

PRISON | NEW SOUTH WALES, AUSTRALIA

# 'ONE-STOP-SHOP' HCV CLINIC IN PRISON

People in prison are a key population for HCV treatment, but complex multi-step models of care and a very mobile population make it difficult to deliver timely HCV care. We set up a 'one-stop-shop' HCV clinic for all newcomers to prison, using rapid HCV point-of-care testing, clinical assessment, Fibroscan® and fast-tracked treatment initiation.

## WHY DID WE ESTABLISH THIS MODEL?



High prevalence of HCV among people who are in prison



Complex models of care mean it's often 3-4 months between coming into prison and initiating treatment



People in prison move frequently, and have short lengths of stay, making it difficult to deliver efficient HCV care



We're using a 'one-stop-shop' approach to rapidly test and treat people, soon after coming into prison

## WHO ACCESSES OUR SERVICE?



Males who are incarcerated, including:

- People who use drugs
- People receiving OAT\*
- Aboriginal and Torres Strait Islander peoples

**10** CLIENTS  
PER WEEK

\*OAT: Opioid agonist therapy

# WHAT IS THE MODEL?



When a new prisoner arrives at the prison, they are "called up" to the HCV clinic. A dedicated corrections officer escorts them to and from the cells.

## ONE-STOP-SHOP

1 HOUR  
APPOINTMENT



A dedicated nurse provides counselling, and then performs finger-prick HCV RNA and HBsAg point-of-care tests, Fibroscan®, clinical assessment, and completes standard proforma.

The GeneXpert® HCV VL finger-stick assay provides HCV RNA results within 60 minutes.



A remote specialist reviews the patient's information and arranges a fast-tracked authority prescription for DAA therapy, usually same-day.



## MEDICATION DISPENSED

Medication is dispatched from a central pharmacy and couriered to the prison.



WITHIN A  
WEEK



## TREATMENT BEGINS

Within the week, patients have their medication and can begin treatment.

First dose is supervised by the dedicated nurse. Then patients are either given a months' worth of medication for self-administered therapy, or are required to come back for daily dispensing.



## LINKAGE TO ONGOING CARE

On-treatment support and follow-up for SVR12 (cure) is provided by the prison-based population health nurses.

## WHAT HCV SERVICES DO WE PROVIDE?



HCV education and information



HCV testing



Liver disease assessment



HCV diagnosis



HCV treatment



Linkage to ongoing HCV care

## WHAT INTERVENTIONS DO WE USE?



On-site testing



Point-of-care HCV RNA testing



Fibroscan®



Pre- and post-test counselling

## COLLABORATORS

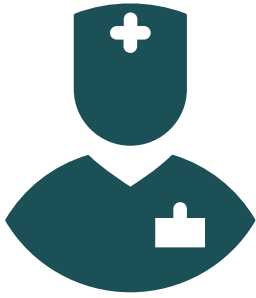
This model is a collaborative project between Kirby Institute UNSW Sydney, Justice Health and Forensic Mental Health Network (JHFMHN), and Corrective Services NSW.



**"Point-of-care testing removes the need for venepuncture and provides a result in 60 minutes. As the prevalence of chronic HCV is high, we eliminate the need for a prior HCV antibody test, improving the efficiency of the care cascade."**

Professor Andrew Lloyd, Program Head, Viral Immunology Systems Program (VISP), The Kirby Institute, UNSW Sydney

# WHO DELIVERS OUR SERVICES?



**DEDICATED  
NURSE**  
N = 1



**INFECTIOUS DISEASES  
PHYSICIAN**  
N = 1



**CORRECTIONAL  
OFFICER**  
N = 1

## HOW IS IT FUNDED?



- GOVERNMENT FUNDING
- PHARMACEUTICAL FUNDING

**"Having funding for a dedicated nurse and correctional officer was crucial to the success of this model of care."**

COLETTE MCGRATH, SERVICE DIRECTOR,  
POPULATION HEALTH, JUSTICE HEALTH  
AND FORENSIC MENTAL HEALTH NETWORK

**"The 'one-stop-shop' model dramatically increased testing and treatment uptake, and markedly reduced time to treatment initiation, thereby overcoming key barriers to treatment scale-up in the prison sector"**

YUMI SHEEHAN, PIVOT STUDY COORDINATOR,  
VIRAL IMMUNOLOGY SYSTEMS PROGRAM  
(VISP), THE KIRBY INSTITUTE UNSW SYDNEY

**"I liked it, because it was less invasive than getting an injection, plus it was quick, but also had the liver test as well at the same time"**

PIVOT STUDY PARTICIPANT,  
PARTICIPATED IN THE 'ONE-STOP-SHOP'  
MODEL

# WHAT WERE THE OUTCOMES?

2020 - 2021



## 1 PRISON

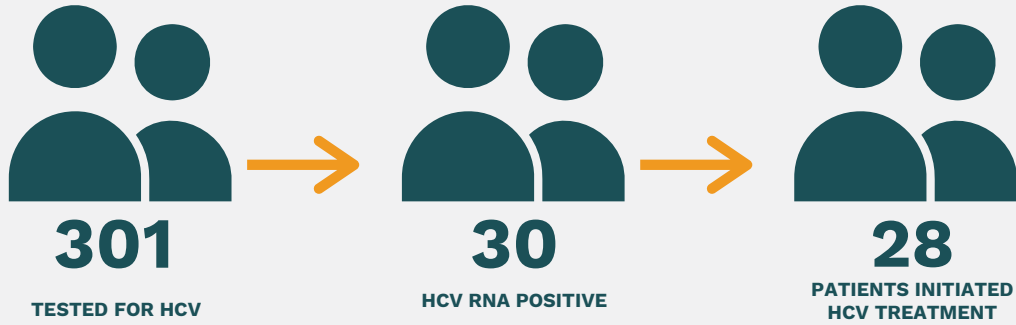
MID NORTH COAST CORRECTIONAL CENTRE, NSW, AUSTRALIA

## ALL SECURITY LEVELS

MINIMUM, MEDIUM, & MAXIMUM, REMAND & SENTENCED



## ONE-STOP-SHOP MODEL



VS.

## STANDARD OF CARE PATHWAY



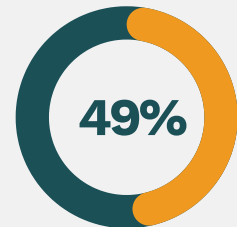
## ONE-STOP-SHOP MODEL DEMOGRAPHICS



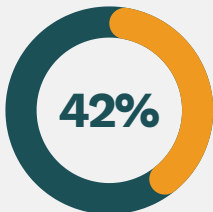
MEDIAN AGE  
32 YEARS



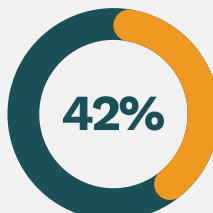
MALE



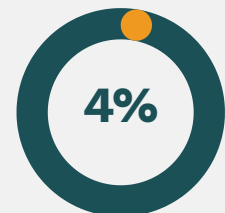
ABORIGINAL AND  
TORRES STRAIT  
ISLANDER



CURRENT OR  
PREVIOUS INJECTING  
DRUG USE



PREVIOUS  
INCARCERATION



CURRENT OAT

# WHAT WERE THE BARRIERS?

## BARRIERS

## SOLUTIONS



Reliance on custodial officers to escort the patients to and from the clinic limited the number of patients we could see.



We implemented a dedicated corrections officer so that larger numbers of prisoners could be escorted to and from the clinic efficiently, increasing the number of visits.



Prisoners are usually only able to access the clinic during a standard 3-4 hour window per day. This limited the number of patients we could see in one day.



We sought permission from prison management for the dedicated correctional officer to escort single patients to the clinic outside the standard time windows.



We are reliant on a central pharmacy to dispense and dispatch medications, which only happens once a week. This impacted on time to treatment initiation and scale-up of treatment.



We negotiated with the pharmacy staff to coordinate and expedite dispensing and dispatch of medications bi-weekly, rather than the standard once-a-week dispatch.



There is high turnover within prisons due to frequent movements between prisons and release to freedom. This can disrupt continuity of care.



On-site point-of-care HCV testing means we can give patients their result in the same visit and fast-track people onto treatment before they're moved on to another prison or released back to the community.

# LOOKING TO IMPLEMENT A SIMILAR MODEL?

## OUR TOP 5 KEY CONSIDERATIONS

# 1

### FUNDING

Funding for a dedicated staff member, a GeneXpert machine, and a Fibroscan to establish a well-supported model.

# 2

### TASK SHIFT

Consider the capacity of your workforce. Under this model, all HCV care is decentralised to nursing staff. It's also recommended to have dedicated correctional officers to facilitate higher throughput.

# 3

### RAPID POINT-OF-CARE TESTING

Having access to an on-site GeneXpert machine and suitable clinic space to facilitate testing of high throughput of new people makes our model highly efficient, eliminating the need for venepuncture and HCV antibody testing.

# 4

### ENGAGE ALL STAKEHOLDERS

Engage and communicate regularly with high-level managerial staff (corrections and health) throughout all stages, to ensure ongoing support for the model.

# 5

### EVALUATE COST EFFECTIVENESS

Evaluate the cost-effectiveness of the 'one-stop shop' model of care by comparing it with the standard of care model.



Model Funders:



Model Partners and Collaborators:

