

Hepatitis C specialist nurses use notification data to enhance engagement with and education of general practitioners in South Eastern Sydney

Aim

Facilitate engagement between hepatitis C (HCV) specialist nurses and general practitioners (GPs) within South Eastern Sydney Local Health District (SESLHD). The project was informed by a Hepatitis B project developed by Sydney Local Health District's Liver Clinic.

Results

- 1142 notifications reviewed
- 543 unique cases identified
- 80% (n=435) cases were excluded * see exclusion criteria
- 20% (n=108) cases met inclusion criteria for contacting GP
- 65% (n=70) letters sent to GPs in Northern SESLHD (Eastern Suburbs and City)
- 35% (n=38) letters sent to GPs in Southern SESLHD (St George and Sutherland)

GPs were contacted in their respective areas by the Community Viral Hepatitis CNC from St George Hospital and the Community CNC, Viral Hepatitis Harm Reduction Program, HIV & Related Program (HARP), Darlinghurst

Of the 108 GPs who received a letter

- 64% (n=69) GPs have been contacted by phone & case discussed
- 13% (n=14) GP who were unable to be contacted and no information available
- 13% (n=14) Practice nurses provided information in the absence of GP
- 10% (n=11) GPs are yet to be contacted

Engagement with GPs

- 9 individual GPs requesting a visit from a CNC and education was provided
- 3 GP practices requesting a presentation and education was provided to 13 GPs
- 3 GPs requesting assistance with work-up of patients and FibroScan™ assessment
- 3 cases where treatment was initiated by a GP following an intervention provided by CNC

Cases referred to specialist

- 43% (n=29) cases were referred to specialist of which:
- 24% (n=7) cases referred to specialist found to be HCV PCR undetectable
 - 31% (n=9) cases treatment initiated by specialist
 - 44% (n=13) cases referred to specialist with unknown outcome

GP Treatment experience & willingness to treat hepatitis C

- Of the 69 GPs contacted:
- 17% (n=12) GPs have experience in initiating treatment on 1 or more occasions
 - 20% (n=14) GPs stated they were willing to be trained and to treat
 - 16% (n=11) GPs stated they were unwilling to be trained or to treat
 - 16% (n=11) GPs stated they were willing to consider training and treatment in the future
 - 30% (n=21) Responses unknown

Statutory laboratory notifications sent to SESLHD Clinical Nurse Consultant (CNC)

On-going support via phone and email and fibrosis assessment as required

Visits were made to GPs to provide further training and assist with assessment of individual identified to be commenced on treatment in primary care

e. Facilitation of remote consultation and linkage to care
f. Monitoring patient during and after anti-viral treatment

c. Assessment for liver disease severity by Transient Elastography (FibroScan™) assessment or APRI score
d. Identification of appropriate HCV treatment regimen

CNC offered support for GPs to:
a. Identify patients appropriate for treatment in primary care or referral to specialist
b. Ordering and interpreting pathology results

Phone calls made to GP to ascertain patient outcomes and to ascertain their experience of HCV training and willingness to prescribe antiviral treatment

a. Introduction to the PHU hepatitis C pilot project
b. Advice that a notification for HCV has been received for their patient.
c. Advice that a CNC will contact the GP to ascertain whether patient;

i. is engaged in medical care
ii. has returned for further investigations
iii. has commenced treatment or been referred to a specialist

- Of the HCV PCR tests ordered by GP's:
- 40% (n=15) HCV PCR negative
 - 5 GP's had initiated treatment on the reported cases

*Exclusion Criteria

Cases were excluded for follow-up where:

- Insufficient information to identify requesting GP
- Cases were out of district
- Blood bank requests
- HCV treating specialists
- HCV experienced GPs
- Cases reported from:
 - St Vincent's Hospital
 - Kirkeaton Road Centre
 - Albion Street Centre
 - The Langton Centre
- Other Tertiary/Private specialists

Clinical Interventions

Of 83 cases where information was provided by GP or practice nurse:

- 8% (n=15) cases reported as being lost to follow-up and patients unable to be contacted
- 82% (n=68) cases reported patient had been contacted to return for further assessment
- 79% (n=54) GPs ordered one or more clinical interventions including referral to specialist
- 72% (n=37) of clinical interventions included HCV PCR test

METHODS

Conclusion

Specialist nurses used HCV surveillance notifications as a prompt to facilitate engagement with and education of local GPs. Continuing engagement enhances HCV care cascade progression which in this intervention has resulted in an increase in GP education and initiation of HCV treatment for patients.

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