



# 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

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Health  
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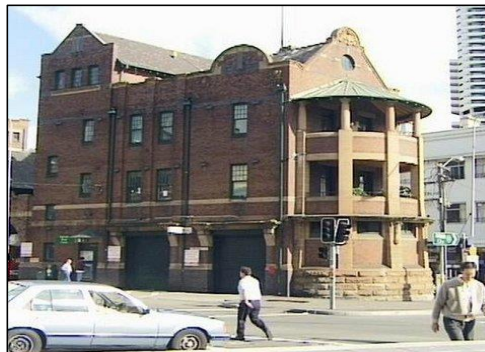


# Disclosure

- Rosie Gilliver has received funding from Abbvie to attend this conference. No grants or other funding was received in the development of this study.

## Background: Kirketon Road Centre

- Aim to prevent, treat, and care for HIV, hepatitis and other transmissible infections among
  - People who inject drugs
  - Sex workers
  - “At risk” young people
- Established in 1987- Primary health care model
- Provide 13000 episodes of care for >3500 people per annum: 45% of whom inject





## Background: Kirketon Road Centre

- Free, anonymous, walk-in
- Harm reduction framework
- “One-stop-shop” integrated service including
  - Hepatitis, HIV, and STI prevention treatment and care
  - Drug and alcohol treatment including OST
  - Mental health care
  - Injection related injuries and safer injecting
  - Overdose prevention and naloxone distribution
  - General medical care
  - Counselling, housing, legal and welfare assistance
  - Health promotion groups and activities
  - Needle and Syringe Program



## Evolution of Hepatitis services at KRC

- Specialist monthly hepatitis service since 2002
  - Low numbers treated with PEG-IFN/RBV
  - Weekly nurse led clinics, one GP prescriber
  - Focus on prevention, awareness, surveillance and diagnosis
- Since 2015- hepatitis services available daily
  - 6 doctors now prescribing
  - All nurses up-skilled; Hepatitis C project- CNC/CNS2
  - Prevention and diagnosis routine care
  - Monthly ID specialist now for complex case review
  - Participation in clinical trials and elimination projects

# Outreach hepatitis partnerships

- Evening bus outreach to rough sleeping locations
- Regular primary care outreach (nurse-led)
  - NUAA Needle and Syringe Program
  - Medically Supervised Injecting Centre
  - Mathew Talbot Hostel
  - Sydney Sexual Health Centre
  - Haymarket Foundation Clinic
  - Wayside Chapel
  - Edward Eagar Lodge
- Bloods & Fibroscan
- Assessment for treatment
- Treatment monitoring



# Aims

- Investigate care pathways of clients who accessed hepatitis C (HCV) related care at the Kirketon Road Centre
- Establish which other Kirketon Road Centre services were utilised by these clients, and therefore may be important in linkage and retention in HCV care

# Methods

- Retrospective clinical cohort
- Clinical database extraction
- All clients engaged in any HCV related care between 1 January 2014 and 31 August 2016
- Data on clients with chronic HCV infection were analysed with respect to types of services utilised, demographic characteristics, and where they accessed KRC care
- Retention in care defined as subsequent attendance at Kirketon Road within 12 months of an initial consultation relating to HCV



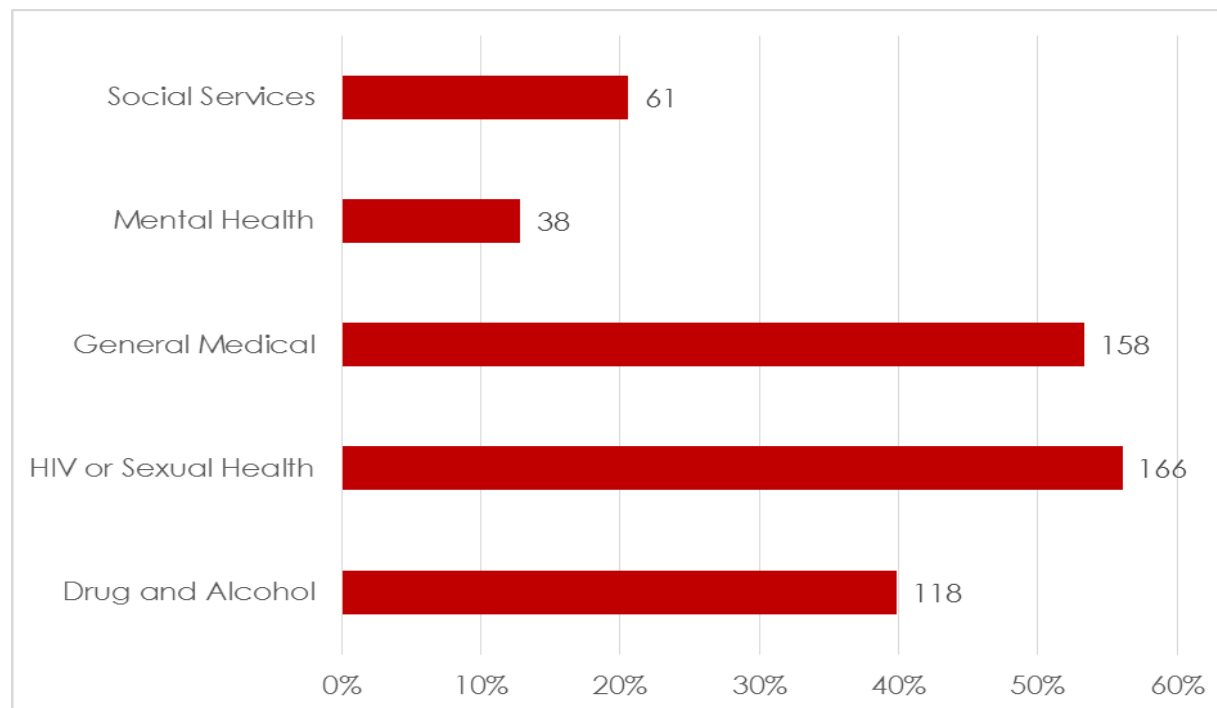
# Results: Demographics

- Between January 2014 and August 2016
  - 3798 consultations related to HCV care among 1539 clients
  - 575 clients with chronic HCV infection
  - 150/575 (26%) were new clients to KRC who first presented for HCV care during the timeframe
  - 359/575 (62%) male, 203 (35%) female, 7 (1%) transgender
  - Median age: 42 years (IQR 35 - 49)
  - 112 (19%) Aboriginal and/or Torres Strait Islander
  - 565 (98%) people who had ever injected drugs
  - 290/565 (51%) PWID in last 6 months

## Results: Linkage and Retention in Care

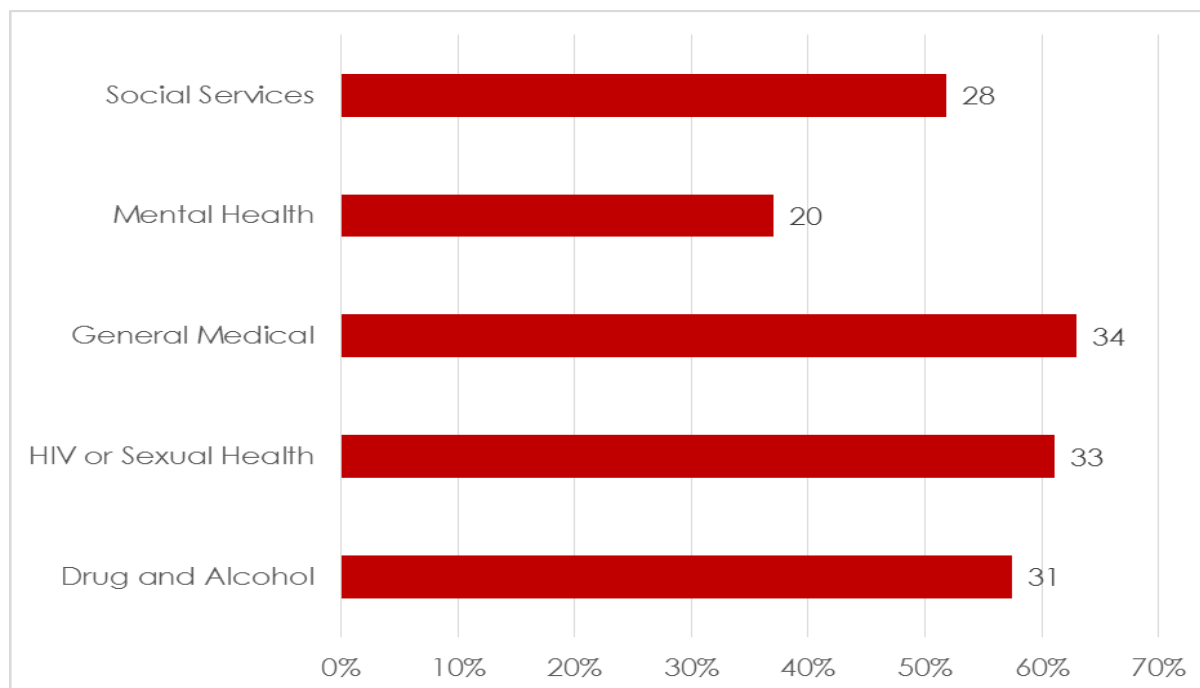
- 368/575 (64%) clients with chronic HCV returned for at least one subsequent consultation
  - 315/368 (86%) returned for care related to HCV
  - 296/368 (80%) clients accessed other KRC services
- Outreach (among clients who returned)
  - 45/368 (12%) were first seen in an outreach setting
  - 92/368 (25%) received some service in an outreach setting

## Other KRC Services Accessed: Existing clients



Odds ratio for subsequent HCV care if engaged in other KRC services  
= 13.18 (95% CI = 8.84 – 19.66)  $p < 0.001$

## Other KRC Services Accessed: New clients



Odds ratio for subsequent HCV care if engaged in other KRC services  
= 30.49 (95% CI = 12.17 – 76.31)  $p < 0.001$

# Discussion

- Population often homeless, mobile, not engaged with other health services
- 64% retention in care; need to understand the 36%
- Outreach important component of engagement and follow-up
- High utilisation of other services
- Significantly associated with subsequent HCV care
- Primary health care model desirable for this population
- Treatment outcomes- next presentation



# Questions?

- For further information, please contact:

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