

# COMMUNITY PRESCRIBING OF HEPATITIS C TREATMENT – A NURSE- LED MODEL TO INCREASE TREATMENT UPTAKE BY PEOPLE WHO INJECT DRUGS

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## **Background:**

Accessibility of hepatitis C (HCV) direct acting antiviral (DAA) treatments has presented an unparalleled opportunity in Australia to achieve elimination of HCV as a public health concern. The significant early uptake of treatment largely arising from tertiary settings has subsequently declined. People who inject drugs (PWID) and live with HCV experience stigma and discrimination when seeking healthcare. This results in ongoing transmission and poor health outcomes associated with late presentations. Community-based prescribing, by PWID accessed services, is evolving but needs to be augmented by initiatives that support embedding HCV treatment within existing frameworks.

## **Method:**

The Integrated Hepatitis C Service (IHCS) at Melbourne Health is coordinated by the clinical nurse consultant (CNC), and partners with community services to facilitate treatment uptake and increase workforce capacity. We sought to establish links with addiction medicine (AM) services, needle syringe programs (NSP) and homeless persons programs (HPP) in metropolitan Melbourne and regional Victoria. Nurse-led treatment clinics were supported remotely by an infectious diseases (ID) physician with mentorship to community-based nurses to establish testing and assessment pathways. The CNC established a remote consultation pathway between prescribing General Practitioners (GP) and ID Physician.

## **Results:**

In the first year of DAA treatments, 162 people sought HCV treatment information through nurse-led clinics with 98 commencing treatment. Of these, 81% identified as current injectors. There were 16 people found to have cirrhosis or significant co-morbidities and referred for specialist review. We received 160 remote consultation requests from GP with 83% approved for community-based treatment.

## **Conclusions:**

Nurse-led HCV treatment models embedded within clients existing services provide opportunities to engage those at risk to seek health information, assessment and HCV treatment. The integration of the CNC within these services encourages GP prescribing through clinical decision support, links to specialists. Mentorship of community nurses increases capacity and sustainability within services.

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