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POSTER ABSTRACT

Development of hepfriend; a dublin community hepatitis c peer support model

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Introduction: Peer support models are thought to be effective in engaging hard to reach individuals with Hepatitis C. However, in Ireland whilst peer support is used on an 'ad hoc' basis by homeless and addiction specific community based services there is an urgent need to develop an evidence based peer support model to enhance access to the HCV care Pathway to ensure that those with the most significant disease are supported to get appropriate care & treatment

Theory/Method: A community consultation process was initiated by the HepCare Europe team and representation was sought from organisations with expertise in the needs of this particular cohort, in particular input from those with a lived experience of HCV. Through community collaboration & partnership a HepFriend Peer Support model for Dublin was developed between HepCare Europe & three key organisations along with a welcome commitment to deliver a twelve month pilot project in the community. Each organisation has nominated four HepFriend peer workers with a lived experience of HCV to volunteer on the project during the pilot phase; this gives a collective number of twelve HepFriend peer workers. Each peer will work with up to ten individuals giving capacity to work with one hundred and twenty individuals over the course of the pilot. The types of intervention carried out by the volunteers include support and information on the HCV care pathway; peer facilitated referral and attendance at clinical appointment if required. Peers received a 2 day training programme and certification through the Mater Misercordiae University Hospital in Dublin. To date we have a number of instructive case reports to illustrate the value of the peer support intervention. In anticipation of the completed analysis of this project please see case report highlighted below.

Results: On first hospital visit, following three DNA's did not attend Mary 37 years tested 58 kPa on transient elastography exam with evidence of Child-Pugh B with significant clinical

manifestations of liver disease. Mary was assigned a peer worker to ensure adherence to follow up and treatment. Mary was started on treatment within two weeks of her initial appointment and was supported by her peer worker to attend eight clinical appointments and successfully complete treatment and cure over twelve week treatment duration.

Conclusion: Any planned intervention for HCV must engage many services and not just focus on treatment alone, making peer support a particularly important element in working with this vulnerable population.

Lessons Learned:This study suggests that peer support can enhance access and support individuals to navigate the HCV care Pathway.

Limitations: Community based organisations have limited financial resources to implement peer support programmes

Suggestions for future research: Scale up of HCV peer support model to ensure that those with the most significant disease are supported to get appropriate care & treatment.

Keywords: Peer; HCV; Homeless; Addiction; Cure