



“Many hands make light work” Upskilling the workforce for hepatitis C elimination

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EC Partnership

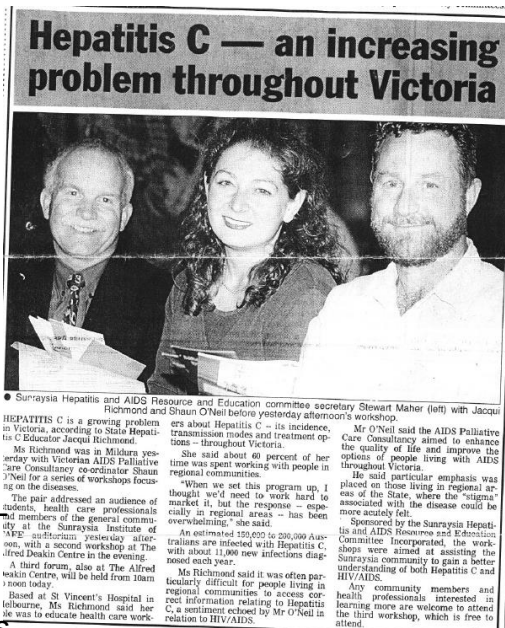
Disclosure of interest

- 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

Started working in viral hep education in 1998

Worked closely with a range of educators and organisations

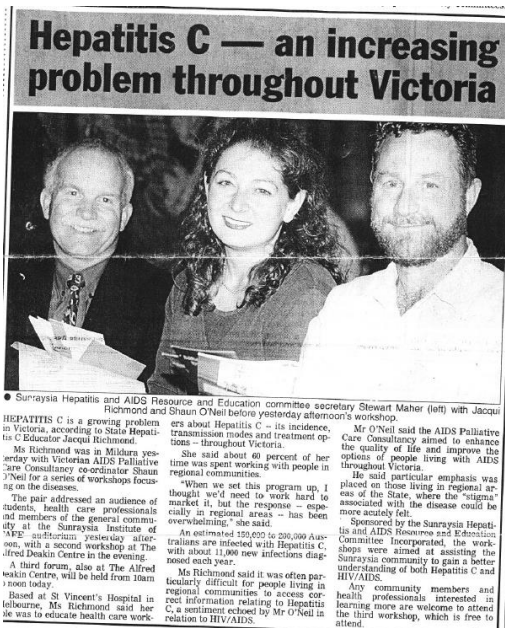
On this visit to Mildura we saturated the town—hospitals, schools, community forums, radio and TV interviews



EC Partnership

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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Issue 27 / 17 July 2017

Hepatitis C: the shift to general practice

Authorised by
HUGO WILCKEN

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Issue 27 / 17 July 2017

NEWLY approved drugs routinely get marketed as “revolutionary” on flimsy grounds; ones that actually change the medical landscape are infinitely rarer. But with the introduction of direct-acting antivirals (DAAs) for the treatment of hepatitis C, something quite remarkable does seem to have happened.

Before DAAs, the first of which was listed on the Pharmaceutical Benefits Schedule (PBS) in March 2016, patients with hepatitis C had to undergo a lengthy and gruelling injecting regimen with interferon. The drug’s terrible side effects led to around 20% of people dropping out of treatment prematurely, but even for those who stayed the course, **only 50–60% were cleared of the virus.**

DAAs are permanently changing that picture. [Studies have shown](#) that a 3- or 6-month course of DAAs – which involves taking one pill daily with little to no side effects – leads to cure rates above 95%.

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POLL

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

1. **Dr Paul Bassett** 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



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”

CIRCLE OF LOVE



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

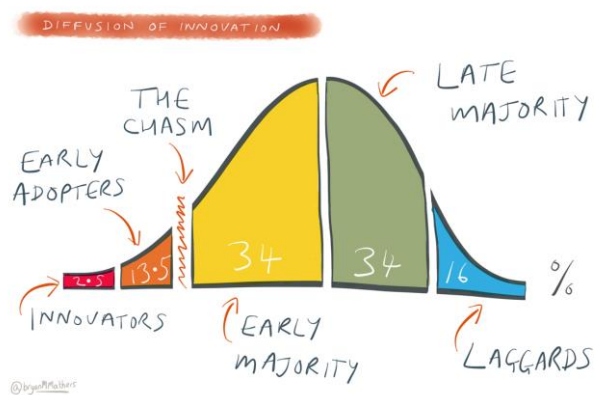


One of the principal components of elimination is upskilling the workforce



Upskilling the workforce

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



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



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?



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 Dept 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)



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



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...



“Climb into his skin and walk around...”



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



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



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”



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



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



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



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



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





Sex health tests freak-out

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

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 es... 50's



To motivate change ...



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



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



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





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



It's not a sprint, it's a marathon ...



ecpartnership.org.au/resources

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Resources

<p>August 2017 Doctor Judy Gold Download</p>	<p>Health Promotion Catalogue</p> <p>This catalogue was developed by the EC Partnership to facilitate increased access to hepatitis C testing and treatment health promotion materials in Victoria. While the focus is on resources developed by Victorian or national organisations to reach people who inject drugs, some resources developed for use by health providers are also included.</p>	
<p>May 2017 Website</p>	<p>HepCHelp website</p> <p>A website designed for healthcare providers, especially GPs.</p>	
<p>May 2017 Website</p>	<p>HepCHelp Clinic Finder</p> <p>The HepCHelp website aims to help GPs navigate their hepatitis C care. It also hosts a clinic finder where you can search your postcode or suburb and find your nearest clinic which provides hepatitis C treatment.</p>	
<p>May 2017 Download</p>	<p>Pathways to Liver Fibrosis Assessment for Patients in Primary Care</p>	

EC Partnership is currently hiring nurses!

Find out more through Burnet – Careers



Acknowledgments

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References

- Balas EA, Boren SA. Managing clinical knowledge for health care improvement. In: Bommel J, McCray AT, editors. Yearbook of Medical Informatics 2000: Patient-Centered Systems. Stuttgart, Germany; 2000:65-70.
- Haidt J. The Happiness Hypothesis: Finding Modern Truth in Ancient Wisdom. Basic Books – a member of the Peresus Books Group, New York, USA; 2006.
- The Kirby Institute. Monitoring hepatitis C treatment uptake in Australia (Issue 7). The Kirby Institute, UNSW Sydney, Sydney, NSW, Australia, July 2017. Available online at: <https://kirby.unsw.edu.au/report/monitoring-hepatitis-c-treatment-uptake-australia-issue-7-july-2017>
- Ovretveit J. Widespread focused improvement lessons from international health for spreading specific improvements to health services in high-income countries. International Journal for Quality in Health Care 2011;23: 239-246.
- Richmond JA, Dunning P, Desmond PV. Health professionals' attitudes toward caring for people with hepatitis C. Journal of Viral Hepatitis 2007;14: 624-632.
- Volkswagen. (2009). The Fun Theory. Retrieved from Thefuntheory.com: <http://www.thefuntheory.com>

