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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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 13,000 episodes of care for >3,500 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

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>Social Services</td>
<td>28</td>
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<tr>
<td>Mental Health</td>
<td>20</td>
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<tr>
<td>General Medical</td>
<td>34</td>
</tr>
<tr>
<td>HIV or Sexual Health</td>
<td>33</td>
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<tr>
<td>Drug and Alcohol</td>
<td>31</td>
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</tbody>
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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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