Integrated viral hepatitis primary care models in rural and regional settings – Insights from the Kirketon Road Centre

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Why is this relevant?

- Significant burden of disease in many rural/regional settings
- Access to current therapy has required specialist care
- Future Hep C treatment is feasible from community settings
- Time to prepare for this is now

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Issues to consider

- Prevention
  - NSP, OST, safer injecting, vaccination, transition
- Testing/screening
  - History, bloods, other BBVs/HIV
- Assessment
  - Bloods, fibrosis assessment, support structures
- Treatment and care
  - Shared care model, link to expertise, peer support
- Follow-up

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Care for people who inject

- WHO recognises integrated primary healthcare as "best practice" model for marginalised PWID

- Affordable
- Equitable
- Accessible
- Acceptable

[WHO: Alma Ata, 1978; "Health for All"]

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Why integrated?

- People who inject/have injected represent >80% of Hep C cases
- PWID often are often affected by a range of health and social issues, not just Hep C
  - unstable accommodation, income and custodial status
  - uncontrolled drug (and alcohol) use and
  - other health issues e.g. mental, nutrition, HBV, HIV, STIs, IRID
- PWID experience stigma, present late with health problems, less likely to access multiple services

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Likely to be more successful if:

- Non-threatening and non-judgemental
- Anonymous and confidential and
- Involve the affected community in service planning

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Potential models of primary care

- Community health centres/ ACCHO/ AMS
  - Nurse led care
- GPs- shared care
- Capacity building in OST/ NSP services
- Integrated with Justice Health
- Incorporation of peer–services in planning and support

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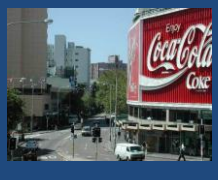
Kirketon Road Centre

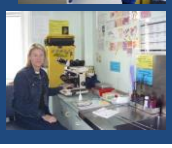
- Established in Kings Cross in 1987
- An integrated primary health care service model which aims to meet the health and social welfare needs of "at risk" youth, PWID and sex workers
- Provide 12000 episodes of care for >3000 people per annum
- 45% of consults are with PWID
- Up to 50% of regular clients have chronic Hep C

Services at KRC

- General medical care
- HIV, hepatitis A,B, and C testing
- Hepatitis A and B vaccination
- Healthy Liver Clinics (weekly)
- HIV treatment and care
- STI screening/treatment
- Sex worker check ups
- Pap smears, contraception, pregnancy testing, advice
- Mental health clinic
- Methadone Access Program: 'low threshold' with intensive case management approach





Services at KRC

- Client support and activity groups- health promotion and community development activities
- D&A counselling, assessment and referral
- Housing, social security and welfare assistance- Centrelink clinic
- Needle syringe program; needle clean-up service
  - 2 primary NSP sites and 9 secondary sites
  - 7 vending machines, 3 dispensing chutes
- Naloxone training for overdose management
- Safer injecting workshop
- Daily and nightly foot and bus outreach



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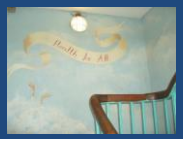
Advantages of the integrated, primary health care service model at KRC

- Client-focused
- Holistic and comprehensive
- Less vulnerable to stigmatization
- Robust and versatile
- Professionally challenging and satisfying, but significant training implications
- Efficient and effective


Key predictors of success

- Partnerships
  - NUAA, Hepatitis NSW, ACON, SWOP, UNSW, Police
- Presence
  - Outreach: nightly, Sydney MSIC, Wayside
- Consistency
  - 7 days a week, late hours, walk-ins
- Community
  - Clinic- Aboriginal groups, overdose awareness days
  - Local- community events, meetings

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And finally...

- What has been described is a 'best practice' primary health care service model, may not be feasible or appropriate in all settings
- The aim should be to leverage existing infrastructure and integrate as many relevant health and social welfare services as possible; start with what already exists and then look for opportunities to scale-up

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