

## **Reach-Teach-Treat model; The importance of integrating peer workers into hepatitis C models of care in community settings.**

**Authors:** Louise Hughes<sup>1</sup>, John Van Den Dungen<sup>2</sup>, Natasha Nikolic<sup>1</sup>, Chris Gough<sup>1</sup>, Chris Helms<sup>2</sup>, Joshua Anlezark<sup>2</sup>

<sup>1</sup> Canberra Alliance for Harm Minimisation and Advocacy (CAHMA), <sup>2</sup> Hepatitis ACT

**Background/Approach:** Ensuring hepatitis C (HCV) testing and treatment is available in community-based settings is critical to achieving HCV elimination. In May 2021, Hepatitis ACT (HepACT) established an integrated model of care in partnership with Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) which includes peer support, education workshops, incentives and weekly Nurse Practitioner (NP)-led HCV clinics through their Needle and Syringe Program (NSP).

**Analysis/Argument:** HepACT operates a busy NSP, distributing over 120,000 pieces of equipment annually. CAHMA runs a community drop-in centre which sees over 200 people per month and has relationships with highly marginalised people who inject drugs. Both organisations are key “touch points” for many people at-risk of HCV and are well-positioned to implement an innovative and person-centred model of HCV treatment. HepACT set up a weekly NP-led HCV clinic allowing clients to access testing and treatment services at the NSP. HepACT and CAHMA ran monthly incentivised support groups to educate and support access to the clinic as well as access to peer support workers through-out the project.

**Outcome/Results:** Between May 2021 and December 2021, 23 HCV clinic days were offered at the HepACT NSP. To date, 70 people have been tested for HCV through the clinics, of whom 46 clients (66%) were HCV antibody positive, 13 clients (19%) were HCV RNA positive, and nine clients (13%) started treatment. The peer workers recorded over 200 contacts with program participants including through the provision of remote peer support during the COVID-related lock-down.

**Conclusions/Applications:** HepACT and CAHMA successfully implemented a NP-led model of care in an NSP setting despite ongoing challenges related to the COVID-19 pandemic. The integration of peer workers in the model was critical to its success due to their longstanding, trusting, and positive relationship with the community and ability to engage and make people feel safe and comfortable.

**Disclosure of Interest Statement:** This project was funded by the Eliminate Hepatitis C Australia Partnership which is funded through the Paul Ramsay Foundation with support from the Burnet Institute. The funding body was not involved in the project design, data collection, interpretation or analysis or manuscript production.

This project also received funding for ACT Health Directorate through and STIBBV Health Advisory Committee Work Plan Grant. The funding body was not involved in the project design, data collection, interpretation or analysis or manuscript production.