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
- 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

Of the 108 GPs who received a letter
- 19% (n=20) GPs have been contact by phone & case discussed
- 16% (n=17) GP were unable to be contacted and no information available
- 13% (n=14) Practice nurses provided information in the absence of GP
- 64% (n=69) 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\textsuperscript{TM} 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=17) cases referred to specialists 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 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

**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.

**Methods**

**A**
- Introduction to the PHU

**B**
- Advice that a notification for HCV has been received for their patient
- Advice that a CNC will contact the GP to discusses whether patient is engaged in HCV care

**C**
- A. Assessment for liver disease severity by Transient Elastography (FibroScan\textsuperscript{TM})
- B. Ordering and FibroScan\textsuperscript{TM} assessment or APRI score
- C. Identification of appropriate HCV treatment regimen
- D. Identification of appropriate HCV treatment regimen
- E. Facilitation of remote consultation and linkage to care
- F. Monitoring patient during and after anti-viral treatment

**D**
- 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

**E**
- Of the 108 GPs who received a letter

**F**
- Of the 69 GPs contacted

**Clinical Interventions**
- Of 83 cases where information was provided by GP or practice nurse:
  - 8% (n=6) 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

**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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