

ASSERTIVE OUTREACH A KEY APPROACH TO ACHIEVE CHALLENGING HCV ELIMINATION TARGETS – AN ASSERTIVE OUTREACH MODEL OF CARE.

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Background:

The North Coast of New South Wales, Australia is home to 520,000 people. Regional liver clinics historically provided hospital-based tertiary care to people living with Hepatitis C Virus (HCV). In 2020, in response to the WHO elimination agenda, we developed and implemented a decentralized 'assertive outreach' model to improve access to HCV testing and treatment.

Description of model of care/intervention:

The model is multidimensional and a responsive assertive outreach HCV service, that complements our hospital outpatient facility, for vulnerable people throughout the region. We primarily engage People Who Use Drugs (PWUD), with particular focus on those experiencing homelessness and incarceration. Outreach assessments include a needs assessment, HCV testing using dried blood spot, point-of-care, or conventional methods; and treatment with DAAs. Consultations are individualized, and incentives are provided alongside harm reduction information. Our team is multidisciplinary and inter-agency, including five specialist nurses, a nurse practitioner, harm reduction officers, aboriginal health workers, and collaboration with PEER organizations.

Effectiveness:

From 2020-23, we assessed 555 people through assertive outreach, in addition to 509 hospital outpatients (total n=1,064). This largest proportion of outreach patients were assessed through Alcohol & Other Drugs (AOD) services (n=306; 55%), our mobile clinic (n=85, 15%), and homeless settings (n=84; 15%). Of all outreach patients assessed, 196 (35%) were treated for HCV; in hospital outpatients 107 (21%) were treated. The highest proportions treated in outreach were through AOD services (n=63; 32%), homeless settings (n=28; 14%), and mental health services (n=12, 6%). The overall assessment to treatment ratio was 4:1; in the outreach service it was 3:1; whilst in hospital outpatients it was 5:1, indicating that an outreach model treats more people per patient screened whilst also serving a previously unmet need through co-operative inter-agency working.

Conclusion and next steps:

We plan to increase outreach to community corrections and expand assertive network-based HCV testing among people there.

Disclosure of Interest Statement: *See example below:*

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