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 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?

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.

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

Visit 1
 Patients speak to a GP
 FibroScan®
 Whole blood draw via venepuncture (sent for testing and returned after ~3 weeks)

Visit 2
 Test results reviewed
 Treatment prescribed
 Follow-up visits arranged

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

Outcomes: the Kombi Clinic in 2019

914 people screened

35% of patients screened were HCV Ab+
(n=319)

68% of patients with HCV Ab+ were HCV RNA+
(n=216)

80% of patients returned for the 2nd visit
(n=172)

84% of patients who attended the 2nd visit started treatment
(n=144)

40% of patients starting treatment have achieved SVR12*
(n=57)

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.