

IMPACT OF IMPLEMENTATION OF A COLLABORATIVE AND ASSERTIVE HCV FOCUSED MODEL OF CARE ON SCREENING AND TREATMENT UPTAKE, IN A METROPOLITAN, PRIVATE OPIOID PHARMACOTHERAPY CLINIC

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Background: Hepatitis C virus (HCV) infection is highly prevalent among opioid pharmacotherapy (OPT) clients. Despite a longstanding outreach hospital liver clinic being held semi-regularly in a metropolitan private OPT clinic with approximately 200 clients, recent audit showed low levels of HCV focused client engagement (57%), blood result availability (46%), treatment uptake when recommended (80%) and sustained virological response (SVR) confirmation (64%).

Approach: A new model of care was established with four elements – collaboration, assertive engagement, removal of perceived barriers and data monitoring. Collaboration involved strengthening partnerships with OPT clinic staff, OPT Doctors, Hepatitis NSW (Peer Worker), Liver Clinic clinicians (Nurse Practitioner, Registered Nurse). Assertive engagement involved HCV focused client engagement attempts during OPT dosing visits, enhanced during on-site liver clinics. Removal of perceived barriers included: addition of peer worker; addition of client consent tool to authorise chasing prior blood results; increased liver clinic frequency to average three times monthly with ultrasound guided venepuncture available; provision of HCV treatment on site during routine OPT care, and/or tailored support to suit client preference. Data monitoring was documentation and individual client tracking.

Analysis: Monthly audit of HCV focused client engagement, screening and treatment uptake.

Outcomes: In five months, rates of HCV focused client engagements increased from 57% to 83%, blood result availability from 46% to 63%, treatment uptake from 80% to 97% and SVR confirmations from 64% to 87%. While HCV treatment uptake is high once diagnosed, 37% of clients remain untested, despite multiple engagement efforts, with 3% currently firmly declining HCV screening or treatment recommendation.

Conclusions: Implementation of a collaborative and assertive MOC is improving rates of HCV focused care at this OPT clinic, however not all clients are interested in HCV engagement or care. Planned addition of Dried Blood Spot testing in upcoming months may improve HCV RNA diagnosis rates.