iCHAT

Evaluation of an innovative nurse led primary health model of care for patients with Hepatitis C in Inner City Sydney

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1 BACKGROUND

- Prior to March 2016 hepatitis C treatment was limited to specialist physicians in tertiary centers and private clinics
- Treatment regimens were poorly tolerated with limited efficacy
- Historically low uptake of treatment
- Direct acting antiviral (DAA) therapies were listed on the PBS March 2016
- This provided new opportunities for hepatitis C treatment to be expanded and delivered in primary care and community settings

2 WHAT NEEDED TO HAPPEN

- Rapid scale-up of treatment
- Build capacity and provide support for primary care and other health service providers in assessment and treatment of hepatitis C in the community for priority populations in South Eastern Sydney Local Health District (SESLHD)

3 PROGRAM ESTABLISHED

- The Integrated Community-based Hepatitis Assessment and Treatment (iCHAT) project was established September 2016.
- iCHAT aims to increase the number of people treated for chronic hepatitis C (HCV) in community and non-specialist settings.
- The program implemented a nurse led model of care to directly engage with and support General Practitioners (GPs) and other non-specialist health providers.

4 PROGRAM ACTIVITIES

- As part of a broader Local Health District strategy the following methods were employed:
- Employment of an experienced hepatitis clinical nurse consultant
- Provision of a portable FibroScan™
- Promotion of the service and development of partnerships with primary health care providers
- Support, guidance and assistance provided to GPs to identify patients with HCV and the management and treatment of HCV
- Fibrosis assessment in primary care
- Facilitation of remote consultation between GP and specialist
- Linkage to care where referral to specialist services were indicated

5 OUTCOMES

- 25 GP practices were visited and presentations delivered
- 48 GPs were reached during practice visits
- 321 FibroScan™ assessments performed
- 73 diagnosis HCV PCR detectable
- 38 treatment initiations in primary care and community settings
- 11 individuals referred to specialists for consideration for treatment
- 12 primary health care providers initiated treatment on 1 or more occasions
- 21 presentations to GP training sessions, staff in-services and community events
- Priority populations:
  - Aboriginal people represent 9% of all people assessed
  - 31% assessments were to people born in a non-English speaking county- CALD

6 PARTNERSHIPS ESTABLISHED

- Women's drug and alcohol residential rehabilitation facility
- Private opioid treatment program
- Homeless men's accommodation service
- General practices

7 EVALUATION KEY FINDING

12 individuals (including GPs, practice managers and nurses) from 7 services were interviewed by an external evaluator.

The following feedback was provided:

1. Project model is:

"acceptable, professional and responsive".

"Community HCV CNC worked well to build the capacity of primary care health care providers"

"Effective model for clients enabling assessment at the practice without referrals to other services"

2. GPs were supported to treat hepatitis C at their practice and described support as:

"Appropriate", "good availability", "remote consultations and linkage to care with specialists made easier".

Prior to the program, the 12 GPs who are now prescribing reported they were unlikely to have commenced treatment without the involvement of the project.

3. Barriers identified by GPs which had prevented them from prescribing hepatitis C treatment prior to their involvement in the project:

a. Remote consultation as many did not have a relationship with a specialist

b. GPs have limited hours at their practice – concern about the workload required to assess, manage and treat people with hepatitis C

c. GPs thought they would have difficulty ensuring patients were seen by specialist where referral was indicated eg: cirrhosis or concomitant medications

8 CONCLUSION

Based on the experience of the project, efforts to engage GPs in HCV treatment are best focused on those who have shown some interest but are not currently treating. There is also value in targeting GPs where there may be a need for greater support such as shortly after HCV notification has been made. These two strategies produced the best results in terms of engagement.

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