

# 1 Kombi Clinic outreach model of GP care

Joss O'Loan, Matt Young and Mim O'Flynn, Brisbane, Australia

Brisbane, Australia

All-inclusive,  
general practitioner (GP)-led  
mobile hepatitis clinic  
in a 1975 VW Kombi van

>2500 occasions of service provided  
914 individuals screened



1 March 2016: all Australian GPs can prescribe direct-acting antivirals (DAAs) for the treatment of HCV

**Aim:** to take HCV screening and linkage to care (LTC) to the streets, engaging with often disenfranchised, disempowered and socially isolated populations

## Why is the model needed?

There were an estimated  
**>180,000<sup>1</sup>**  
individuals in Australia living with  
chronic HCV at the end of 2017



### Patient-related barriers

- Chaotic lifestyles
- Lack of money
- Hospital waiting times
- Fear of blood tests and treatment side effects
- Fear of stigma



### GP-related barriers

- Lack of patients
- Lack of knowledge about DAAs
- Lack of access to elastography
- Judgemental attitudes in treating people who use drugs (PWUD)

## What is the model and how does it work?<sup>2,3</sup>

Kombi Clinic locations include: GP clinics; drug, alcohol and mental health services; community centres; rough sleeping locations, homeless shelters, hostels, halfway houses; music festivals and other relevant public events



- 2 GPs
- 1 nurse
- 1 phlebotomist

### Taking free HCV screening and LTC to the streets in two visits

#### Visit 1

Patients speak to a GP  
FibroScan®



Whole blood draw via venesection  
(sent for testing and returned after ~3 weeks)



Return to same venue  
4 weeks later

#### Visit 2

Test results reviewed  
Treatment prescribed  
Follow-up visits arranged



Patient collects prescription at local pharmacy –  
\$20 supermarket voucher provided

### Taking the Kombi Clinic further

#### Spreading the word to HCPs



We speak to medical students and at hospital forums and GP education meetings to increase awareness and education on HCV

#### Mentoring and skills training



We provide doctors and nurses the opportunity to be mentored and upskilled within the Kombi Clinic

#### Raising public awareness



We present at public meetings and take the Kombi Clinic to events and music festivals to destigmatise and demystify HCV

### Interventions used to enhance HCV testing, LTC and treatment uptake

- GP-led mobile community clinic – running 'pop-up' clinics to simplify testing and treatment
- Integrated onsite blood draw (venepuncture), counselling and education
- Non-invasive liver disease assessment using transient elastography with facilitated access to care
- Onsite treatment with pangenotypic DAAs prescribed by GPs
- Scheduling of follow-up appointments and end-of-treatment assessment

## Outcomes: the Kombi Clinic in 2019<sup>4</sup>



(n=319) of patients screened were HCV Ab+



(n=216) of HCV Ab+ patients were HCV RNA+



(n=172) of HCV RNA+ patients returned for the 2nd visit



(n=144) of patients who attended the 2nd visit started treatment



(n=57) of patients starting treatment have achieved SVR12\*

96.6% completing treatment have achieved SVR12

\*13 awaiting results, 38 on-treatment, 34 lost to follow-up, 2 virological failures

This unique GP-led mobile hepatitis clinic demonstrates that it is possible to make HCV testing and treatment a simple 2-step process that can be provided in non-traditional settings and that can achieve SVR12 rates similar to 'standard' models of care

1. Dore G. ASHM 2018; 2. O'Loan J. INHSU 2018; 3. O'Loan J, Young M. AVHEC 2019; 4. O'Loan J. INHSU 2019.