

Time to Reflect, Review, Revise, and Renew the Hepatitis Nursing Model of Care

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Background/Approach: Nurse-supported shared care services/models care for patients living with hepatitis C and hepatitis B were first implemented in Australia over 20 years ago. The goals were to increase access to screening, treatment and care services in a range of settings. Despite the many successes of these models, in recent years hepatitis elimination has become increasingly challenging. To ensure our elimination goals are met in the COVID era we need to ensure models of care are acceptable and meet the needs of people living with hepatitis as well as having the appropriate support in health services.

Analysis/Argument: There appears to be five major issues impacting on hepatitis nurse models of care. 1) the current nature of nurses' workload, limited size of the hepatology workforce and vacancies, a growing number of nurses who were originally recruited into "dedicated hepatitis" positions now have to include HCC, other liver diseases and advanced liver disease care in their caseload; 2) the current nursing management structures do not facilitate an easy integration between the hospital and community health services; 3) the variable GP engagement/participation particularly in cirrhosis care and hepatitis screening; 4) the complexity of the "final wave" of patients along with the associated stigma and discrimination which requires additional interventions and 5) the ongoing impact of COVID in service provision.

Outcome/Results: With the support of the LHD Senior Executive, senior clinicians and managers who have experience in service delivery as well as experience in the development of numerous NSW and local Hepatitis Strategies we are working together towards a new model of care.

Conclusions/Applications: It is critical and essential that a nurse model of care has an appropriate management structure and is efficient, flexible, and sustainable in order to address the needs of the community and to progress elimination.