

---

# The Victorian State-Wide Hepatitis Program(SHP) - Treating Hepatitis in the Prison Setting: A Nurse Led Model of Care

Craigie A, McDonald L, Edwards, A, Papaluca T,  
Iser D, Gibson, A, Pappas, A, Waldron, A, Ram, K & Thompson A



---

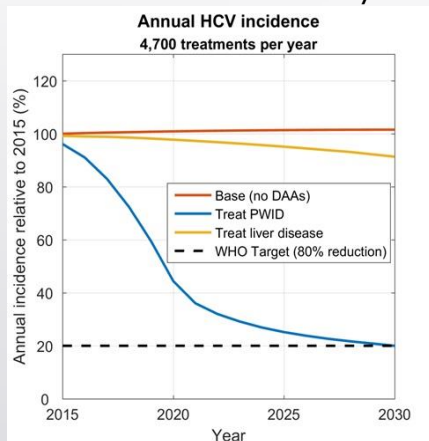
## Acknowledgment of Country

- *"I would like to respectfully acknowledge the KAURNA People as the Traditional Owners of the land on which this event is taking place and Elders both past and present.*

## Disclosures

- I have received an Honorarium for a panel discussion for ABBVIE - Sydney April 2018

## Elimination of HCV- Australia targets 80% reduction in HCV incidence by 2030



In Australia, treatment scale-up must be among PWID to reach the WHO's incidence target.

-In Victoria, aim ~ **1500** PWID/yr

Difficult population to engage in HCV care

- Low healthcare utilisation
- Labour intensive

Scott N et al. Gut Published Online First: [12 April 2016] doi:10.1136/gutjnl-2016-311504

## Victorian Prisons = public health opportunity and integral in achieving HCV Elimination Targets

- HCV is common in prisons – we all know this is a GLOBAL issue
  - Prevalence of HCV up 40 % higher than the Community
- Barriers to HCV treatment in Victorian prisons prior to DAAs and SHP:
  - Short prison sentences
  - Frequent transfer between prisons
  - Limited specialist access
  - IFN toxicity and duration
  - Funding for antiviral drugs

Resulted in:

- Minimal HCV treatments prior to 2015 – 10 – 20 per year at one prison site only



## What does the Victorian Prison System look like?



## The State-wide Hepatitis Program (SHP)

- **Victorian State Government sponsored**
  - Funded and supported strongly by Justice Health, the Department of Justice and Reaulation
- **Nurse-led**
  - 2 FT + 1 PT nurse specialists (Myself, Lucy and Amy)
  - protocol-driven assessment & management
  - portable Fibro-Scan
  - delivers care locally to each prison
    - minimizes prisoner movement
- **3 part-time Supervising Hepatologists**
  - F2F and via tele-health
- **Centralised pharmacy distribution**
  - PBS S100 criteria provides access to prisoners – approximately 20 per week
- **A Centralised Medical Record - JCARE**



## This is what SHP looked like in 2015

	M	T	W	T	F	Close Days
WK 1 12/10/15	BARWON (A) DPC & Home	Lang; Kallal		WMCC	PPP (A)	BARWON - Monday PPP - Monday - 1st Day MCC - Friday DFPC (Loddon Prison)
WK 2 19/10/15	ALC & Home	MRC (A)	Hopkins (A)	Fulham (A)	SHP Study Day SHPH Loddon - 1st	Fulham - 1st & 2nd Day Hopkins - Monday Lang; Kallal - Tuesday Geelong - Wednesday Durrigle - Monday Loddon - Tuesday Middleton - Wednesday Tarragower - Thursday
WK 3 26/10/15	DPC & Home	BARWON (A)	Tarragower (A) 2nd & 3rd Day Middleton (A)	Durrigle (A)	MCC (A)	PPP (A)
WK 4 2/11/15	ALEX - 1st Day Durrigle (A)	Durrigle (A)	LK (A) (1st & 2nd Day)	DFPC (A)	Loddon (A)	Middleton (A) MAP



## Distribution

- 17 prisons in Victoria
- 5 Maximum Security
- 6 Medium security
- 6 Minimum security
- 2 prison sites opened since SHP began in June 2015
- Each Prison Site is different – not just because of security ratings but also muster numbers
- Can range from 60 - approx. 1300
- Each site is a primarily either a RECEPTION/REMAND, SENTENCE or DISCHARGE Prison
- This differentiation reflects the 'prison journey'



## Clinic Schedules

- Schedule for clinics is always around sharing resources and clinic space at each site
- 1 SVHM car, 1 fibroscan and 2 FT nurses
- 4 sites were fortnightly + weekly F2F SHP Specialist Clinic
- Remainder of sites – every 4<sup>th</sup> week
- 6-8 treatments per week with one pharmacy day per week
- 16 treatments per week with 3 pharmacy days per week

## Clinic Schedules continued

- As of July 2018
- Increased resources
- 2 SVHM cars, 2 fibroscan machines and now 3 Nurses
- 12 sites fortnightly clinics twice monthly F2F SHP Specialist Clinic
- Upscaling assessment and treatment numbers
- Pharmacy now 5 days per week
- 20-22 treatments per week

## The journey to treatment

- Blood test
- Referral
- See SHP nurse in clinic (at each site)
- SHP assessment (including fibroscan)
- Some patients may need to see the SHP specialist
- this can be done F2F at ST V's Correctional Health OPD @ PPP OR
- Telehealth – fortnightly at SVHM SHP Headquarters
- Script processed
- Start treatment

Time frame  
varies

2 – 4 weeks



# JCARE looks like....

**Creating "Referral to the State-wide Hepatitis Program"**

Referrals to the Statewide Hepatitis Program (SHP) can be sent using JCare. Following instructions detail how to send a referral to the SHP clinicians for your site.

1. From the encounter, or the patient medical record, click **Referrals**.
2. On the Referrals page, click the drop-down and select **New Referral Out**.

**the referral screen**



# JCARE

**the referral screen**

3. Type **SHP** in the Clinician field.  
The SHP clinic at your site will display.  
For example: SHP – Nurse Clinic Barwon.  
**NOTE:** Port Phillip Prison has two SHP clinics. Use the SHP – Nurse Clinic.
4. Type notes for the referral.

**General** Reason Letter Attachments

Clinicians:  
From To  
POS: **BARWON PRISON (BAR)**  
Clinician: **ST VINCENT'S BARWON (BAR)**  
Ext Clin:

Address:  
Phone:  
Reason for Referral:  
Diagnosis:  
Treatment:  
Narrative: **Referral to SHP**

2



## Other referral methods:

- St Vincent's Liver Clinic referral letters from Prison Medical Officers
- Email to SHP Nurses directly by nursing/medical staff/Aboriginal Liaison staff/trusted CV staff
- Sticky notes with a name and a CRN – Criminal Record Number
- Self referrals on a dedicated Health Centre Form – different for each site
- Through Drug and Alcohol Service at the Prison sites – Peer Workers
- Women's and Men's Health Days at prison sites
- "I want to see the Hep C Nurse" – Opportunistic contacts



**HEPATITIS C ASSESSEMENT SUMMARY**

Attach patient sticker

CRN \_\_\_\_\_ D.O.B \_\_\_\_\_ PRISON \_\_\_\_\_ ALIAS \_\_\_\_\_

Assessment Date: \_\_\_\_\_

Current medications – including herbal, over the counter & supplements

---

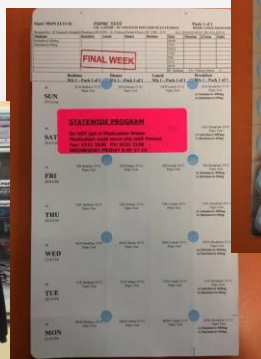
Genotype: <input type="checkbox"/> 1a <input type="checkbox"/> 1b <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> Fibroscan _____ Date: ____/____/____ <input type="checkbox"/> APRI score _____ <input type="checkbox"/> Ultrasound _____ Date: ____/____/____  <input type="checkbox"/> Cirrhosis: <i>diagnosed by</i> <input type="checkbox"/> Fibroscan <input type="checkbox"/> Ultrasound <input type="checkbox"/> Liver biopsy <input type="checkbox"/> Pathology <input type="checkbox"/> Past Decompensation MELD: _____ C-P score: _____  <input type="checkbox"/> Treatment Naïve <input type="checkbox"/> Treatment Experienced Pathology – ALT      AST      ALB      Bilirubin eGER      Na      Cr Drug Interactions: _____	Viral load: _____ iu/mL Date: ____/____/____ HBV <input type="checkbox"/> yes <input type="checkbox"/> no HIV <input type="checkbox"/> yes <input type="checkbox"/> no Cardiac <input type="checkbox"/> yes <input type="checkbox"/> no Depression / Epilepsy <input type="checkbox"/> yes <input type="checkbox"/> no Other: _____  Diabetes <input type="checkbox"/> yes <input type="checkbox"/> no HTN <input type="checkbox"/> yes <input type="checkbox"/> no Renal <input type="checkbox"/> yes <input type="checkbox"/> no
HCV MEDICATION: _____  MEDICARE NUMBER - _____	Response: INR _____ HB _____ Platelets _____ Comments: _____  Planned Treatment Duration: _____





## Central Pharmacy at SVHM

- SHP PHARMACY TEAM – Annabelle, Alex, Aoife, Kriti
- Dispense and pack New and Repeat Patients
- Check Drug Interactions
- Answer Queries
- Discharge Planning
- Patient Movement
- Free Patients
- Lost medication
- Jcare
- Regulation 24



## Relapse? Reinfection

- We are targeting the highest risk population of PWID – we expect re-infection = treating the right people
- Listen to their story and correlate with pathology if available
- <4 weeks of treatment then re-treat
- > 4 weeks of treatment - bloods and repeat (if able) at revised SVR 12 time point
- - risk factor evaluation? (exposure?)
- - if genotype switch - treat as reinfection
- - if same genotype - treat w salvage regimen (SOF + Zepatier + RBV) and when able (SOF + VEL + VOX )
- - some of these infections may be reinfection, that's OK better to over treat than undertreat



## Challenges for SHP

- There are currently 7,668 prisoners in Victoria
- 2,711 are not sentenced – on REMAND - 35 %
- This means that more 1 in 3 people seen in a SHP clinic is on REMAND – they may not know how long they will be in prison for
- 1 in 2 people prior to coming into prison were unemployed and 1 in 4 were homeless - so what will be their situation on release from prison?
- The rate of people returning to prison within 2 years of being released in Victoria is 44.1%
  
- Source: [https://www.corrections.vic.gov.au/Monthly prisoner and offender statistics -2017-18 \(to 30/6/2018\)](https://www.corrections.vic.gov.au/Monthly%20prisoner%20and%20offender%20statistics%20-2017-18%20(to%2030/6/2018))
- Source: <https://www.alhw.gov.au/reports-statistics/population-groups/prisoners/overview>
- Source: [https://www.abs.gov.au/Australian Bureau of Statistics \(2017\), Prisoners in Australia, Cat. No. 4517.0](https://www.abs.gov.au/Australian%20Bureau%20of%20Statistics%20(2017),%20Prisoners%20in%20Australia,%20Cat.%20No.%204517.0)



Any Questions?

