

‘Thinking outside the square’ in providing viral hepatitis education and medical history assessment in a pandemic: The New Zealand perspective.

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Background/approach: Revising the model of care to continue providing hepatitis B and C education, assessment and support, and tailoring engagement channels according to people’s needs in a pandemic. Utilisation of community case workers and services patients may already be engaged with, gaining authorised access to district health board, laboratory and national register databases, and building key service relationships.

Analysis/argument: Information sharing across regions with key health providers when viral hepatitis patients move around New Zealand ensures continuity of care and opportunities for hepatitis C treatment and follow-up.

Maintaining regular contact with the Department of Corrections to ensure patients receive viral hepatitis monitoring and follow up after release, and face-to-face education and fibroscan in Corrections health facilities when COVID levels allow, to aid continued care on release.

Using individual patients’ preferred communication method/s, providing links to liver health resources, and an assessment questionnaire. Offering Zoom consultations and interpreters where needed for phone conference consultations.

Delivering written resources electronically or by post as patients prefer, and meeting language needs where possible with translated material. Providing medical laboratory locations and opening hours using electronic blood test request services where available, and text reminders for patients.

Outcome/results: Lockdown provided easier phone contact with patients and allowed time for conversation. Post-lockdown, electronic communication or after-hours phone conversations were preferable, with many patients’ workloads to catch up on.

Accessing laboratory services for surveillance blood tests has been a challenge with lockdown level restrictions, long wait times and limited hours in some parts of New Zealand.

Increased collaboration with allied health professionals to provide continuity of care within COVID restrictions.

Conclusion/applications: Having a flexible viral hepatitis model of care delivery within the COVID contact framework to best meet our patients’ individual needs and to work with allied health providers using a collaborative approach.

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