

## **PIVOT: A 'ONE STOP SHOP' MODEL OF CARE TO TEST AND TREAT HEPATITIS C IN CUSTODY**

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### **Background:**

Traditional hepatitis C (HCV) testing and treating pathways within correctional facilities are typically complex and time-consuming, and it can take several weeks to treatment initiation. The process in the NSW prisons involves risk behavior screening, two rounds of venepuncture and pathology testing, clinical assessments, and prescription. Multiple individual nursing and medical staff members contribute to the pathway. A simplified model may improve access to HCV testing and treatment. The PIVOT study compared the standard of care model with a simplified 'one-stop-shop' model using point-of-care (POC) HCV RNA testing.

### **Description of model of care/intervention:**

All newly incarcerated males in one correctional center were offered the 'one-stop-shop' which consisted of POC finger prick tests for HCV RNA and hepatitis B surface antigen, fibro-elastography, nurse-led clinical assessment, and same-day prescription of direct-acting antiviral (DAA) therapy. The model removed the need for venepuncture and gave the patient test results in 60-minutes. The model was supported by a dedicated nurse and correctional officer as well as clinic space.

### **Effectiveness:**

The 'one-stop-shop' model was well received by prisoners, healthcare staff, and correctional staff. When compared with the standard of care model, the 'one-stop-shop' model was more efficient in: identifying those with chronic HCV infection, and doing so rapidly, and ensuring high rates of completion of the HCV care cascade.

The limitations of the model were firstly that the protocol for the PIVOT study excluded patients with cirrhosis detected by fibro-elastography and those with prior DAA treatment who were referred to traditional hepatitis service pathways. Secondly, the model is focused only on testing and treatment for HCV, and no other blood-borne viruses or sexually-transmitted infections.

### **Conclusion and next steps:**

The PIVOT model used on reception to prison has the potential to become the gold standard in efficient identification and engagement of patients with chronic HCV to underpin prison-based treatment scale-up.

### **Disclosure of Interest Statement:**

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