Integrating nurse-led models in the NSW Hepatitis C Remote Prescribing Program

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Background:
In its fourth year, the NSW Hepatitis C (HCV) Remote Prescribing Program continues to increase access to HCV treatment through facilitated linkages between nurses and prescribers in NSW. The nurse-led, patient-centred model of care facilitated diagnosis and linkage to care of direct-acting antiviral (DAA) therapy, enabling timely treatment initiation in across diverse settings. ASHM monitored and evaluated the program's progress by maintaining program participation records and regularly collating de-identified patient data.

Methods:
Under the program's model of HCV care, nurses experienced in HCV assessment screen patient at risk, perform the recommended pre-treatment assessment, complete the program's tailored Remote Consultation Request for Initiation of HCV Treatment Form then forward it to a participating medical practitioner and nurse practitioner to review the information and prescribe treatment. The patient's needs are central throughout the process, with the nurses providing individualised care and support to facilitate treatment access in a timely and efficient manner.

Results:
The program has expanded since it's creation in 2022. A total of 58 patients were assessed and initated on treatment in 2022; in 2024, 107 patients were assessed and initated on treatment. The total number of prescribers has risen from 19 to 25 since 2022. The total number of unique nurses who assessed and remotely referred increased from 5 in 2022 to 13 in 2024.

The scope of the program has dramaticaly expanded its reach, including in: Drug and Alcohol services, General Practice, Liver Clinics, Aboriginal Medical Services, Needle and Syringe Programs, Mental Health, and homelessness services.

Conclusion:
This program continues to demonstrate a prescribing model of care that provides safe, convenient, and acceptable access to HCV treatment for services without prescriber access, such as those in regional and homelessness settings who may encounter barriers to accessing services.

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