

## **SUPPORTING PRIMARY CARE CLINICS TO PRIORITISE HEPATITIS C TESTING AND TREATMENT – THE EC NURSE-LED MODEL.**

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**Background:** Elimination of hepatitis C will require an increase in the number of people at risk of hepatitis, specifically people who inject drugs (PWID), being diagnosed and linked to treatment. The Eliminate hepatitis C (EC) Victoria Partnership aims to increase the capacity to provide hepatitis C testing and treatment to PWID in Victoria, Australia, through a nurse-led model of care.

**Argument:** The model uses a health system strengthening approach whereby a clinical nursing team support high case load services to prioritise hepatitis C testing and treatment through the provision of tailored package of interventions. These interventions are co-designed with clinic staff and are informed by a baseline assessment involving a clinic audit and provider interviews to identify barriers along the care cascade. We developed a Primary Care Toolkit to support a whole of practice approach and targeting of interventions. The Australian Collaboration for Coordinated Enhanced Sentinel Surveillance is used to evaluate the model, assessing changes in testing and treatment overtime.

**Outcomes:** 14 high-caseload clinics were recruited between 2017 -2018. Baseline clinical audits revealed an average of 164 (range 54-370) people treated at each service. Interventions included nursing education & mentoring (n=5), phlebotomy access on site (n=7), clinical nursing support (n=5), implementation of proactive follow up system (n=7). Preliminary analysis shows that the proportion of antibody-positive patients receiving reflexive RNA testing after a positive test increased from 73.8% in 2017 to 79.4% in 2018 and the proportion of patients with RNA-positive results prescribed DAA treatment within 3 months increased from 30.8% in 2017 to 36.3% in 2018.

**Conclusions:** Achieving elimination targets requires localized responses at the health service level. The EC nurse-led model assists services to identify and target interventions to improve the hepatitis C care cascade and uses data to drive treatment uptake at these primary care clinics.

**Disclosure of Interest Statement:** The authors acknowledge funding support from Gilead Sciences and National Health and Medical Research Council for this project through an investigator initiated research grant from. The Burnet also receives funding support from Abbvie, GSK and Merck for investigator initiated research.