

Beyond the C: Strengthening Primary Care Pathways for Hepatitis C Elimination

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Background

Beyond the C is ASHM's national initiative supporting General Practices to implement clinical auditing and Quality Improvement (QI) processes to find and engage people with hepatitis C (HCV) who are **undiagnosed, underdiagnosed and untreated**. After using its first two years to refine an evidence-based model that can be dynamically adapted to diverse practice needs, the project's second phase of implementation focuses on strengthening engagement with community and sector partners – particularly Primary Health Networks (PHNs) – while enhancing internal QI processes to better align with practice needs and foster whole-of-practice involvement. These efforts have contributed to increased identification and screening for individuals who might otherwise remain undiagnosed or untreated, moving Australia closer to 2030 HCV elimination targets.



Scan to learn more about the Beyond the C project structure

Approach - Measuring the impact

Support to practices

Participating practices receive a comprehensive, incentivised support package, including personalised, structured guidance from Beyond the C Clinical Nurse Advisors, access to HCV resources, clinical auditing and case finding templates and software guides, educational webinars, and an incentive payment of \$4,000 upon completion of project reporting.

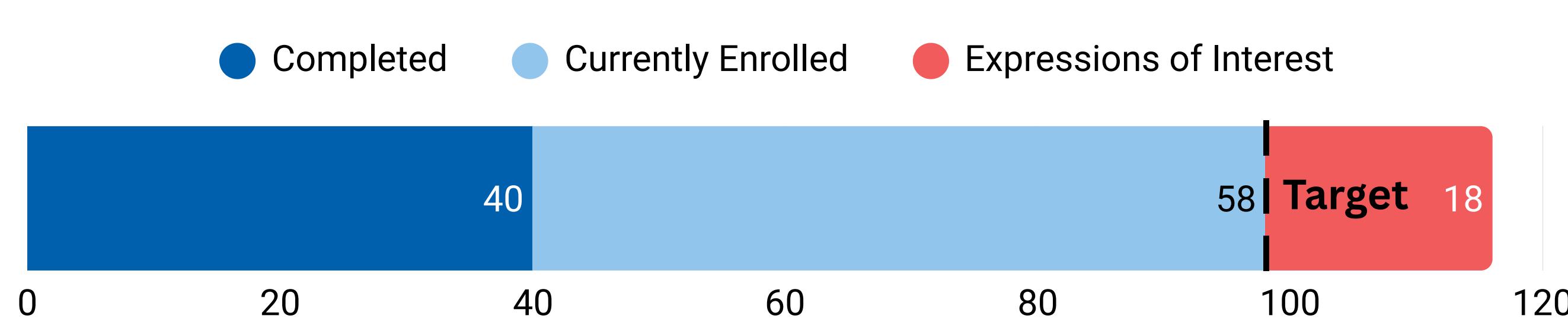


~ Ongoing collaboration with local health services, including PHNs, and Motivate C ~

Clinical auditing and case finding

Practices are supported to review their current QI processes and identify areas where they may need assistance to find patients with HCV or those with indicators for testing within their clinical software. Practices are encouraged to approach PHNs for access to data extraction software to assist with this. Files of identified patients are then audited to identify the patient needs, offer testing, care and treatment as appropriate. ASHM collects de-identified, aggregated data to track numbers of people who are recalled, tested and treated at two timepoints following baseline.

Practice Engagement Numbers as of June 2025



“ Every doctor has been upskilled thanks to this program, from how we request pathology to who and how we approach patients for testing.

I'm beyond grateful for the care and support from Lisa Holden (Clinical Nurse Advisor, ASHM) and [PHN rep] who were with me every step of the way.....

Lisa gladly explained information to my non-clinical brain until I understood what was needed. She was a cheerleader, a guide and a perfect support for this program for me. ”

- Practice Manager, NSW



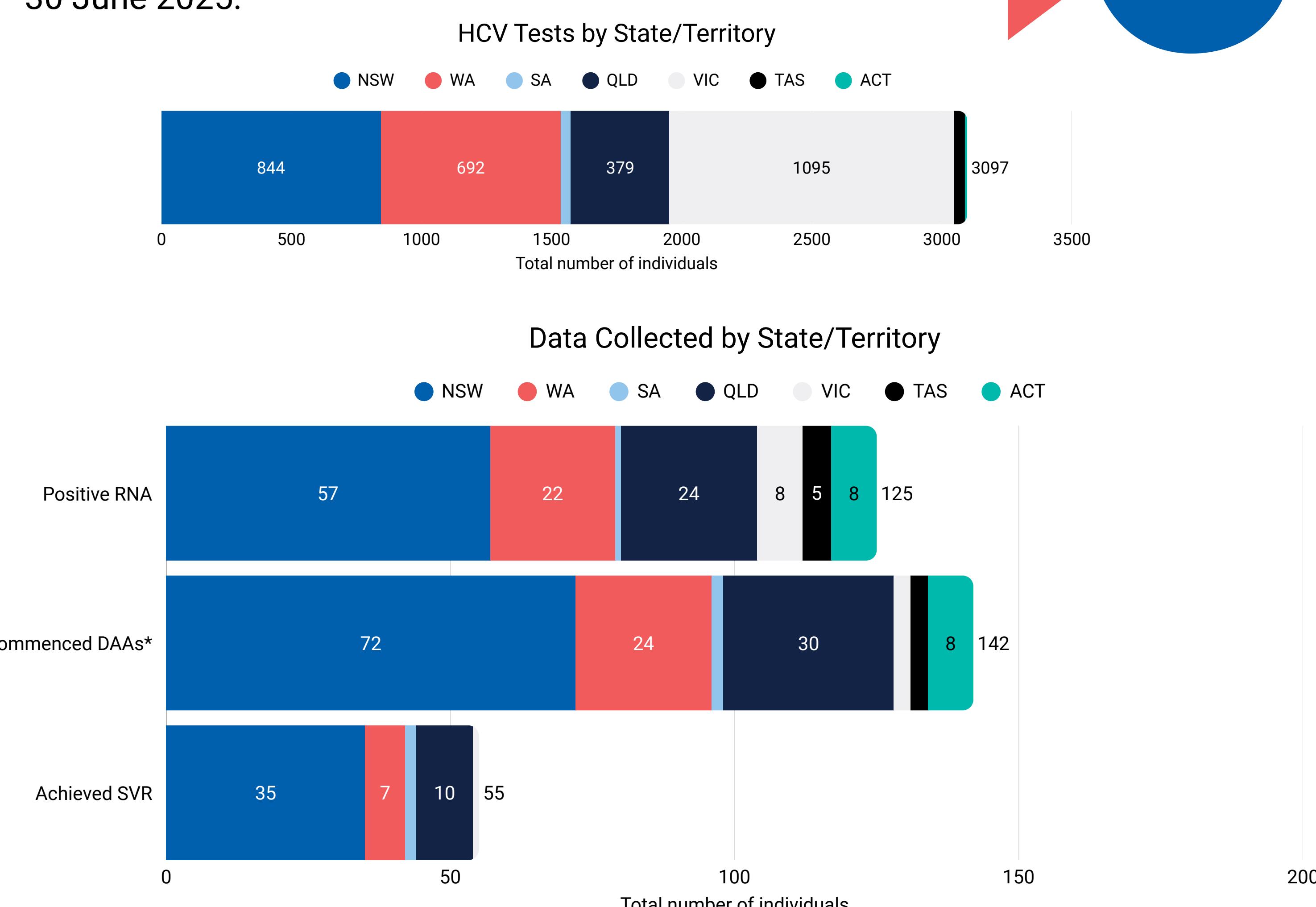
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Average conversion to treatment rate for patients identified HCV RNA-positive:

92.8%

Outcomes

Interim analysis has been conducted using data collected from the 40 practices that have completed the project as of 30 June 2025:



***Commenced DAAs:** Reflects those with a positive Ab/RNA but no treatment recorded at the baseline audit that were followed up and treated, as well as additional people who were identified through case finding, searching for people with risk factors, those tested RNA positive and treated, and PDSAs.

1,920 individuals Did Not Respond to Recall, including those not tested or treated due to death, relocation, etc.

Data excludes those that were RNA positive before the project commenced that have commenced treatment within the project

Findings from post-project evaluation responses

88% of the respondents are confident that the client outcomes in their practice will improve as a result of their participation in Beyond the C.

100% of respondents reported being "Very Satisfied" or "Quite Satisfied" with the individualised practice virtual support.

100% of respondents reported being "Very Satisfied" or "Quite Satisfied" with the Financial Reimbursements (ASHM auxiliary payment).

Conclusions

The project continues to facilitate interdependent collaboration across General Practices and local health services and community partners, tailoring interventions to diverse practice needs. For practices, the initiative strengthens QI capacity, enhances the use of clinical software for case finding, and promotes whole-of-practice engagement. For patients, it increases access to HCV testing, care, and treatment – particularly for those who may otherwise remain undiagnosed or untreated. The project's structured support and data-driven approach have enabled sustainable practice changes and contributed to national efforts toward HCV elimination by 2030.

Some practices faced significant challenges accessing accurate HCV pathology data due to inconsistent coding, pathology company processes, outdated formats, and limitations in extraction tools. Such issues brought to the forefront of the project highlight the need for system-wide improvements in data interoperability to support reliable patient identification, HCV surveillance and future quality improvement initiatives like Beyond the C.



Beyond the C enrolments are open!
Limited spots until June 2026.

Register your interest at
www.beyondthec.com.au