Partnering peer specialists with nurses to expand access to hepatitis C care for people who inject drugs: the path-expanded model evaluation

Authors: O’Keefe D1,2, Armstrong S3, Bamford S3, Weidner C3, Dicka J3, Crawford S3, Watkinson S4,5, Sasadeusz J4,5,6, Scott A6, Layton C1,6, Gold J1,2, Elsum I1, Bryant M1, Gunn J1, Doyle J1,6, Stoove M1,2, Hellard M1,2,5,6,7, Pedrana A1,2

1 Disease Elimination Program, Burnet Institute, 2 School of Public Health and Preventive Medicine, Monash University, 3 Harm Reduction Victoria, 4 Victorian Infectious Disease Service, Royal Melbourne Hospital, 5 The Peter Doherty Institute for Infection and Immunity, 6 Department of Infectious Diseases, The Alfred and Monash University, 7 School of Population and Global Health, The University of Melbourne

Presenter’s email: daniel.okeefe@burnet.edu.au

Introduction and Aims: People who inject drugs (PWID) are a priority population for Australia’s hepatitis C virus (HCV) elimination efforts and initiatives are needed to actively engage this population in HCV testing and treatment.

PATH-Expanded will implement and evaluate two novel “HCV partnership models” pairing Peer Specialists (employed by a peer-led Harm Reduction service) with integrated HCV nurses (IHNs) working in community-based clinics.

Design and Methods: In both models, Peer Specialists will engage with clients of the clinic, provide HCV education and encourage uptake of HCV testing and treatment with facilitated referral to the partnered IHN and other services as appropriate. In model A – a Peer Specialist is EMBEDDED as a staff member at a single service. In Model B - a Peer Specialist is linked into multiple services and will ROVE between services and with outreach teams.

The project was implemented at three community health services in April 2021 in Melbourne, Australia, and will continue until December 2021.

Results: The model will be evaluated via a mixed-methods approach. Client engagement data collected by the Peer Specialists will be linked to patient health data collected by the IHN, allowing clients to be followed from initial peer engagement through to treatment. Endline qualitative interviews, will explore the acceptability and feasibility of the model. To date, 10 clients have been engaged in the first month and a half of program initiation.

Discussions and Conclusions: Data generated by PATH-EXPanded will provide evidence for peer-led interventions, for which there is currently limited data, and will inform sustainable models of effective HCV care engagement.

Disclosure of Interest Statement: The Eliminate Hepatitis C Victoria Partnership is funded through an NHMRC partnership grant, with additional funding provided by Gilead Sciences. JD, MH, MS and AP receive investigator-initiated research funding support from Gilead Sciences, Abbvie and Bristol-Myers Squibb and Merck. JD, and their institution have received consultancies from Gilead, AbbVie and Merck. AP and their institution have received consultancies from Gilead.