## AN INTEGRATED PRIMARY HEALTH CARE SERVICE IS EFFECTIVE AT RETAINING AND LINKING MARGINALISED GROUPS IN HEPATITIS C CARE: A STUDY OF THE KIRKETON ROAD CENTRE, KINGS CROSS

<u>R Gilliver</u><sup>1</sup>, R Lothian<sup>1</sup>, KJ Chronister<sup>1,2</sup>, W Machin<sup>1</sup>, J Kearley<sup>1</sup>, G Dore<sup>2</sup>, P Read<sup>1,2</sup> <sup>1</sup> Kirketon Road Centre, South Eastern Sydney Local Health District, Sydney <sup>2</sup> Kirby Institute, UNSW Australia, Sydney

**Background:** The Kirketon Road Centre (KRC) is a publicly funded targeted primary health care service located in Kings Cross, Sydney. KRC provides prevention, treatment and care of HIV, STIs and viral hepatitis to people who inject drugs, at-risk young people, and sex workers. The aim of this study was to determine which clients accessed hepatitis C (HCV) assessment at KRC, and which services were important in ensuring linkage and retention in care.

**Methods:** Data were collected on all clients undergoing HCV assessment since January 2014. Clients with HCV were reviewed for linkage to care and demographics, including age, gender, target population, Aboriginal or Torres Strait Islander and whether they were seen on clinical outreach. Reasons for retention in care were identified from the clinical database for each subsequent episode of care. We also identified which of this cohort proceeded to HCV treatment at KRC.

**Results:** Since January 2014, 1399 people underwent HCV assessment at KRC, 551 of whom have chronic HCV. Of these, their mean age is 42 years, 340 (62%) are male, 105 (19%) are Aboriginal or Torres Strait Islander, and 134 (24%) received care in an outreach setting. Among the 472 clients retained in care at KRC, 409 (87%) returned for further HCV care including 235 with subsequent PCR or Fibroscan tests. Clients also returned for primary health care services including 365 (77%) for drug and alcohol related care, 75 (16%) for opioid substitution treatment, 201 (43%) for HIV or sexual health care, 44 (9%) for mental health concerns, 74 (16%) for assistance with social issues such as housing, and 191 (40%) for other health care.

**Conclusion:** The ability of the integrated primary health care model to meet the complex needs of this group of people enables them to access HCV treatment and retention in health care.

The authors have no conflicts of interest to declare.