

Partnering Hepatology Nurses and Peer Workers to Increase Treatment Among Hard-to-Reach Populations

BACKGROUND

Despite unparalleled access to hep C cure, many people living with hep C still face unique barriers to accessing hepatitis healthcare. Our assisted treatment access program, *Live Hep C Free*, works to reduce these barriers by **meeting people where they're at with the healthcare they need**. The program pairs people with lived experience of hep C with hepatology nurses in high prevalence settings to enable and encourage more people to access hepatitis healthcare.

RESULTS

At one particular service, Clinic 36 in Chippendale, we are reaching service-based micro-elimination of hep C. At one of the recent visits, 22 people were engaged with, two were started on hep C treatment, one was tested for hep C, 10 people were already cured of hep C, and 11 knew their hep C status.

The hepatology nurse at the service remarked: *"Some patients have told me that seeing John [peer worker] there is a reminder prompt in the waiting room that the liver clinic is there, and knowing he is persistent and encouraging, they have acted that day and engaged rather than putting it off yet again."*

From July 2018 to May 2019, as a result of the Live Hep C Free program:

- 107 visits to key services were made across NSW
- 2,013 people have been engaged with about hep C
- 577 people have had consults with a healthcare worker
- 298 people have been tested for hep C
- 157 people have been assisted in accessing hep C treatment
- 70* people have had on-treatment or post-treatment support
- 275 people have been referred on for further healthcare

* only measured since January 2019

METHOD

Through the *Live Hep C Free* program, trained and paid peer workers work in partnership and collaboration with hepatology nurses to facilitate easier access to hep C healthcare.

At services such as methadone clinics, drug health services, and homelessness services, peer workers utilise their lived experience to engage with clients and provide a bridge into on-site testing, FibroScan, and treatment offered by the clinical staff.

The program operates through 3 different models:

A **liver 'blitz' model** where we offer service users a one-off, one-stop shop for hepatitis healthcare over 3-4 hours. Often at homelessness services.

A **regular outreach model** where peers and hepatitis healthcare workers regularly attend a service and encourage access to on-site hep C healthcare. Often at methadone clinics.

A **four-week facilitated group model** where we deliver information on hep C, empower participants, and bring hepatitis healthcare on-site. Often at residential rehabs.

CONCLUSION

Partnering peers and hepatology nurses is an ideal partnership for making hep C treatment, and the healthcare workers involved in it, more easily accessible. Peers' shared experience with clients is vital in increasing treatment uptake by bridging the barriers that prevent marginalised people accessing healthcare.

This simple and cost-effective model is helping to make curing hep C more accessible than ever for those for whom it has always been most difficult to access. A peer-led approach is key to eliminating hep C in Australia and increasing testing and treatment among hard-to-reach populations.

