

THE HEP CARE MODEL OF INTEGRATED CARE IMPROVES CLINIC ATTENDANCE IN 'HARD TO REACH' HEPATITIS C POSITIVE PATIENTS

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Background:

Non-attendance at hospital out-patient department(OPD) appointments results in considerable loss of capacity in health services. Among patients with HCV attendance is particularly challenging and limits the capacity to support patients through the cascade of care. We previously estimated that only 48% attended two or more OPD appointments for assessment and treatment.

Description of model of care:

To address this problem, we developed an integrated model of care to support patients' engagement with specialist assessment and treatment that involved education of health professionals, peer support and an outreach nurse specialist to liaise with general practices and other community based health agencies.

This paper aims to assess how this intervention impacted on specialist clinic attendance and treatment rates over a 19 month period. Patients (N=96) referred to the Infectious Diseases and Hepatology Clinics at MMUH through the 'HepCare' programme were identified from patient records, which were reviewed by a member of the research team. The study population included all patients who were allocated an appointment between 1st January 2017 and 31st July 2018. Attendance rates and treatment commencement rates among this population were analysed. Semi-structured interviews were also conducted with selected patients (N=4) to explore barriers and facilitators to attending specialist HCV care.

Effectiveness:

In total, 500 clinic appointments were reviewed for 96 patients. 318/500 (64%) of these appointments were attended with 68/96 (71%) of patients attending at least one appointment. Of the 96 referred, 30 (31%) commenced treatment during the study period. Facilitators of treatment included positive interpersonal relationships, motivation and accessibility to treatment. Barriers to treatment included competing priorities, fear of treatment, misinformation and denial.

Conclusion:

As well as impacting positively on the number of patients who commenced treatment, the 'HepCare' intervention significantly reduced non-attendance at hospital appointments. It is a priority to evaluate the indirect impact of such complex interventions when examining health service challenges.

Disclose of interest: None