Interventions to Improve Access to Hepatitis C Testing and Treatment for People Who Use Drugs

Nominated Chairs:
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Aim of Abstract: According to 2018 estimates, approximately 31% of all persons living with chronic HCV infection have initiated direct-acting antiviral (DAA) treatment in Australia. While promising, uptake of widespread hepatitis C viral (HCV) testing and treatment has since become stagnant, requiring the incorporation of novel, effective interventions to reach persons most at-risk of HCV (re)infection (e.g. persons with a history of injection drug use, persons with opioid dependence). This session will commence with an updated overview of evidence-based interventions that are effective in improving HCV testing and treatment uptake followed by presentations from health workers (clinician and nurse) and a community worker on incorporating novel HCV interventions into the drug and alcohol clinical settings to reach marginalised populations. Presenters will also speak to lessons learned for overcoming barriers to implementing HCV interventions as well as remaining challenges in HCV care. The target audience for this session is multidisciplinary: health workers, community workers, peer workers, researchers, and policy officers.

Presentation 1 (15-20 minutes) – Improving Hepatitis C Testing and Treatment using Effective Interventions to Achieve HCV Elimination

Presenting Author: Evan Cunningham[1]
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Introduction: The availability of effective direct-acting antiviral (DAA) therapies has improved the management of hepatitis C virus (HCV) infection. The World Health Organization has set targets to eliminate HCV as a public health threat, yet HCV testing and treatment remains low globally. The aim of this presentation is to highlight evidence-based interventions found to be effective for improving HCV testing and treatment outcomes.

Method: Bibliographic databases and conference abstracts assessing interventions to improve HCV antibody testing, RNA testing, linkage to care, and treatment initiation were searched. There were no date or population restrictions. Meta-analysis was used to pool the effect of interventions on study outcomes.

Key Findings: 188 studies assessing an intervention to improve HCV testing, linkage to care and treatment initiation were identified. Studies of general population (k=42), birth cohort (k=46), people who inject drugs (k=14), and people in prison (k=12) were most common. Medical chart reminders, provider education, and integrated care were effective across three or more study outcomes while interventions which simplified HCV testing including dry blood spot testing, point of care testing, and reflex RNA testing improved testing outcomes. Enhanced patient support through patient education or patient navigation was effective at improving linkage to care and/or treatment initiation. Similarly, provider care coordination was effective at improving linkage to care and treatment initiation.

Conclusions: Several interventions to improve HCV care were identified. Novel models of HCV care must be designed and implemented to address the barriers faced by the population of interest.

Presentation 2 (15-20 minutes) – Point of Care Testing for Hepatitis C In the Priority Settings of Prisons, Mental Health and Drug and Alcohol Facilities: A Nursing Perspective

Presenting Author: Lucy Ralton[1]
[1]Infectious Diseases Service, Royal Adelaide Hospital, Adelaide, Australia

Introduction: An individual is currently required to attend multiple appointments to undergo hepatitis C virus (HCV) testing and diagnosis before they commence treatment. The PROMPt study implements a simplified model of testing and linkage to care using POCT in settings attended by priority populations.

Approach: This presentation outlines the implementation of a simplified model to increase HCV testing and linkage to care amongst priority populations in three facilities and highlights the challenges and success of this project.

Key Findings: Over 1000 people have participated in PROMPt and point of care testing (POCT) for HCV has been very well received. Qualitative findings indicate the simplicity of the testing method combined with effective, easy treatments mitigates the stigma and anxiety commonly associated with an HCV diagnosis. Effective relationships between project personnel and staff are vital to accessing the priority populations who use these key services and to trial new ideas. Homelessness and movement across multiple disconnected services present challenges to HCV treatment initiation and completion. Collaborating with peer workers is an effective means to engage people in testing. Staff are supportive of the project, but HCV testing and treatment remains extraneous to the priorities of core business.

Discussions: POCT for HCV is acceptable and increases testing rates and linkage to care in priority settings.

Implications for Practice or Policy: POCT for HCV is an effective means of increasing testing and treatment uptake amongst priority populations. POCT for HCV antibodies maximises cost effectiveness but this test is yet to undergo Therapeutic Goods Administration approval before it is widely available in Australia.

Presentation 3 (15-20 minutes) – Enhancing Testing and Treatment for Hepatitis C Infection Among People Who Use Drugs: A Community Perspective

Presenting Author: Esha Leyden[1]
[1]Queensland Injector Health Network, Brisbane, Queensland, Australia

Introduction: Increasing uptake of HCV testing/treatment among people who inject drugs (PWID) is hampered by current diagnostic pathways requiring multiple healthcare provider visits. Poor venous access and stigma may also prevent people from testing. Understanding perspectives from the community about barriers to testing is critical, thereby facilitating the development of strategies to improve engagement in testing.

Approach: QuIHN conducts a comprehensive HCV testing/treatment program across four fixed and five outreach sites in Queensland. The program focuses on people who inject

drugs in collaboration with QuIHN's NSP network. Testing incorporates point-of-care testing and on-site pathology at outreach clinics and QuIHN. Treatment is provided by a nurse practitioner and general practitioners. Clients are supported throughout testing and treatment by a dedicated harm reduction workforce, including peer workers and a prison transition service.

Key Findings: This presentation will highlight community perspectives around barriers to HCV testing for PWID, considering novel testing methods (including point-of-care HCV RNA testing) which can overcome these barriers to improve uptake of testing and treatment. It will also highlight some of the key successes of the QuIHN model which have facilitated improved access for HCV testing and treatment among PWID.

Discussions: QuIHN has remained flexible and has adapted to foster an equitable service for HCV testing and treatment. Strategies to overcome barriers to testing and treatment have included case management services, development of a peer workforce, implementation of a prison transition service, offering financial incentives, outreach services, and implementation of HCV point-of-care testing.

Disclosure of interest: None to disclose.

Presentation 4 (15-20 minutes) – Incorporating Hepatitis C Virus (HCV) Care into the Drug and Alcohol Settings: Lessons Learned to Inform Widespread Scale-Up

Presenting Author: Mark Montebello[1]

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Introduction: Direct acting antiviral (DAA) HCV therapies have no prescriber-type restrictions in Australia meaning that practitioners in drug and alcohol settings can more easily become involved in HCV management. Nonetheless, there are multiple barriers among drug and alcohol services to 'taking on' HCV treatment. The aim of the presentation is to highlight lessons learned from incorporating HCV care into the drug and alcohol services to inform the scale-up of HCV testing and treatment across Australia.

Approach: NSLHD Drug and Alcohol Services have incorporated multiple strategies to facilitate HCV testing and linkage to care. More than 96% of clients attending the Opioid Treatment Program have been screened for HCV, and more than 98% of those with HCV received treatment and had a Sustained Virologic Response (SVR) at 12 weeks. Strategies included a multidisciplinary team trained in assessing and treating HCV, the implementation of point-of-care HCV RNA testing, ongoing monitoring for HCV reinfection, and strengthened professional relationships with the local tertiary hospital for clients requiring further monitoring for advanced liver disease.

Key Findings: This presentation will highlight how NSLHD Drug and Alcohol Services incorporated a range of interventions in responding to HCV, initial challenges to their implementation, lessons learned, and proposed actions for remaining challenges.

Discussions: This presentation will be of interest to health and community workers in the drug and alcohol sector and researchers and policy makers wanting to learn more about the remaining organizational barriers to the scale-up of HCV testing and treatment in drug and alcohol clinical settings.