## Finding the balance between instructive and individualised approaches to clinical auditing

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**Background/Approach:** Medicare data shows that hepatitis C (HCV) testing and treatment continues to decline. To achieve 2030 HCV elimination targets, innovative interventions that support provider knowledge and skills are required.

Following a successful pilot program, ASHM-launched *Beyond the C: Elimination in your Practice*. This program forms part of a national *Finding 50, 000* partnership project to increase testing and treatment of hepatitis C.

The national scale-up of the project, benefiting from the learnings from the pilot, remodelled project resources to a more structured package of support for practices to engage in case-finding activities for their patients.

**Analysis/Argument:** Practices identified that limitations of medical software and data extraction tools, allocating time for clinical auditing, and data integrity are all barriers to case finding.

Differences in practice needs, skills, and software functionality indicated the need for a more structured approach to case finding to ensure a sustainable quality improvement model is built at the practice level to meet elimination targets by 2030.

**Outcome/Results:** While the Beyond the C pilot was designed to be flexible and adaptive to practice needs, we found that practices wanted a more structured approach and facilitated pathways to strengthening relationships with local area health services.

Taking learnings from the pilot, and guided by a national steering committee, the resources to be used in the national scale-up have been re-designed, finding a balance between guiding practices through the various steps to data searching and quality improvement activities whilst ensuring the freedom to adjust approaches based on practice needs, interest, and capacity. The project steering committee has provided positive feedback on the adjusted resources, indicating that this new balance will increase practices' competence to undertake clinical auditing.

**Conclusions/Applications:** This project demonstrated the benefit of reviewing existing materials and processes prior to scaling projects nationally. Feedback was utilised to strengthen the resources to ensure that clinics can receive the direction that practices require, particularly practices with lower levels of capacity, whilst ensuring that all clinics are able to adapt the project to meet their requirements. This approach may be applied to identifying and managing other chronic diseases and conditions.

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