

A PARTNERSHIP APPROACH TO ENABLING ACCESS TO HEPATITIS C TREATMENT WITHOUT VISITING THE HOSPITAL IN A REMOTE SETTING

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Background:

Australian national data from 2016 reports the Northern Territory as having the highest prevalence of chronic hepatitis C virus (HCV) infection in Australia at 1.54% and the lowest treatment uptake rate. Therefore, finding, and engaging HCV clients in care is critical. An innovative nurse-peer partnership (NPP) model of care is being offered in an outreach setting across Greater Darwin region to increase HCV case finding and engagement in treatment.

Methods:

An established nurse led monthly outreach clinic has been increased in frequency to a weekly NPP model of care. With a strong client focus on relationship building, the NPP offers a holistic approach by offering both clinical and peer support. This is complemented by incentivised screening and treatment opportunities. The weekly outreach clinic is held within a harm reduction setting, offering a streamlined one-stop shop for HCV testing and treatment. A case management approach is applied to individual HCV clients, whilst broader population-wide approaches are used to raise awareness about HCV.

Results:

Over 23 clinics offered, 56 clients have accessed the service, 17/56 (30%) identified as Aboriginal and/or Torres Strait Islander, 38/56 (68%) were HCV Antibody positive, 13/38 (34%) HCV RNA positive and 10/13 (77%) have been prescribed treatment. Most report the Needle and Syringe Program (NSP) as referral source with incentives cited as the primary motivator for people accessing the clinic

Conclusions:

Strengths of the NPP model include the ability to offer a clinical service within a safe, non-judgemental space, where the complex needs of clients can be met holistically. The mutually respectful relationship between nurse and peer and reciprocal learning has led to the removal of barriers to care and the provision of an environment where clients feel valued and safe, ultimately engaging a cohort of clients who traditionally would not have accessed care in the hospital environment.

Disclosure of interest:

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