

INCREASE IN HEPATITIS C TREATMENT IN A MARGINALISED AND DISADVANTAGE COMMUNITY IN ADELAIDE, SOUTH AUSTRALIA.

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Background: In March 2016, Australia became one of the first countries in the developed world to offer unrestricted access to direct-acting antiviral (DAA) therapy for chronic Hepatitis C infection, via the Pharmaceutical Benefits Scheme (PBS). This policy shift has provided an opportunity for Primary and Tertiary Health Care Services to collaborate and provide Hepatitis C treatment to all patients, in particular to those patients who are disadvantaged and/or marginalised.

Method: The nationally utilised Remote Consultation Form has enabled general practitioners (GPs) to initiate DAA therapies in the community with the support of Specialists, in a new and integrated Model of Care (MOC) between tertiary and primary health care. A retrospective audit on the outcome of this collaboration was conducted between 1st March 2016 and 28th February 2017, between the Viral Hepatitis Centre (VHC), Royal Adelaide Hospital (RAH) and the Brian Burdekin Clinic (BBC). BBC is a unique clinic in Adelaide that provides health care to homeless, disadvantaged and marginalised populations through a multidisciplinary health service.

Results: 55 patients with active HCV RNA replication were identified during the audit period, with 47 being initiated on therapy through GP/Specialist collaboration. So far 10 patients have achieved Sustained Virological Responses (SVR12). 19 patients are currently on treatment, with another 20 awaiting post-treatment SVR results. 2 patients are yet to commence therapy and 4 declined treatment.

Conclusion: Results from this study demonstrate that the Remote Consultation Form bridges the gap between GPs and Specialists. This new MOC, whilst in its infancy, caters for those marginalised patients who are reluctant to engage with tertiary hospitals, like those from the BBC. Further large-scale studies are needed to fully assess the efficacy of this new MOC.