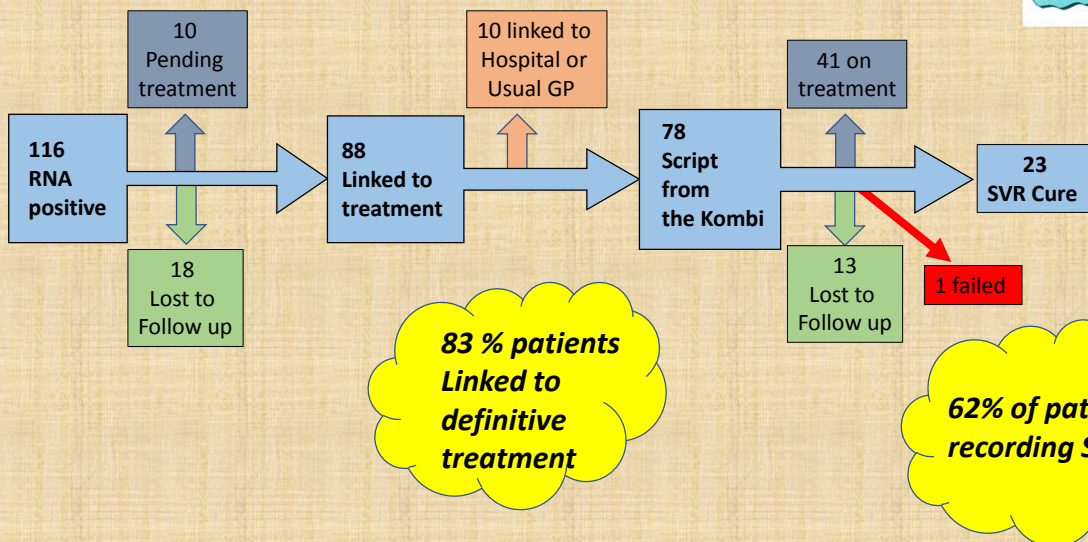


The results



- Provided over 1,100 occasions of service
- Total of 288 patients
 - 59% Antibody positive
- 116 RNA positive
- 39 RNA negative
- Fibroscan results
 - 75% <9.5Kpa
 - 89% <12.5Kpa
- Genotypes
 - 1 = 38%
 - 3 = 59%
 - Rest = 3%
- No HIV or HBV co-infection
- No significant drug / drug interaction

The outcomes



Final points



- Mobile out reach clinics are important and effective at breaking down barriers for disenfranchised communities to access treatment
- **The hard to reach patient is a myth**
- The treatment must be taken to the patient
- The Kombi is an icon

- And its really not that hard, Far easier than the rest of our GP work
 - And a lot more fun

