

## **SPREADING THE WORD: THE ROLE OF HEPATITIS C EDUCATION IN ACHIEVING ELIMINATION**

Richmond JA<sup>1</sup>, Pedrana A<sup>1,2</sup>, Crooks L<sup>3</sup>, Di Giacomo D<sup>4</sup>, Doyle JS<sup>1,5</sup>, Thompson AJ<sup>6,7\*</sup>, Hellard M<sup>1,2,5\*</sup>, on behalf of the EC Partnership investigator team

<sup>1</sup> Disease Elimination Program, Burnet Institute; <sup>2</sup> School of Population Health and Preventive Medicine, Monash University; Melbourne, Australia, <sup>3</sup> Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine, Sydney, Australia, <sup>4</sup> Sexual Health and Viral Hepatitis Team, Screening and Preventive Health Program Unit, Department of Health and Human Services, Melbourne, Australia, <sup>5</sup> Department of Infectious Diseases, Alfred Health and Monash University; <sup>6</sup> Department of Medicine, University of Melbourne; <sup>7</sup> Department of Gastroenterology, St Vincent's Health;. \*Contributed equally

**Background:** Hepatitis C treatment has been led by tertiary services with little involvement from primary care. The Eliminate Hepatitis C (EC) Partnership is a collaboration between clinical, research, government and civil society in Victoria, Australia, that aims to develop a framework for hepatitis C elimination by supporting and enhancing the treatment of people who inject drugs in the community and prisons. In order to achieve this goal the hepatitis C capacity of the primary care and frontline workforce must be developed.

**Methods:** A local workshop was convened in November 2016 with hepatitis C education sector stakeholders to map existing programs. Each service provided an overview of their target audience, topics of education, delivery method, location and timing of the training. Key areas of need were identified through a facilitated discussion.

**Results:** Twenty-three people from 17 organisations attended: 10 organisations focused on clinical education for health professionals, four on workers engaged with priority populations, one on frontline alcohol and other drug and needle and syringe program workers and one was a funder. Mapping revealed that the majority of education focused on health professionals, neglecting frontline workers and peers with lived experience of injecting. A lack of interaction between providers resulted in duplication of services and resulted in areas of unmet need. To address these gaps, the EC partnership has focused on developing organisational collaborations to streamline education delivery specifically on elastography assessment for primary care nurses and doctors and point of care testing for nurses and community workers.

**Conclusion:** For many workers, hepatitis C falls outside their scope of practice. Embedding hepatitis C in their scope will not occur without significant educational investment. A whole of system approach to upscaling hepatitis C treatment in the non-clinical workforce is needed to ensure people with hepatitis C can access treatment in settings that meet their needs.

**Disclosure of Interest Statement:** The Eliminate Hepatitis C Partnership is supported by an investigator-initiated research grant from National Health and Medical Research Council and Gilead Sciences. JD, MH, AT and the Burnet Institute receive investigator-initiated research funding from Gilead Sciences, AbbVie and BMS. JD's institution has received honoraria from Merck, Gilead and BMS. LC's institution has received funding in the form of unconditional education grants to provide training from Gilead, BMS, AbbVie and MSD No pharmaceutical grants were received in the development of this study.