A MIXED METHODS EVALUATION OF AN INNOVATIVE PEER+CLINICIAN OUTREACH HCV MODEL OF CARE FOR UNSTABLY HOUSED POPULATIONS IN LONDON, UK, USING THE INTEGRATED HCV CANDIDACY FRAMEWORK

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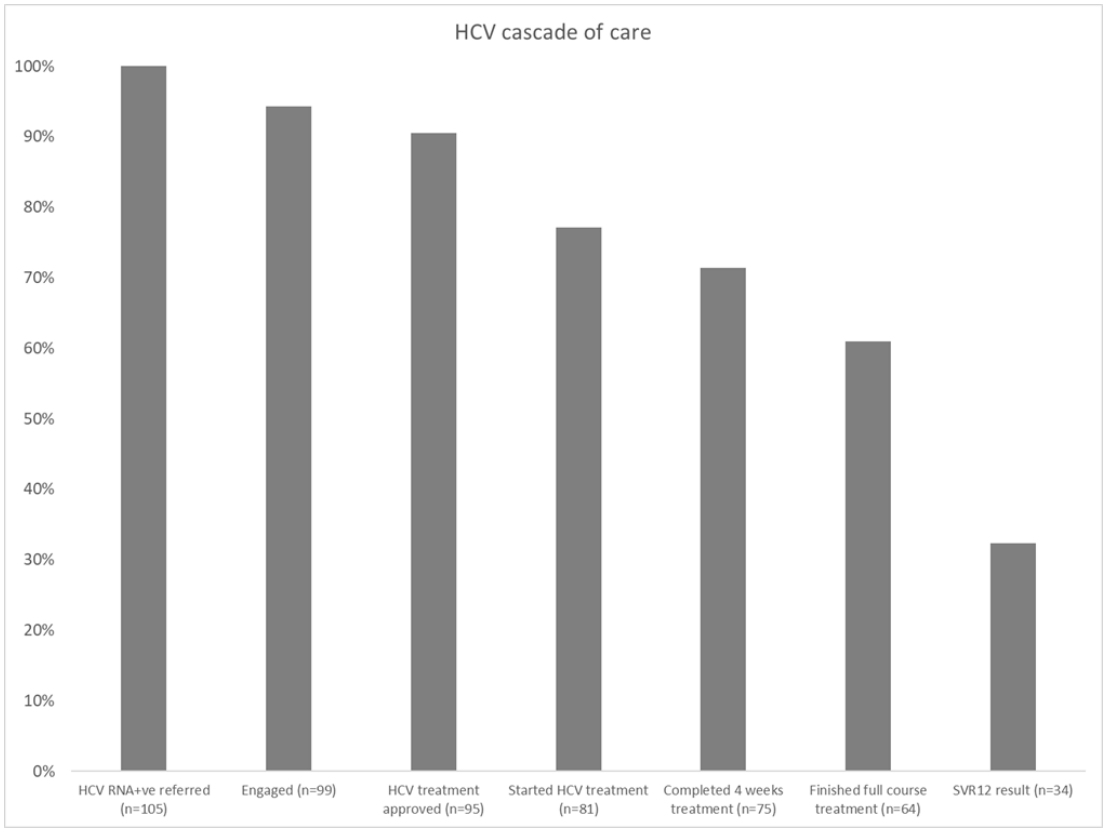
Background:
HCV elimination efforts are increasingly being focused on community-based models to reach the most socially excluded patients. Despite this, people affected by homelessness still have poorer HCV treatment outcomes. An innovative peer + clinician outreach, trauma informed model of care was developed and initiated in London, UK. Unstably housed patients who had either been lost to follow up following a positive HCV antibody test or recently diagnosed were referred to the team between May 2020-February 2022. Data was routinely collected about demographics, social care and other health needs, treatment outcomes and mortality.

Description of model of care/intervention:
A highly trained peer support worker working with an Infectious Diseases physician within a specialist homeless and inclusion health service. All healthcare interactions: clinical assessment, blood tests, provision of HCV medication and follow-up occurred in the outreach setting, with visits to homelessness settings (hostel, day centres and street outreach).

Effectiveness:
121 patients were referred to the service. The majority referred by local drug treatment centres (73/121), 80/121 were male, median age 50 years, 105/121 were HCV RNA+ve, 6 had only HIV infection (12 HIV in total), 6/121 had HIV and 3/121 HBV co-infection, 106/121 were using drugs, 35/121 had problematic alcohol use. The team were able to contact 116/121 patients. 99/105 HCV RNA+ve patients were engaged and referred for treatment, 95/99 approved to start treatment 81/99 started treatment (4 due to start treatment, 6 awaiting assessment), 75/99 completed 4 weeks of treatment, 64/99 completed a full course of treatment (10 still on treatment, 2 did not complete full treatment, but achieved SVR12, 3 died, 7 treatment failures, 9 lost to follow up after starting treatment and 6/121 died.

Conclusion and next steps:
A high proportion of patients transitioned through each stage of the HCV cascade of care. This was achieved through supporting patients with identification of candidacy for HCV care, navigation of services, supported adjudication by providers and a trauma informed model of care that provided an enabling service environment.
This is a socially complex population, with a high rate of mortality. This innovative model of peer and clinician HCV outreach is effective at enabling people affected by homelessness to achieve good treatment outcomes.



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