Overcoming institutional barriers to integrated care: Linkage to hepatitis C treatment in the opioid agonist treatment setting

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BACKGROUND

The availability of highly efficacious direct-acting antiviral (DAA) treatment for chronic hepatitis C virus (HCV) infection has made global elimination of HCV a public health priority.

Increasing uptake of DAA treatment by people who inject drugs (PWID) is crucial for reaching global elimination targets by 2030[1].

Integration of hepatitis C and opioid agonist treatment (OAT) services has the potential to facilitate linkage of PWID to HCV treatment and care. However, little is known regarding institutional barriers to treatment uptake in these settings.

AIMS

To explore factors influencing HCV treatment initiation in hospital-based OAT settings and identify strategies for increasing uptake.

METHODS

In 2016-17, DAA were rolled out in two OAT clinics in Sydney, Australia and 83 clients were treated. In 2018-19, thirty in-depth interviews were conducted with clinic staff (n=17) and with a sample of clients who were yet to be treated (n=13). Interview data were thematically analysed.

RESULTS

For many clients, HCV treatment was not an immediate priority.

Factors influencing clients' decision-making about HCV treatment initiation included:

- a focus on other priorities, including family, work, reducing drug use;
- concerns about treatment side effects;
- other health problems requiring investigation;
- the inconvenience of additional appointments to access testing and treatment, and with filling scripts.

Institutional barriers to increasing treatment uptake included:

- lack of resources;
- limitations in staff capacity to perform venepuncture and prescribe HCV treatment;
- prescribing-related policies;
- dispensing fees, and
- the need to order-in medications at some community pharmacies.

Approaches adopted in the OAT clinics to address barriers included:

- training clinic staff in venepuncture
- escorting clients to other services for testing
- involvement of a peer worker
- covering the cost of dispensing fees
- providing the medication, not scripts
- shared care arrangements; and
- providing additional follow-up for clients.

DISCUSSION & CONCLUSION

Findings highlight the challenges of increasing HCV treatment uptake in a resource-constrained service environment, particularly when many clients prefer to postpone treatment in order to address other priorities.

OAT clinics may have limited capacity to provide on-site HCV-related testing and treatment if staff lack the necessary expertise and confidence.

Models of care need to be flexible, and to include a range of intervention options to accommodate the diverse support needs of clients, particularly those with complex health and social problems.

The use of strategies for incentivising HCV treatment initiation warrant investigation.

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REFERENCES

1. Grebely *et al*., *International Journal of Drug Policy,* 2017

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