

## **A novel multidisciplinary approach to Chronic Hepatitis B care – reducing barriers to access and increasing engagement with sex workers and men who have sex with men who are culturally and linguistically diverse.**

### **Authors:**

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**Background/Approach:** The majority of patients attending Sydney Sexual Health Centre (SSHC) for CHB management also attend for screening and management of sexually transmitted infections and HIV. Many of these patients are non-Australian-born sex workers (SW) and men who have sex with men (MSM), who do not have access to Medicare and therefore limited access to routine primary healthcare. This culturally and linguistically diverse (CALD) population group can also be impacted by health literacy and language barriers. To date, there is little research into models of CHB care for this unique cohort within the Australian context.

**Analysis/Argument:** The ideal clinical environment for this population is one that reduces barriers to accessing specialist care and provide holistic support. More specifically, a clinic should provide timely and guideline-informed management, oral and written information in the client's first language, peer support, vaccination for contacts, and pathways for clients who miss appointments or attend multiple services.

**Outcome/Results:** SSHC has enhanced its FibroScan clinic (FSC) to better meet the needs of our population who live with CHB. We have transitioned from a medical-centric model to a more interdisciplinary nurse-led model with sexual health medical officer (MO) support and engagement of Thai and Chinese health education officers (HEOs) who work with SW communities. Interpreters are used as required. Clients initially consult with a nurse specialist, who also performs a FibroScan. A clinical management plan is then co-formulated with the nurse, MO, and the client based on history and clinical assessment. The HEOs are available throughout the clinical pathway to support the client to attend and reinforce key ideas discussed at the consultation. Education material was developed for HEOs to answer key areas of hepatitis care such as lifestyle factors, medication adherence, and vaccinations.

**Conclusions/Applications:** This unique model within SSHC allows populations with CHB to access specialist care within a service they are familiar with and have established relationships. Service delivery requirements have facilitated expanded professional roles within the clinic.

### **Disclosure of Interest Statement:**

*“The Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine and the 2022 Conference Collaborators recognise the considerable contribution that industry partners make to professional and research activities. We also recognise the need for transparency of disclosure of potential conflicts of interest by acknowledging these relationships in publications and presentations. There are no disclosures for this poster”*

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