



Organizational Barriers as an Explanation for Differences in Offer and Uptake Rates for Hepatitis A/B/C and HIV Testing in Three Drug Treatment Centres in Copenhagen, Denmark

Marianne Linnet^{1,2} PhD student, MD

1 Social Services Department, City of Copenhagen, Denmark

2 CHIP, Department of Infectious Diseases, Rigshospitalet, Denmark

SACC
Shared Addiction Care
Copenhagen

chip
Centre for
Health & Infectious
Disease Research

REGION H
Region
Hovedstaden





Introduction (1)

- The drug treatment centres in the city of Copenhagen are obligated to offer testing for hepatitis A/B/C and HIV to all newly enrolled cannabis and cocaine users, but test rates have so far been low
- Shared Addiction Care Copenhagen (SACC) is a cross sectorial project with the aim of developing a generic model
 - for blood test on site for viral hepatitis and HIV in the drug treatment centres and
 - to decentralize hepatitis C treatment from specialized departments to the drug treatment centres



Introduction (2)

- Although the SACC project has improved accessibility to testing, the overall testing rate for this group of people who use drugs has only increased from approximately 20% to 40%
- The overall prevalences of chronic hepatitis B, C and HIV in those tested are 2%, 7% and 2%, respectively



Objective

- To explore offer, uptake and test rates of hepatitis A/B/C and HIV testing in three similar drug treatment centres serving the same type of people who use drugs



Methods (1) – Study Participants

- Study participants were included from three similar drug treatment centers in Copenhagen
- Clients were either self-referred or referred by social or health care providers
- Cannabis, cocaine, GHB and other party drugs were the primary drugs of abuse (no opioids)
- Drug addiction treatment addresses both social and health care related aspects. All testing and treatment are free of charge

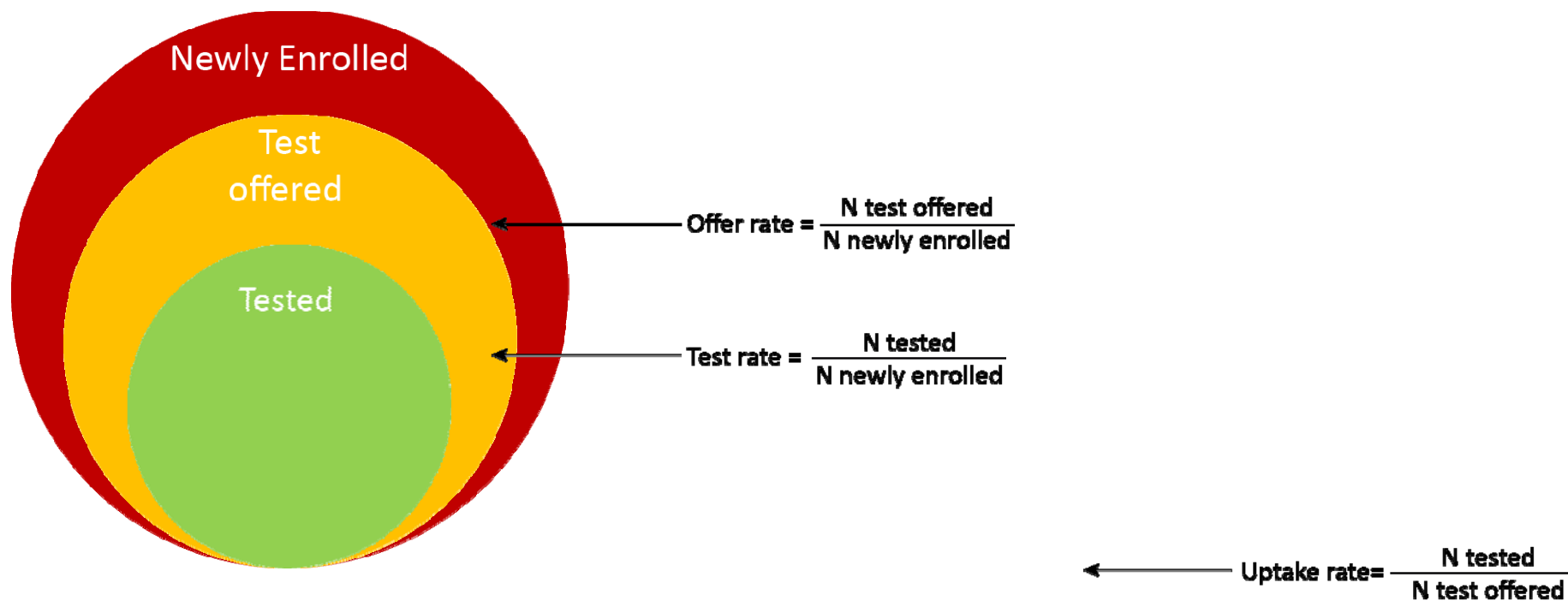


Methods (2) – Offer, uptake and test rates

- Offer, uptake and test rates of hepatitis A/B/C and HIV testing were registered on consecutive persons enrolled in the drug treatment centres between June and October 2016



Methods (3) – Definitions





Methods (4) – Semi structured interview

- A semi structured focus group interview with representatives of health care personnel in charge of registering offer and test rates was performed
 - Who offers the test and when?
 - Who performs the test and when?
 - Use of reminders, conferences or other methods to optimize testing?
 - Which barriers to both offering and testing were experienced?
- The focus group interview was analysed using a ‘Grounded Theory’ approach



Results – Characteristics

		Centre 1	Centre 2	Centre 3	Total
Enrolled	N	65	80	76	221
Sex	Male (%)	50 (76.9)	73 (91.3)	66 (86.8)	189 (85.5)
Age	Median (IQR)	30.0 (25.0 – 40.5)	31.5 (26.5 – 38.0)	31 (25.5 – 35.5)	31 (25.5 – 38.0)



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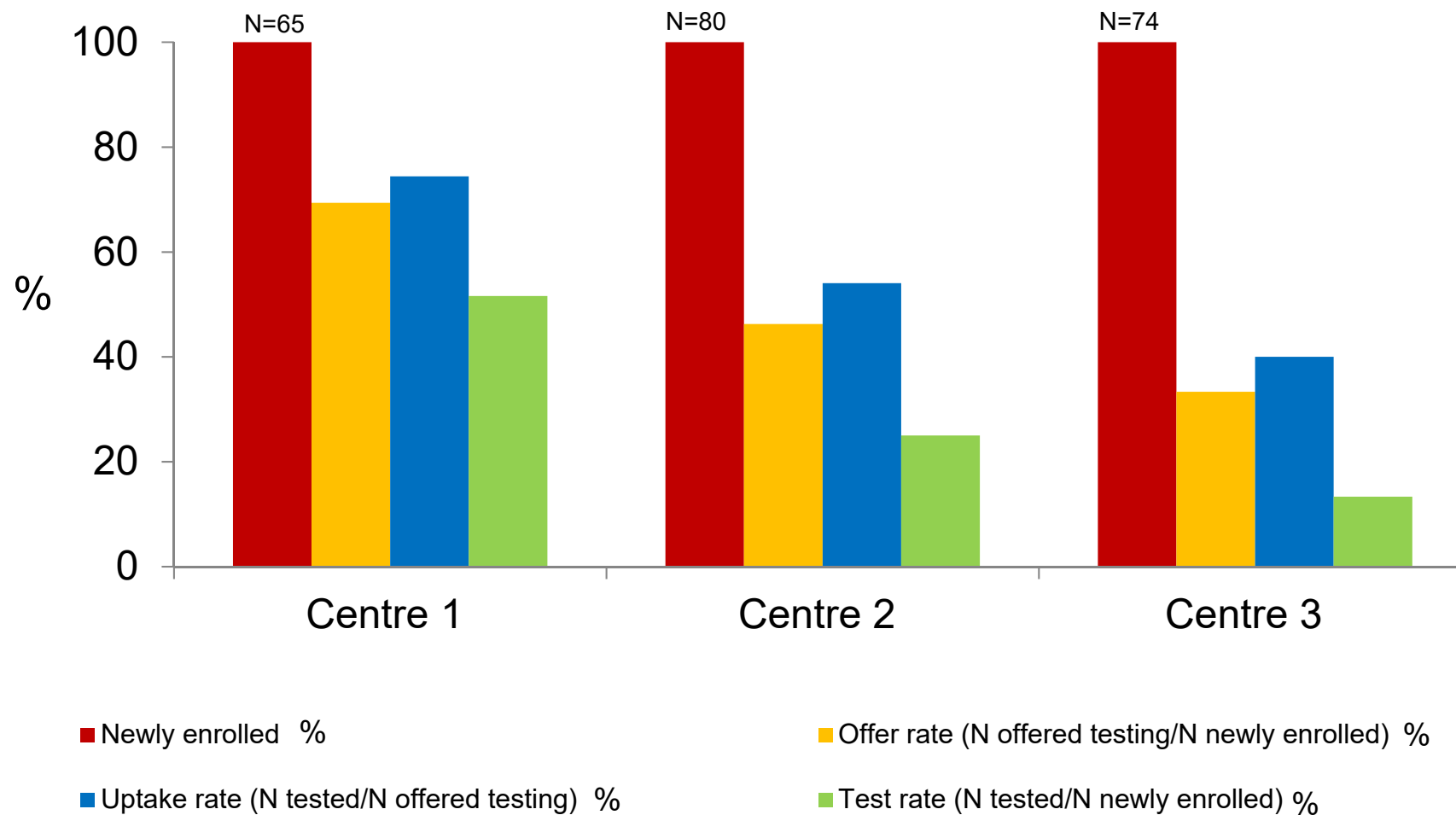


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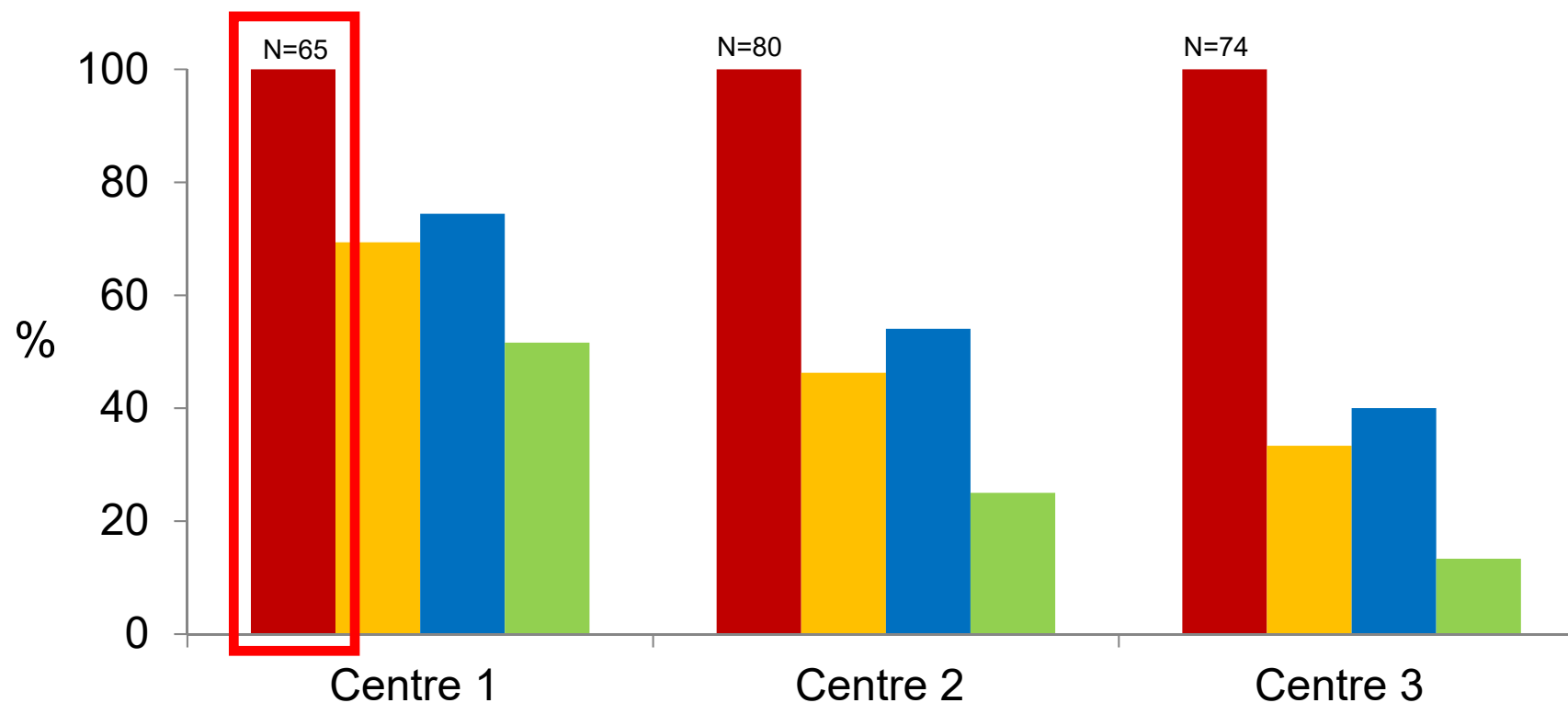


Offer, uptake and test rates of hepatitis A/B/C and HIV testing





Offer, uptake and test rates of hepatitis A/B/C and HIV testing



■ Newly enrolled %

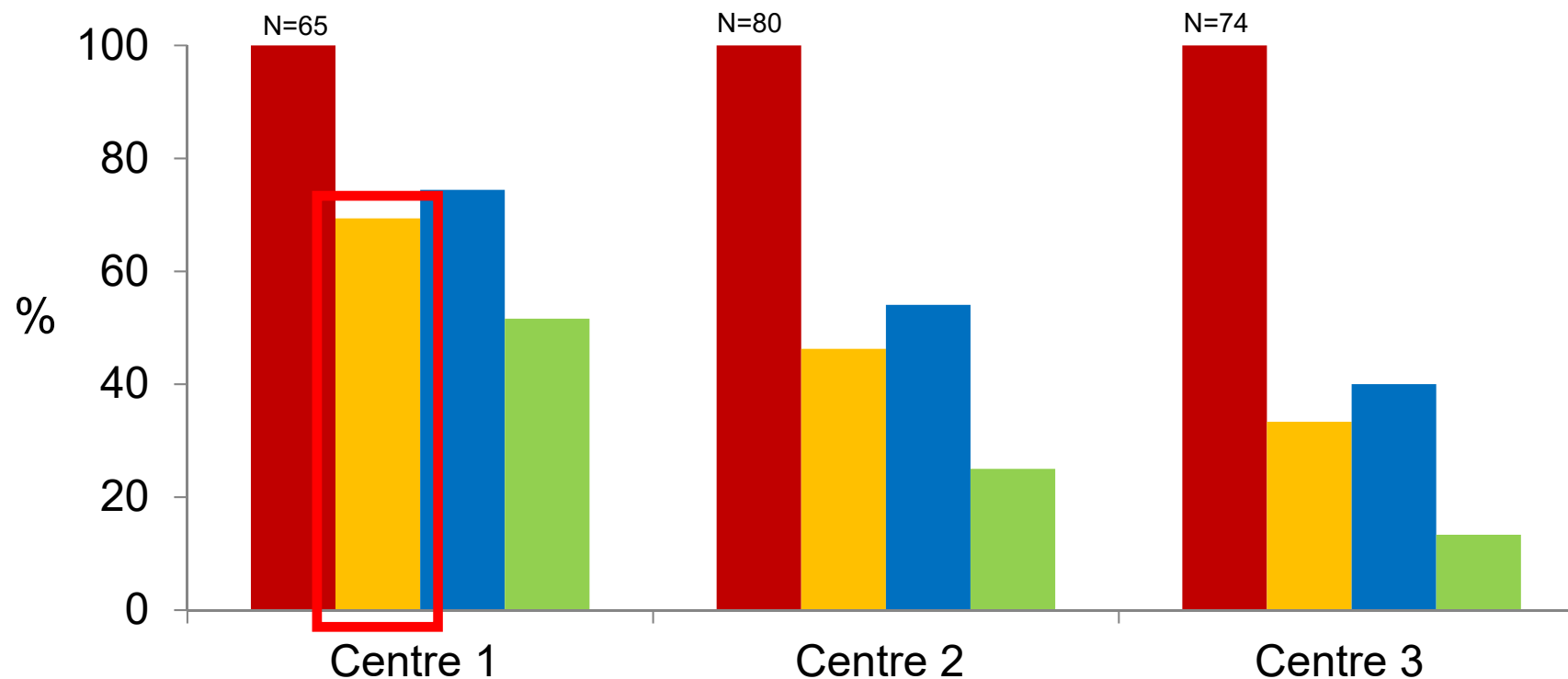
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■ Uptake rate (N tested/N offered testing) %

■ Test rate (N tested/N newly enrolled) %



Offer, uptake and test rates of hepatitis A/B/C and HIV testing



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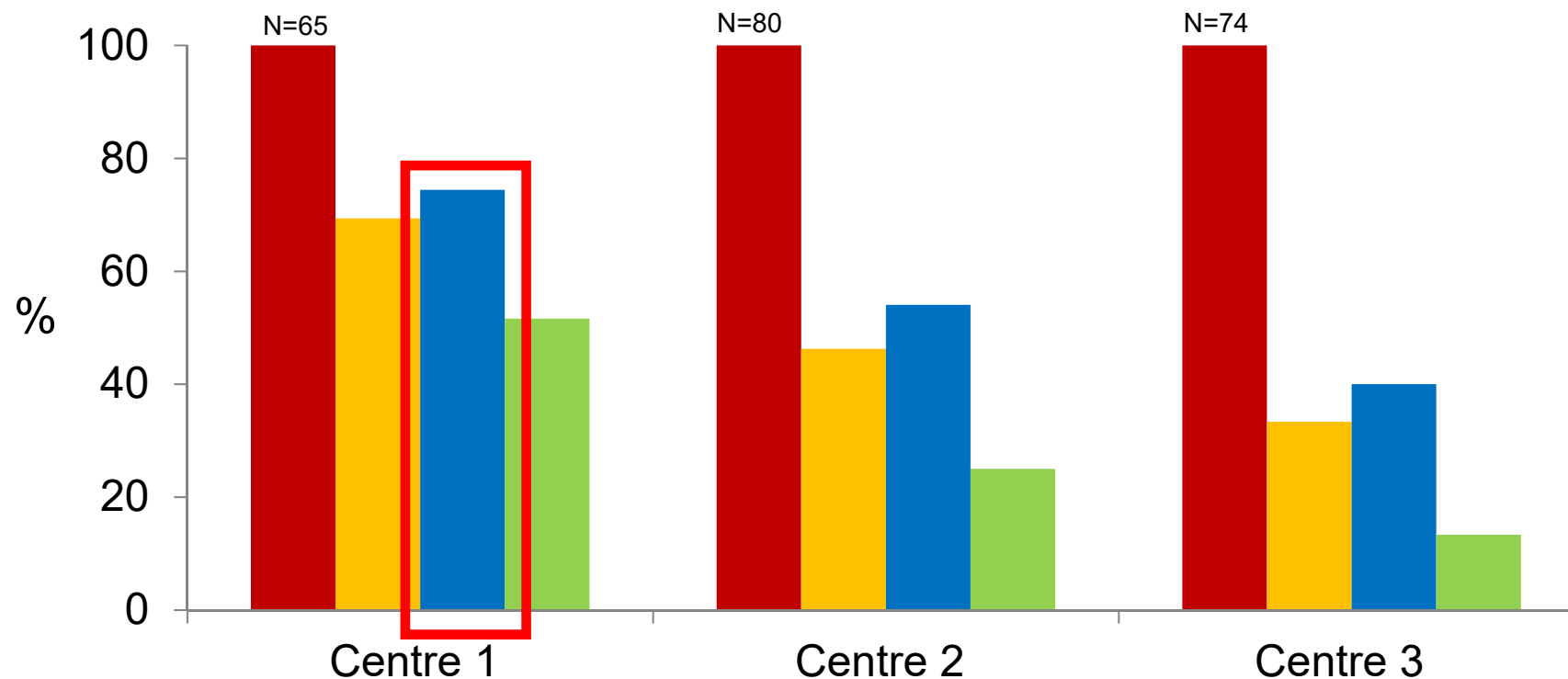
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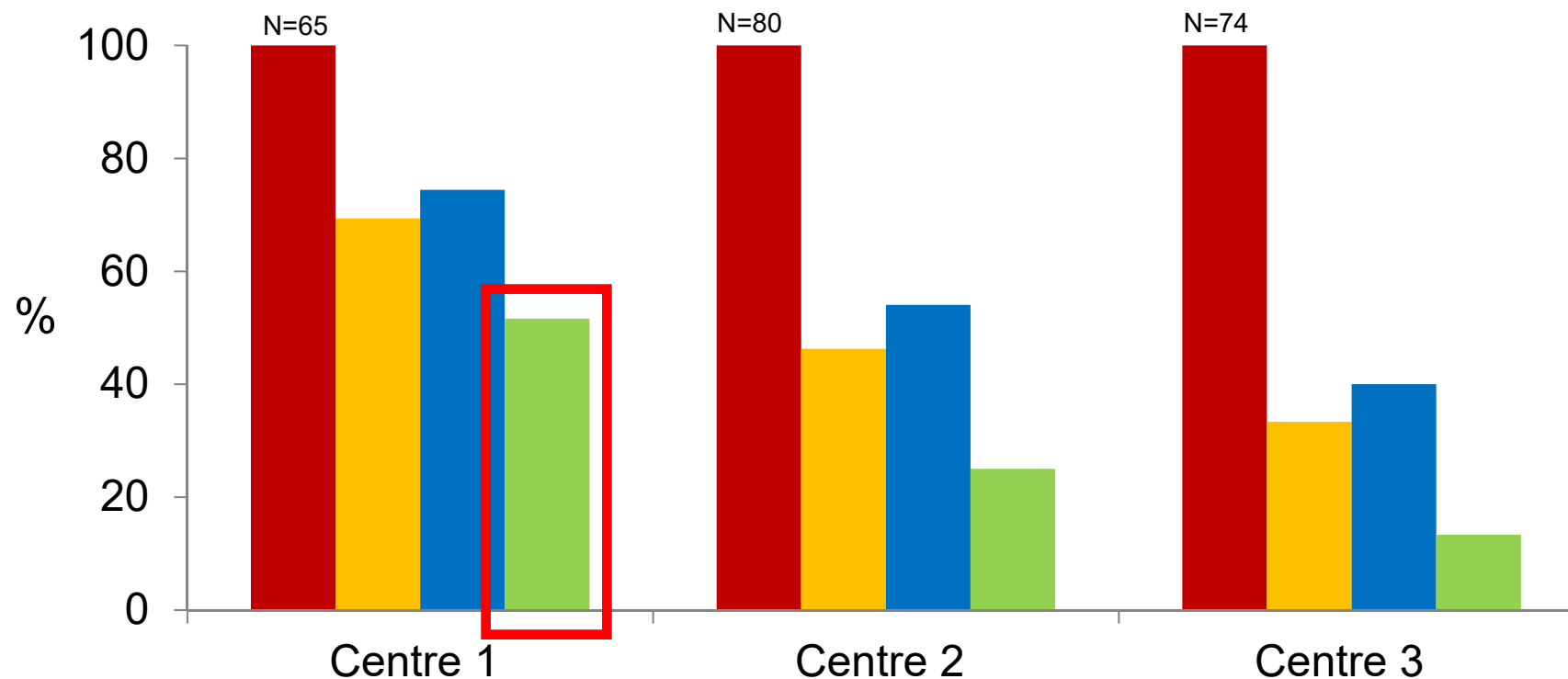
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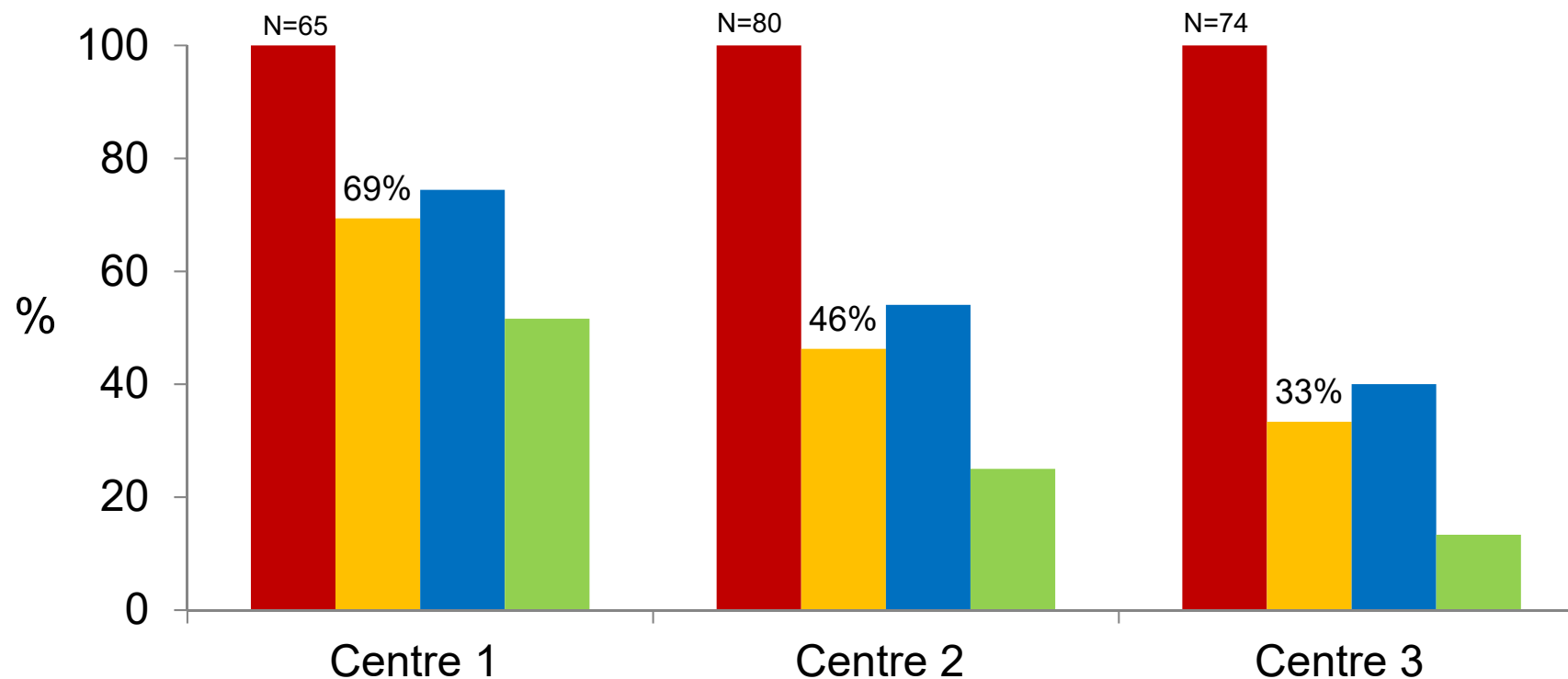
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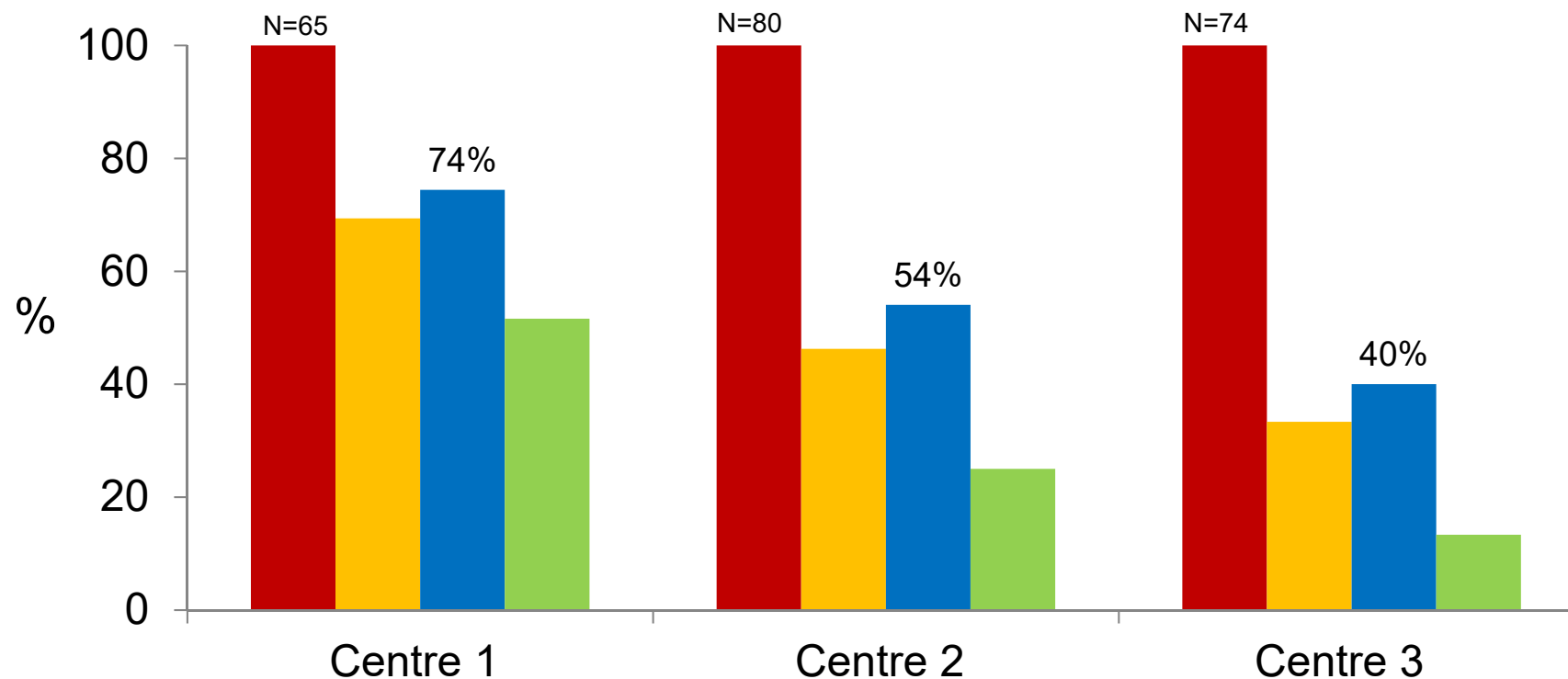
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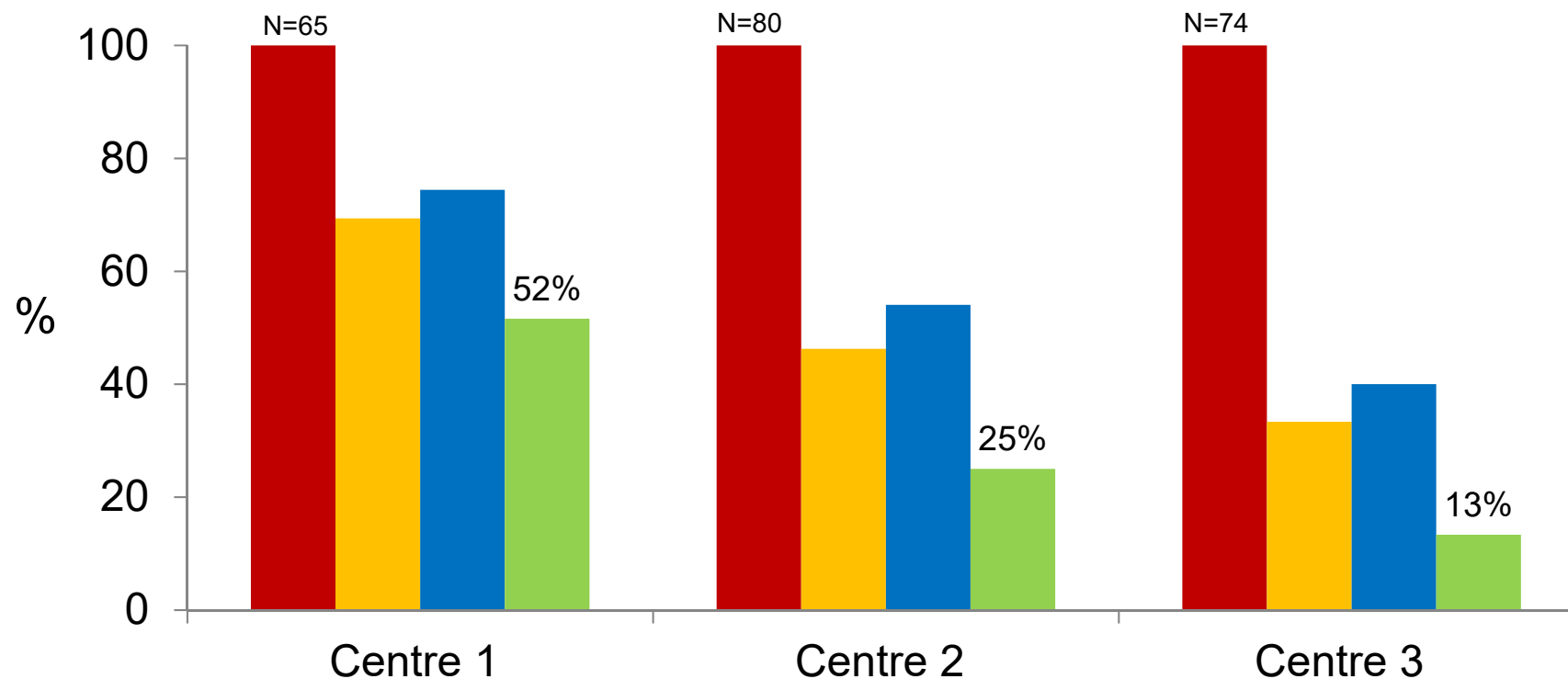
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Offer, uptake and test rates of hepatitis A/B/C and HIV testing



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Results – Focus group interview

Similarities

- Similar routines in enrolment procedures
- All testing performed by health care workers
- Testing performed at the time the test was offered
- Use of joint treatment conferences to keep focus on the task

Differences

- Test offered mainly by health care workers in centre 1, that also had the best performance
- Test offered mainly by social care workers in centre 2 and 3
- The health care and social care workers were located on two different floors in centre 3



Conclusion

- Although the three drug treatment centres in the City of Copenhagen service similar drug users, both offer, uptake and test rates for hepatitis A/B/C and HIV varied markedly
- Higher offer and uptake rates were seen when the test was offered by a health care worker instead of a social care worker
- Physical separation of the different professions might further impair collaboration regarding offering and testing in centre 3 leading to even lower offer and test rates



Discussion and perspectives

- Awareness of the differences in offer and uptake rates and analysis of the possible underlying reasons in the current study has already led to initiatives to improve both offer and uptake rates in all three centres
- The higher offer and uptake rates when tests were offered by healthcare workers instead of social care workers could reflect differences in education and communication skills between the two professions.
- Whether post-graduate education of social care workers can improve offer and uptake rates should be investigated in further studies
- Reasons for rejecting a test should be further investigated to tailor new strategies to improve uptake rates



Acknowledgements

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THANK YOU



Back up slide – Infection status

		Centre 1	Centre 2	Centre 3	Total
Enrolled	N	65	80	74	219
Tested	N (%)	32 (49)	21 (26)	10 (13)	58 (26)
Anti-HAV	Pos	11	6	4	21
Anti-HBS	Pos	3	2	1	6
HBsAg	Pos	0	0	0	0
Anti-HCV	Pos	0	0	0	0
Anti-HIV	Pos	0	0	0	0



Background slide – Barriers - examples

- Individual/personal level
 - Low risk perception
 - Fear of the disease
 - Fear of disclosure
 - Accessibility of health services
- Provider level
 - Inability of clinicians to address the disease effectively
 - Reluctance to offer the test
- Structural level
 - Lack of training of staff
 - Lack of resources
 - Lack of guidelines