

COMMUNITY-BASED MODEL OF CARE FOR HEPATITIS C TREATMENT

Campfield SF¹², Newman M, Grace JA

Background: Hepatitis C (HCV) treatment uptake with Direct Acting Antivirals (DAA's) has decreased in Australia in the last 2 years. It is estimated that over 43,000 Victorians are still living with chronic HCV despite attempts at increasing consumer awareness and promoting screening of at-risk populations.

Analysis: We identified gaps in the provision of treatment in regional areas, and significant barriers in accessing care due to distance constraints and lack of necessary experience by primary care providers. We established a remote treatment clinic in the Victoria town of Wallan. The clinic is co-located within a primary care centre with on-site GP super clinic, opioid substitute therapy prescribing clinicians and Mental Health and Wellbeing unit.

Education to increase awareness and understanding of HCV for primary care providers were run in the local area, and information on the clinic was provided to the community. A monthly session was commenced in July 2018 run by a Gastroenterologist, a Hepatitis C Clinical Nurse Consultant and an Integrated Specialist Pharmacist. A portable fibroscan machine accompanies the team with pathology services on site.

Outcome: In the 6 months until December 2018, 25 new patient referrals were received. Of this, 6 patients failed to attend (24%), 2 were unsuitable for HCV treatment and 1 patient disengaged. 16 patients were commenced on DAA's of which 13 have achieved SVR with several required alteration of existing medication due to potential drug-drug interactions.

Conclusion: Patient satisfaction surveys indicate that a community-based model of care for the treatment of HCV was important to them, was easy to access in a respectful non-discriminatory manner, despite patients facing difficulties in the past, and most would recommend the clinic to others.