

EVALUATION OF A PEER SUPPORT MODEL FOCUSED ON IMPROVING ACCESS TO HCV CARE IN COMMUNITY SETTINGS - 'PEERS ASSISTING TREATMENT OF HEPATITIS C' (PATH)

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Background:

People who inject drugs (PWID) experience many barriers in accessing hepatitis C (HCV) care. Innovative peer support models may provide a pathway to engage individuals who are less connected to health services, and support PWID to prioritise testing and treatment.

Description of model of care/intervention:

The 'Peers Assisting Treatment of Hepatitis C' (PATH) model was co-designed by Harm Reduction Victoria (HRVic), Access Health and Burnet Institute. HRVic employed two Peers with lived experience of injecting drug use and HCV, who were embedded at a primary care service for six months. PATH Peers sought to make accessing HCV care as simple as possible for clients. Through community engagement activities, Peers connected with clients on-site and through outreach. Stakeholder interviews and analysis of program and clinical data were used to evaluate PATH.

Effectiveness:

PATH Peers reported 194 interactions with clients – 62% on-site and 35% through outreach. HCV risk factors identified included frequent injecting drug use (71%), unstable housing or sleeping rough (43%), mental health issues (28%) and incarceration history (16%). Peers provided HCV education in 24% of interactions and made referrals to various clinical services in 14% of interactions. Five referrals were made to Access Health clinical services for HCV care; and in two instances Peers accompanied clients to an HCV appointment. Clinic staff reported Peers had a positive impact on improving attitudes and practices towards PWID among staff and strengthened client engagement with services. Peers reported difficulties in linking clients to HCV care in the absence of an integrated hepatitis nurse to prioritise testing, or without the ability to offer incentives.

Conclusion and next steps:

PATH Peers provided holistic support to clients; however, HCV linkage was relatively limited. Recommendations from this pilot, including those focused on increasing linkage to HCV care, have been incorporated into the PATH-EXpanded model where Peers are working in partnership with integrated hepatitis nurses in community settings.

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