

Hep@Home: Preliminary results from the evaluation of a model of care targeting people who inject drugs and providing mobile hepatitis C (HCV) testing and treatment to people who have reduced access to mainstream health services

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Background: Few models of care treat people with HCV in the community without requiring a visit to a healthcare service. Looking at new ways of ensuring access to HCV treatment for people with reduced access to mainstream health services, in particular people who inject drugs (PWID), is essential to achieve the goal of elimination of HCV.

Methods: The Hep@Home program provides assertive testing and treatment close to where people live. The model utilises the connections built between Kirketon Road Centre (KRC) outreach and peers from the local community to provide local HCV testing, assessment and treatment. Dried Blood Spot tests are completed and positive results are assertively followed up with an assessment visit from a specialist Clinical Nurse Consultant. Clients can meet staff in locations including in parks, the outreach van or on the doorstep of their home. Medication is delivered free to peoples' door by a local peer and non-clinical staff. The evaluation comprises secondary analysis of clinical data and surveys of participants about linkage to care and barriers to HCV testing and treatment: (1) when returning for a negative result, (2) being assessed for HCV treatment, and, (3) at SVR12.

Results: To December 2021, 31 people have been tested and 16 enrolled in the evaluation. Five people have commenced treatment, four people have completed treatment and thus far one person has had an SVR12. Common barriers to not initiating treatment previously were not feeling sick (75%), not knowing HCV status (50%) and having other priorities (50%). Recruitment into the program and evaluation is ongoing.

Conclusions: This innovative and flexible model of care shows promise, offering new opportunities for individuals to receive specialist HCV care close to their home or a location of their choosing, improving access, and autonomy, and a new strategy for achieving elimination

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