

HealthELink™



New model of care in the initiation and follow up management of chronic HCV infection

Where we are in 2018.....


- ▶ Wh
- ▶
- ▶ So

Prisons

Community GP practice

Needle Exchanges

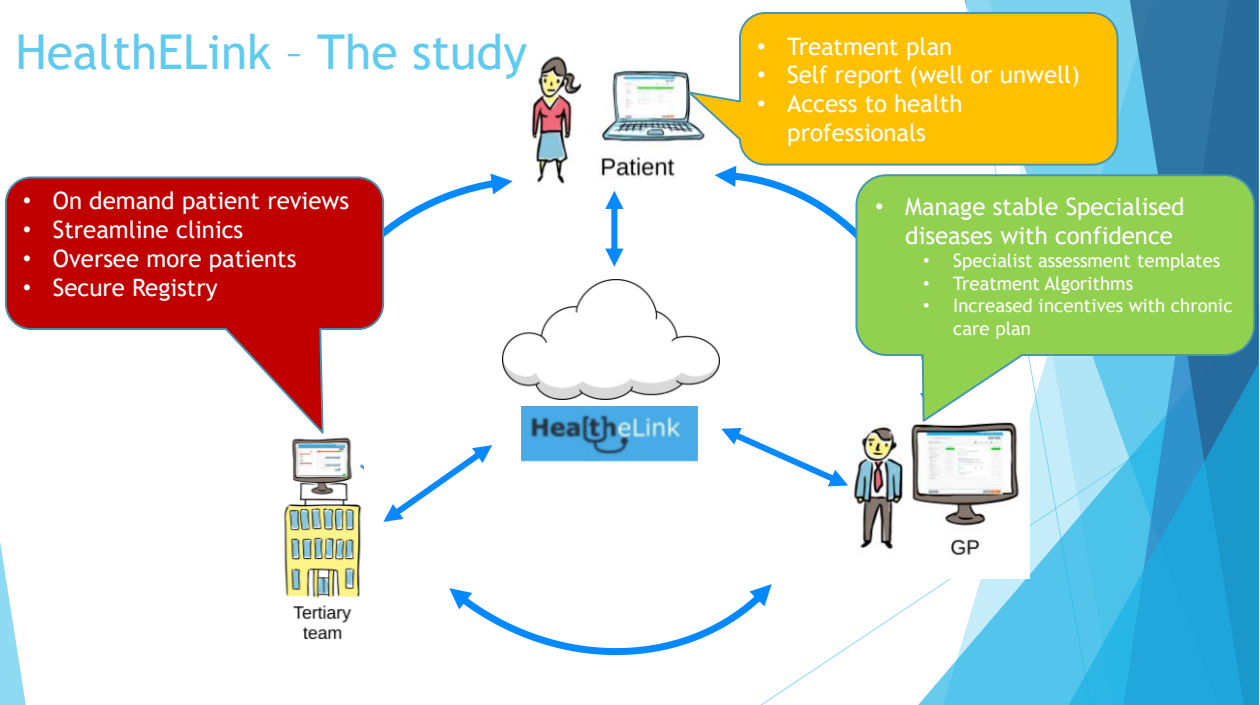
Where we are in 2018.....

- ▶ Wh
 - ▶ So
- 
- Prisons
- Community GP practice
- Needle Exchanges

Barrier to initiating (and completing) DAAs

1. Significant dynamic shift of care from specialists to GPs
2. Complex treatment algorithm, potential drug drug interactions and fibrosis assessment
3. Complex demographics that affects continuity of care, compliance and follow up

HealthELink - The study



Specifically for HCV

- ▶ Removes fragmentation of patient work up
 - ▶ In built link to Liverpool University DDI data base
 - ▶ In built APRI
- ▶ In built treatment algorithm according to ALA consensus guidelines, ensuring the right therapy is given every time
- ▶ In built communication platform to communicate with specialists and nurses
- ▶ In built reminders, ensuring tasks are being performed

Aims

1. To INCREASE DAA INITIATION by GPs in the community, safely with Specialist support
2. Improve patient and primary health care SATISFACTION and CONFIDENCE with management of HCV through better COMMUNICATION
3. Improving patient COMPLIANCE with DAA therapy

The sample cohort

- ▶ Pilot study
 - ▶ Targeting remote/ high risk/ difficult to access populations
 - ▶ Community GPs (especially remote)
 - ▶ Prison
 - ▶ DASSA
 - ▶ Indigenous

1. Nurse (or medical officer) enters Hepatitis C assessment

My Patients

Search

First Name	Last Name	Medicare Number	Postcode	DOB
arvindtest	arvindtesttest	1111111111	1111	02-06-2017
scottie	patient	23232335456	8666	05-06-2017
Jamie	Oliver	23402302340	3322	10-12-1960
my	test	23432424233	3333	12-12-1900
Test	Patient	1111111111	3000	10-10-1910
smith	richard	8866633331	5000	19-03-1972
Aravind	testmessage	1111111111	1111	01-06-2017
Harvoni	Gilead	1111111111	5000	01-01-2000
Test	Patient	34023402302	3433	10-10-1920
ADB	aaa	12345678111	0800	10-06-1995

1 2 3 4 5 6 >

(Three minutes total)



South Australia

- Royal Adelaide Hospital
- Flinders Medical Centre
- TQEH
- SA Prison Service

Northern Territory

- Royal Darwin Hospital
- Darwin Correctional Centre

Result so far (interim analysis)

- ▶ Beta and Usability testing (n=12)

	E Health	Paper based
Time to referral	538sec	552 sec
Accuracy of therapy	100%	75%

- ▶ 56 GPs 4 Prison Officers 10 Practice/ Prison nurses
- ▶ N= 162
 - ▶ 56 GPs,
 - ▶ 127 of those has an active plan

Summary

- ▶ New models of care is needed to combat slowing HCV therapy initiation
 - ▶ Quick
 - ▶ Scalable
 - ▶ Economical
- ▶ E- Health
 - ▶ Accurate
 - ▶ Quickly adaptable to change in guidelines