"Many hands make light work"

Upskilling the workforce for hepatitis C elimination

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Burnet Institute

EC Partnership

Disclosure of interest

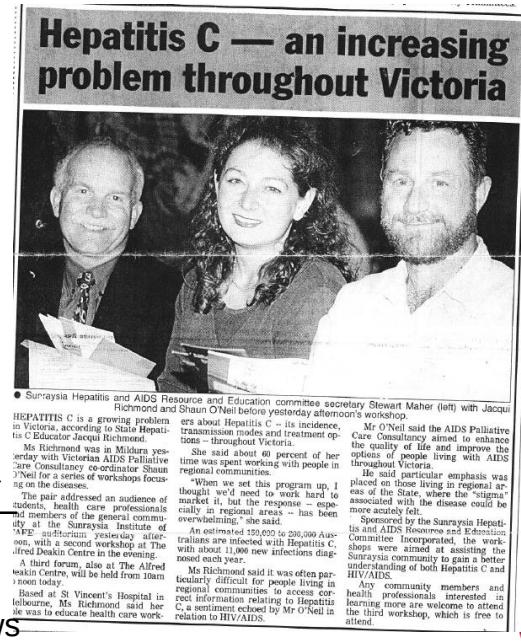
- Jacqui Richmond has received payment from:
  - Gilead Sciences for membership of an advisory committee in 2017
  - Merck Sharp and Dohme for membership of an advisory committee in 2017
  - AbbVie for travel support for conference attendance in 2016

EC Partnership

Started working in viral hep education in 1998

Worked closely with a range of educators and organisations

On this visit to Mildura we saturated the town– hospitals, schools, community forums, radio and TV interviews



Hepatitis C — an increasing problem throughout Victoria

● Sunraysia Hepatitis and AIDS Resource and Education committee secretary Stewart Maher (left) with Jacqui Richmond and Shaun O'Neil before yesterday afternoon's workshop.

HEPATITIS C is a growing problem in Victoria, according to State Hepatitis C Educator Jacqui Richmond.

Ms Richmond was in Mildura yesterday with Victorian AIDS Palliative Care Consultancy co-ordinator Shaun O'Neil for a series of workshops focusing on the diseases.

The pair addressed an audience of students, health care professionals and members of the general community at the Sunraysia Institute of TAFE auditorium yesterday afternoon, with a second workshop at The Alfred Deakin Centre in the evening.

A third forum, also at The Alfred Deakin Centre, will be held from 10am to noon today.

Based at St Vincent's Hospital in Melbourne, Ms Richmond said her role was to educate health care workers about Hepatitis C – its incidence, transmission modes and treatment options – throughout Victoria.

She said about 60 percent of her time was spent working with people in regional communities.

"When we set this program up, I thought we'd need to work hard to market it, but the response – especially in regional areas – has been overwhelming," she said.

An estimated 150,000 to 200,000 Australians are infected with Hepatitis C, with about 11,000 new infections diagnosed each year.

Ms Richmond said it was often particularly difficult for people living in regional communities to access correct information relating to Hepatitis C, a sentiment echoed by Mr O'Neil in relation to HIV/AIDS.

Mr O'Neil said the AIDS Palliative Care Consultancy aimed to enhance the quality of life and improve the options of people living with AIDS throughout Victoria.

He said particular emphasis was placed on those living in regional areas of the State, where the "stigma" associated with the disease could be more acutely felt.

Sponsored by the Sunraysia Hepatitis and AIDS Resource and Education Committee Incorporated, the workshops were aimed at assisting the Sunraysia community to gain a better understanding of both Hepatitis C and HIV/AIDS.

Any community members and health professionals interested in learning more are welcome to attend the third workshop, which is free to attend.

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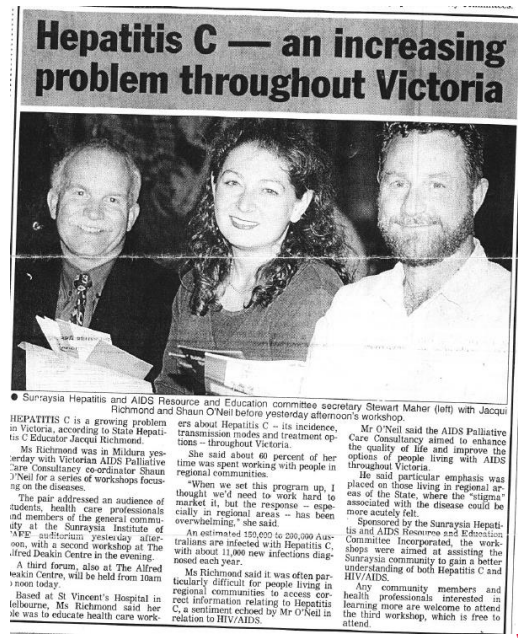
Like many of you, my career has been focused on viral hepatitis education

19 years later … I'm still at it…



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Primary care practitioners have been standing on the outside looking in …

- Many primary care practitioners did not want to be involved with Interferon
- Lack of clinical infrastructure

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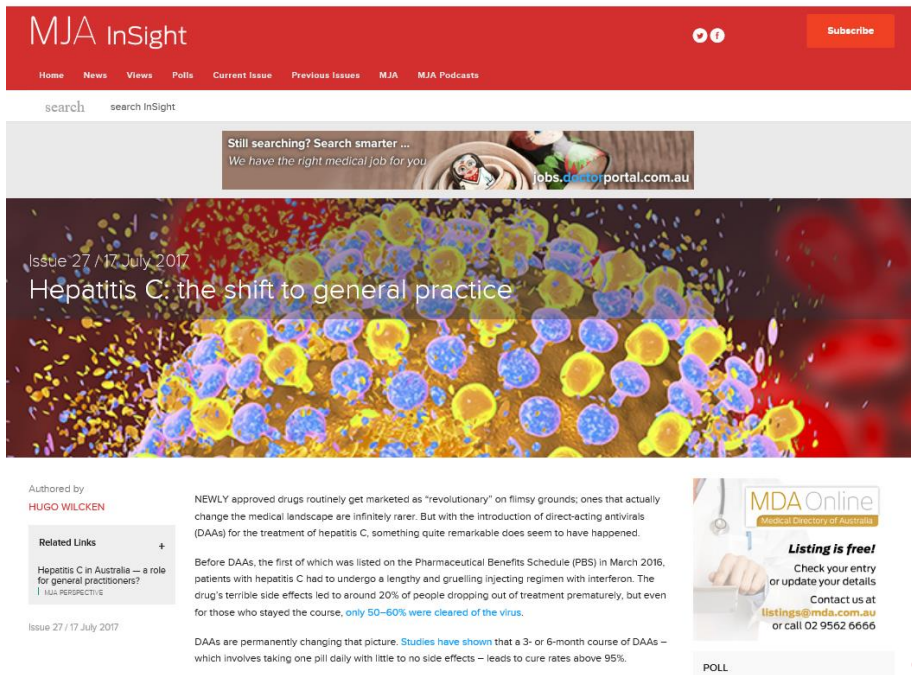

One thought on “Hepatitis C: the shift to general practice”

1. Dr [redacted] says:

July 17, 2017 at 12:29 pm

This is just one of the things GP's can do with the support of the system. Despite our work to suggest GP's could have been involved here for many year it is late to come to Australia. Areas like breast screening, bowel screening and numerous other parts of population health are better in Australia if GP's are involved primarily, not late

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Hepatitis C elimination will not occur without a “whole of system approach”

Elimination will not occur without GPs, Nurses, community-based workers, peer workers, pharmacists, Aboriginal health workers, CALD workers …

“Integration”

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Our implementation plan

Utilising a health systems framework we aim to….

1. Increase demand through ***health promotion***
2. Increase clinical capacity through ***training & education***
3. Streamline ***clinical pathways*** to increase access to hepatitis C testing & treatment in community & prison settings
4. Establish integrated HCV ***data and surveillance system*** to monitor trends in HCV prevalence and incidence over time
5. ***Pilot and evaluate*** new interventions to increase uptake of HCV testing & treatment

One of the principal components of elimination is upskilling the workforce

Upskilling the workforce

- Not just a matter of providing information
- Hepatitis C is complicated by the social stigma of drug use and the intense feelings drug use often elicits
- So how do we provide information to increase awareness and challenge stigmatising stereotypes and discriminatory behaviour?

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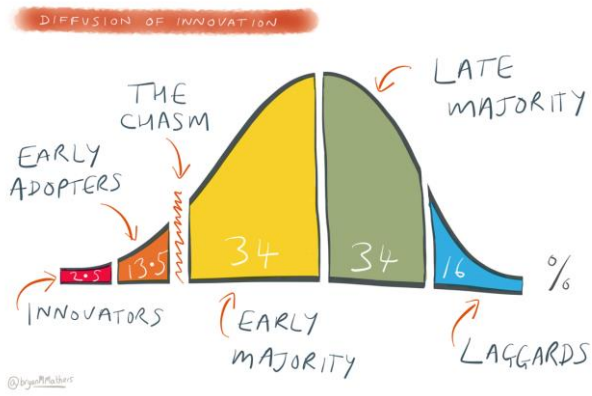
Upskilling the workforce

- Integrating hepatitis C into the health workforce's scope of practice beyond the realm of the individual and organisational **early adopters …**



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Overview

- Context of hepatitis C
- Importance of partnership
- Co-design of hepatitis C educational content
- Attaching “priority” to hepatitis C
- Hepatitis C literacy of the health workforce
- Scaling up the hepatitis C capacity of health workforce
- Creative and innovative approaches to education
  - Champions, Gamification
- Sustainability

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Things that keep me awake at night…

- How do we expand the hepatitis C health workforce?
- How do we engage (and then remain engaged) with health professionals who haven’t accessed education and training?
- How do we facilitate implementation of information into practice?
  - How do we improve access to treatment and care for people with hepatitis C?
- How do we work together?

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How do we work together?

- In Nov 2016, the EC partnership convened a Victorian sector meeting including 20 hepatitis C education providers
  - Hepatitis Victoria, Harm Reduction Victoria, Victorian HIV, Hepatitis Integrated Teaching And Learning (VHHITAL) program, 6 Victorian Primary Health Networks (PHN), ASHM, La Trobe, Burnet, St Vincent's, Royal Melbourne Hospital, Family Planning, National Prescribing Service (NPS), Pennington, Victorian Aboriginal Community Controlled Health Organisation (VACHHO), Centre for Ethnicity and Health, Victorian Depart of Health and Human Services
  - Lots of innovative education being offered
  - Some duplication, e.g. GP education
  - Gaps in education were identified
    - » EC partnered with VHHITAL to deliver primary care nursing education (funded by MSD)
  - North West Melbourne PHN funded workforce activities have addressed some of the gaps (NSP, pharmacy, CALD)

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How do we work together?

- There are multiple organisations providing hepatitis C education and there are multiple funding sources (limited $)
  - Creates an environment of competition
  - Risk of duplication
- Never has there been a more important time for partnership and communication

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Expanding the hepatitis C healthcare workforce

- Is it reasonable to expect "all" health professionals to have an understanding/awareness of hepatitis C?

"Many hands make light work"

- People with hepatitis C are a diverse population who access a range of services
  - There need to be multiple points of access to hepatitis C treatment and care
- Within each professional group, information needs to be tailored to the professional context
- Health professionals need varying levels of information and knowledge to fulfil their role:
  - Testing
  - Treatment
  - Management and surveillance for chronic liver disease
  - Referral

Hepatitis C education

- Where is hepatitis C on the list of priorities?
- Let's ask them…

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"Climb into his skin and walk around…"

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Co-design of hepatitis C education

- Co-design is an approach that attempts to actively involve all stakeholders in the design process to ensure the results meet their needs and are usable
  - Education providers need to be guided by the "end user" of the education
  - No use "hepatitis professionals" deciding what primary care practitioners need to know – they need to tell us…
  - Many of us already do this – important to "name/label it"
- Co-design provides an understanding of the:
  - » context including pre-existing knowledge
  - » triggers for action, engagement and mobilisation

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Hepatitis C literacy

- Low health literacy of consumers is frequently identified as a barrier to health engagement and mobilisation
- The average health professional has low hepatitis C literacy
  - I still remember when I did not know what an ALT was
- Health professionals are members of the general community
  - Community awareness activities will also have an impact on health professionals, e.g. ICU nurse

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Hepatitis C needs to be prioritised

- Priority is attached to a health condition when:
  - The "patient" seeks care/advice
  - Health professional responds either emotionally or intellectually – sometimes leads to action
- Does not always result in the condition being prioritised
  - Too many examples of health professionals repeatedly dismissing viral hepatitis
- We need to create the **push – pull demand**
  - Consumers need to be asking health professionals for hepatitis C advice and care
  - Health professionals need to be able to access the information they need … "just in time learning"

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Hepatitis C needs to be prioritised

- We are currently in contact/teaching/working with the "engaged" health professionals who have attached priority to hepatitis C
  - The same faces were on the fine dining-hepatitis C education tour of Melbourne in 2016

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Scaling up the hepatitis C health workforce

- Scaling up implies a much more deliberate "push" approach to change
  - Refers to a "systematic programme to bring effective treatment, diagnosis or care approaches to wider populations…" (Ovretveit 2011)
- In this context, scaling up the hepatitis C health workforce beyond those individuals and organisations that are already engaged (early adopters)
- Requires a concerted effort to normalise hepatitis C into clinical practice
  - Create the systems that will recognise, support and reward normalisation

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Knowledge translation strategies

- On average it takes 17 years for research to be implemented into practice … we don't have that long! (Balas 2000)
- How do we "normalise" hepatitis C?
- How do we support the uptake and implementation of hepatitis C knowledge during interactions with patients with hepatitis C?
  - Hepatitis C champions
  - Gamification

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Hepatitis C champions

- Hepatitis C champions need to be identified and supported to lead the expansion of their profession's role
- The primary role of the hepatitis C champion is to motivate action and challenge inaction
- Champions understand the culture and context of the profession. Therefore:
  - Education is perceived to be relevant and respectful
- Champions lead by example
  - Lead from within

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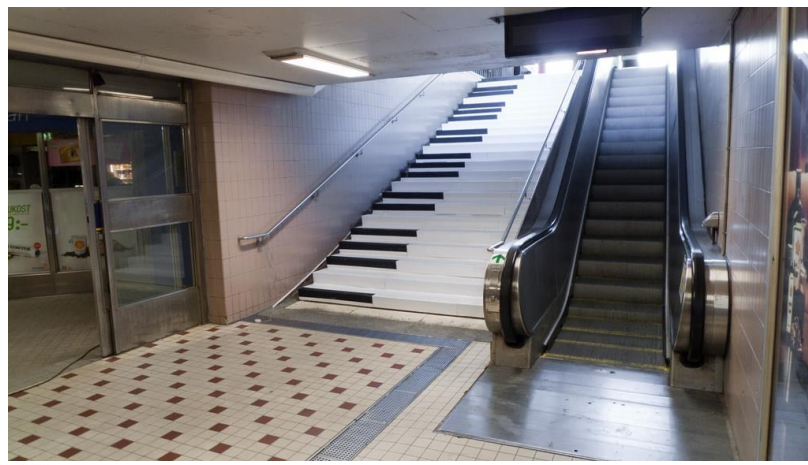

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Volkswagen

- Piano Staircase in Stockholm, Sweden. Each step plays a musical note when it is stepped on
- 66% more people used the musical stairs over the escalator

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FIGHTING STIGMA: Cairns Sexual Health Service clinical nurse consultants Simon Doyle-Adams and Michelle Andrews deliver a message with other health workers. Picture: TONI CALDWELL

Sex health tests freak-out

GRACE MASON

NORMALISING sexual health testing and treatment is the key to removing the Far North's reputation as an STI hotspot, medical experts say.

The swinging '60s were back yesterday as Cairns Sexual Health Service hosted a development day for 170 health staff, who donned flares and flowers to spread the safe sex message. Syphilis and HIV rates continue to climb among the region's Aboriginal and Torres Strait Islander population and the service's clinical nurse consultant Simon Doyle-Adams said the only way to reduce it was to remove the stigma.

"I think it's about making sure that HIV testing is a part of normal, ongoing care ... that ... everybody can access regular testing, regular treatment services without fear of discrimination," he said.

Watch the video online www.cairnspost.com.au

- Sex ess 60's

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To motivate change …

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Creative and innovative approaches to hepatitis C education

- A variety of educational opportunities are required to meet the diverse needs and contexts of health professionals
  - Face-to-face, online modules, webinars, podcasts, written resources, journal articles
  - Lived experience speakers
  - Peer-based mentoring
- Delivery of peer-to-peer education
  - Nurses teaching nurses; GPs teaching GPs
- Community of practice
  - Mentoring (informal), opportunities to share ideas, experiences and resources, identify barriers and enablers

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How do we support implementation of new knowledge into practice?

- EC and VHHITAL delivered a 2 day training program specifically targeting primary care nurses in June 2017
- 25 primary care nurses attended; 12 responded to a survey 6 weeks post training course
  - 6 have performed more tests since completing the course
  - 9 have had conversations about hepatitis C treatment with people with hepatitis C; 3 specified talking to GPs
  - 3 highlighted that their GPs needed more support
- Delivering hepatitis C education can no longer be a one-off event
  - Need ongoing support to implement the knowledge

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A partnership approach is the only solution…

- We are at the beginning of a long journey, hepatitis C is not going to be prioritised by every health professional immediately
  - Increase in GP prescriptions from 8% in March to 31% in December (Kirby Institute, July 2017)
- We are competing for the attention of health professionals against well resourced “diseases” and organisations
  - TOGETHER we are stronger

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Summary

- Is it realistic to expect all health professionals to understand hepatitis C?
- There needs to be a concerted effort to integrate hepatitis C into the scope of practice of health professionals
- Education needs to focus on increasing awareness in the community and amongst health professionals so we create a hepatitis C push-pull demand
- Creative and innovative approaches to integrating hepatitis C in the health workforce's scope of practice
  - Champions, making education fun!
  - Co-design of educational content
  - Peer education
  - Mentoring

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It's not a sprint, it's a marathon …

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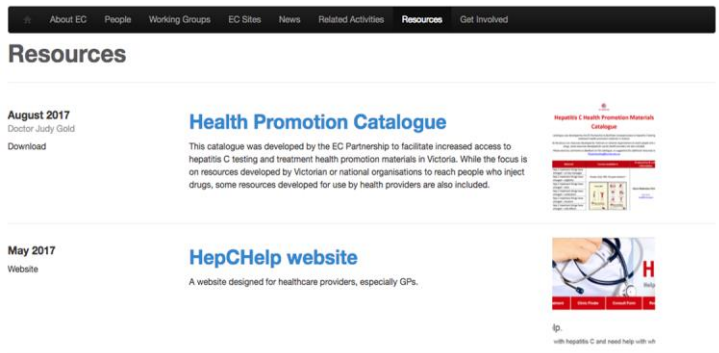
ecpartnership.org.au/resources



EC Partnership is currently hiring nurses!

Find out more through Burnet – Careers

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Acknowledgments

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