OVERCOMING INSTITUTIONAL BARRIERS TO INTEGRATED CARE: LINKAGE TO HEPATITIS C TREATMENT IN THE OPIOID AGONIST TREATMENT SETTING

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Background: Increasing uptake of direct-acting antiviral (DAA) treatment by people who inject drugs (PWID) with chronic hepatitis C virus (HCV) infection is crucial for reaching global elimination targets by 2030. Integration of hepatitis C and opioid agonist treatment (OAT) services has the potential to facilitate linkage of PWID to HCV treatment and care. This presentation explores institutional factors impacting on treatment uptake in hospital-based OAT settings and highlights effective strategies for facilitating access to treatment for clients. In 2016-7 the clinics had rolled out DAA and 83 clients were treated.

Methods: Thirty in-depth interview were conducted with clients (n=13) and staff (n=17) from two hospital-based OAT clinics in Sydney, Australia. Interview data were thematically analysed using constant comparative methods.

Results: Factors influencing HCV treatment initiation for clients included a focus on other priorities, other health problems requiring investigation, concerns about side effects, and the inconvenience of additional appointments to access testing and treatment, and with filling scripts. OAT clinic staff reported that lack of resources and limitations in staff capacity to perform venepuncture and prescribe HCV treatment resulted in referrals to other staff and services. Prescribing-related policies, dispensing fees, and the need to order in medications at some community pharmacies raised the number of client visits required to initiate treatment. A range of approaches were adopted to address barriers including training clinic staff in venepuncture, escorting clients to services for testing, involvement of a peer worker, changing prescribing practices, covering the cost of dispensing fees for clients, shared care arrangements, and providing additional follow-up and monitoring of clients seeking treatment.

Conclusion: Challenges exist in integrating HCV treatment into hospital-based OAT where resources are often limited. Models of care need to include a range of intervention options to accommodate the diverse support needs of clients with complex health and social problems.

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