

Integrating Hepatitis C Care within Community Mental Health & Alcohol & Other Drug (AOD) Services at the Alfred Hospital, Melbourne, Australia.

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BACKGROUND

- Among many people with severe mental illness (SMI), there is a complex overlap with alcohol and other drug (AOD) use, including injecting drug use.
- As a result, some people with SMI are at increased risk of blood borne infections, including hepatitis C virus (HCV).
- Despite this, engagement in HCV care among people with SMI has been historically low due to a range of personal, service and system level barriers.
- The availability of highly-effective, direct acting antivirals (DAAs), including prescription by general and nurse practitioners, may overcome previous barriers to HCV related care

METHODS

- A nurse-led hepatitis C clinic was established within the mental health and AOD service in collaboration with infectious disease and gastroenterology departments at the Alfred Hospital.
- Clinics were held on a fortnightly basis with a hepatitis clinical nurse consultant working alongside a nurse practitioner specialising in mental health and addiction.
- In addition to existing clients of the out patient mental health and AOD service, a referral pathway from the in patient Alfred Health psychiatry service was also established.
- Treatment workup was undertaken by the nurses with treatment for those who were HCV positive prescribed by either the nurse practitioner or collaborating physicians.



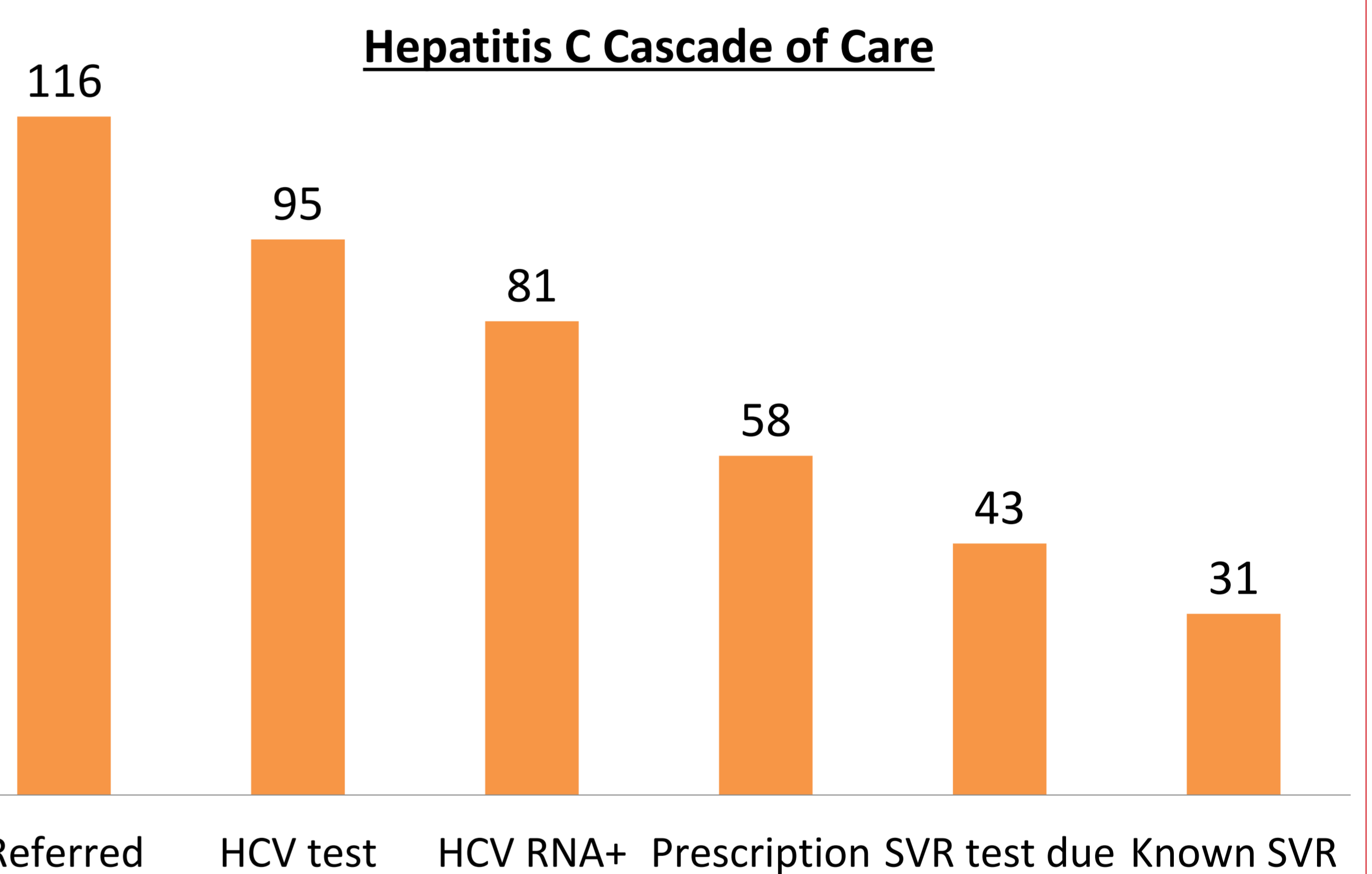
RESULTS

- Of 116 people referred to the clinic, 95 (82%) had a HCV test of whom 81 (85%) were currently HCV RNA positive with 8 (7%) identified as cirrhotic.
- All reported a history of injecting drug use, including 68% recently. The majority (79%) were diagnosed with a severe mental illness.
- Nearly all (81%) were unemployed and 55% lived in supported or unstable housing, including 12% who were currently homeless.
- To date, 58/81 (72%) have commenced treatment of whom 43 (74%) were treated at the clinic with 22 (51%) prescribed treatment by the nurse practitioner.
- Among 43 people who were due for sustained virological response (SVR) testing as of end February 2019, 31 people have had a test and all have been cured.

Patient Characteristics

	HCV RNA+ n, (%) ^a	HCV prescription uptake n, (%) ^b
Age (Mean, Range)	43, 26-66	44, 27-66
Less than 40	30 (37)	20 (67)
40 or older	51 (63)	38 (75)
Female	28 (34)	21 (75)
Male	53 (65)	37 (64)
Cirrhosis	8 (10)	7 (88)

a. Column % among people who were HCV RNA positive
b. Row % of HCV treatment uptake specific to characteristic



Vignettes of clients accessing the nurse led clinic

1. 27-year-old female with a first episode drug induced psychosis and recently acquired chronic hepatitis C infection. Screening was completed at the onsite Hepatitis C clinic, including fibroscan and blood pathology. No follow up for cirrhosis was required and she was issued with a script for DAAs two weeks later by the nurse practitioner.
2. 42 year-old female with long standing diagnoses of schizophrenia, intravenous polysubstance abuse and untreated Hepatitis C. Engaged with the addiction and mental health nurse practitioner following an accidental heroin overdose and associated inpatient medical admission. Commenced on daily dispensed methadone opiate replacement and DDA therapy, both of which were prescribed and followed up by the nurse practitioner.

CONCLUSIONS

- Through this nurse-led model of care, the majority of people living with HCV started treatment, despite multiple co-occurring complexities
- Of those who underwent SVR testing, all were cured.
- While specialist referral is important for people with cirrhosis, the majority did not require it, indicating replication of this model may be viable in other mental health and addiction treatment settings.
- Despite successfully engaging many people in HCV care through this nurse-led service, more work is required to improve treatment uptake and test for sustained virological response.