Hepatitis C Virus (HCV) Care Capability in Alcohol and other Drug Treatment Tool – 2022/23 Project

wanada
Western Australian Network of Alcohol & other Drug Agencies

Integrity abc

Background to the Project

- 2020 WANADA Hepatitis C Virus Treatment Project: Increasing access of alcohol and other drug service users to Hepatitis C Virus testing and treatment
- Funded by the Paul Ramsay Foundation as part of the Eliminate Hepatitis C Australia Partnership, co-ordinated by the Burnet Institute
- The Hepatitis C Virus Care Capability in Alcohol and other Drug Treatment Tool (HCVCAT) was developed

The HCVCAT

- The HCVCAT was designed to assist specialist AOD services to review their capability to identify, and provide care to, people with HCV.
- In this context, HCV care includes provision of information and education, screening for risk, testing, treatment, and support.
- The aim of the review is to support the service to identify opportunities for improvement and develop a plan to act on these.

The HCVCAT (cont)

- The HCVCAT comprises 20 criteria classified into the following five dimensions

1	Culture and Context - examines service cultural and contextual factors which foster or inhibit capability to respond to the HCV care needs of service users.
2	Screening and Testing - examines how practice maximises opportunities to identify and offer testing to people at risk of HCV.
3	Treatment - examines how HCV care needs are addressed.
4	Information and Support - examines how HCV information, education and support is provided.
5	Workforce - examines workforce expertise in relation to HCV care.

The HCVCAT (cont)

- Services work through the tool criteria and designate themselves a rating, while considering opportunities for improvement.

Criterion	What this looks like	Source	1 Alcohol and Other Drug Only Service	2 HCV Aware	3 HCV Responsive	4 HCV Coordinated Care	5 HCV Integrated Care
1. CULTURE AND CONTEXT							
1A. HCV care focus articulated in service policy/ procedure/ planning documents to inform a systematic organisational approach.	Documented evidence that demonstrates a focus on HCV care for at risk service users as a routine part of the service approach.	*Interview:* management and workers. *Document review:* e.g. policies, procedures, planning documents, service description documented agreements, MOUs.	Consideration of HCV not included in service documentation.	HCV risk is considered in some supporting documents e.g. screening questions related to HCV risk factors.	Commitment to provide support for service users at risk of HCV through formal documented processes e.g. screening and referral documentation.	Documented focus on coordinated care for service users at risk of HCV through collaborative working relationships with HCV testing and treatment provider(s)	Documented focus on AOD and HCV integrated care for service users at risk of HCV.

The HCVCAT (cont)

- Scores are then averaged to indicate an overall capacity rating

Rating	Category
1	Alcohol and other Drug Only Service - Focus on alcohol and other drug treatment and support, with no HCV care provided.
2	HCV Aware - Awareness of HCV with variable service response.
3	HCV Responsive - Awareness of HCV care needs of service users and systematic service response.
4	HCV Coordinated Care - Coordinated HCV care in collaboration with HCV treatment providers.
5	HCV Integrated Care - Integrated alcohol and other drug and HCV care.

The 2022/2023 WANADA HCVCAT AOD Project

- Funded by the Sexual Health & Blood-borne Virus Program, Communicable Disease Control Directorate, WA Department of Health
- Aimed to support services to undertake self-reviews using the HCVCAT and identify systems improvement opportunities, and collective capability building needs, within the AOD sector.
- Peer Based Harm Reduction WA – training and resources partner

The 2022/2023 Project (cont)

- Anticipated outcomes of the project were increased or improved:
  - access to testing and treatment by AOD users.
  - prioritisation of HCV care offered at AOD services.
  - access to peer co-designed information.
  - working relationships between AOD services and primary health providers.
- 10 of the services who had participated in 2020/21 undertook further supported self-reviews in 2022/23
- 9 new services were recruited and undertook pre and post supported self-reviews in 2022/23

Supported Self Reviews - results

- The 10 services participating again showed that, for the most part, the improvements to capacity achieved through the pilot had been maintained

Total services # services 10			
Dimension	**Pre-review Mean (Range); # services rating >= 3**	**Post-review Mean (Range); # services rating >= 3**	**Maintenance-review Mean (Range); # services rating >= 3**
1. Program Culture and Context	2.81 (1.8 - 4.6) 3 services	3.22 (1.8 - 4.8) 5 services	3.16 (2 - 5) 5 services
2. Screening and Testing	2.6 (1.5 - 4.5) 3 services	3.1 (2.25 - 4.5) 5 services	3.06 (1.75 - 4.5) 4 services
3. Treatment	3.16 (1 - 5) 3 services)	3.44 (2 - 5) 5 services	3.62 (1.5 - 5) 7 services
4. Information and Support	2.62 (1.38 - 4.33) 4 services	3.36 (2.5 - 4.33) 5 services	3.36 (2.5 - 4.5) 6 services
5. Workforce	3.17 (1.67 - 5) 4 services	3.4 (2.33 - 5) 6 services	3.4 (2.33 - 5) 6 services
Average total rating across dimensions	2.82 (1.52 - 4.52) 3 services	3.26 (2.3 - 4.6) 5 services	3.26 (2.22 - 4.8) 6 services

Supported Self Reviews – results (cont)

- The 9 new services all showed capability increases between pre and post

Total services # services 9 pre, 8 post		
Dimension	**Pre-review Mean (Range); # services rating >= 3**	**Post-review Mean (Range); # services rating >= 3**
1. Program Culture and Context	2.71 (1.6 - 3.6) 4 services	3.1 (2.2 - 3.6) 6 services
2. Screening and Testing	2.51 (1.5 - 3.75) 2 services	2.86 (1.5 - 3.75) 3 services
3. Treatment	3.41 (1 - 4) 7 services	3.41 (1 - 4) 6 services
4. Information and Support	2.86 (2 - 4) 5 services	2.89 (2.5 - 5) 6 services
5. Workforce	2.91 (2 - 3.7) 5 services	3.19 (2.2 - 3.7) 6 services
Average total rating across dimensions	2.88 (1.7 - 3.3) 6 services	3.09 (2.3 - 3.6) 6 services

Opportunities for Improvement (OFIs) identified

- Development of relevant policy and procedure and consistent application.
- Review of assessment and intake documentation.
- Sourcing the most current and up to date materials for display to passing on to clients.
- Consideration of collecting client data pertinent to HCV.
- Engagement and collaboration with internal prevention and promotion teams regarding HCV.
- HCV training for staff and information sessions for consumers.
- Improved working relationships between AOD services and primary health providers, including negotiating in reach services.
- Consideration of formalising existing relationships with primary health providers.

Collective Capability needs identified

- Regular training on HCV, testing, treatment and the consumer experience.
- Access to, and funding for, peer workers.
- Access to local, bulk billing GPs and/or other testing/treatment providers.
- HCV and destigmatising training for GPs and pharmacists

Barriers to AOD services more proactively providing HCV care

- Poor access to GP services
- Stigma regarding HCV status (amongst consumers)
- Misinformation regarding treatment
- Perceived confidentiality issues with local services
- Competing priorities for clinicians

Enablers to AOD services more proactively providing HCV care

- HCV “champions” on staff to keep HCV on the agenda
- Positive, stable, sustainable relationships with local GPs
- Access to bulk billing GPs
- GPs who understand HCV testing, treatment and supports and do not stigmatise clients.
- Increased profile of HCV risk, testing and treatment within AOD service from engagement in the HCVCAT project and subsequent internal discussions and activity.
- Increased staff confidence following HCV training.
- Access to testing and treatment locally for consumers
- On site testing provision.

Conclusions

- The participating AOD services identified HCV care (as defined in the HCVCAT) as within their remit and relevant to their work with AOD clients.
- The participating AOD services had, for the most part, a reasonably high level of capacity in HCV care and support.
- Participation in the HCVCAT increased the HCV care capacity of participating services.
- HCV care can be difficult for workers to keep “front of mind” in the context of their many competing priorities.
- Systemic/administrative changes that were made in response to OFIs appear to be sustained.
- Positive outcomes are supported by regular engagement with the HCVCAT and HCV training.
- There is an ongoing role for an organisation like WANADA in maintaining the profile of HCV and the HCVCAT within the AOD sector

Next Steps

- WANADA has secured funding from the Health Department to continue the HCVCAT project in 2024

Questions?

Thank you.

wanada
Western Australian Network of Alcohol & other Drug Agencies

Integrity abc