

Cross-Sector Collaboration: Outcomes and Experiences of Implementing a Specialist Hepatology Multidisciplinary Meeting for Aboriginal People Living with Viral Hepatitis in Western Australia.

Authors:

Gregson, A¹, Stirling, J², Mitchell, T¹, Kang, L², Walliss, S², Taylor, C².

¹Department of Gastroenterology and Hepatology, Royal Perth Hospital (RPH), Perth, Western Australia.

²Derbarl Yerrigan Health Service (DYHS), East Perth, Western Australia.

Background/Approach:

Chronic viral hepatitis in Western Australia (WA) has typically been managed in a specialist centre, such as tertiary hospitals. However, this approach clearly limits accessibility for many vulnerable and disadvantaged patients, particularly Aboriginal people.

Derbarl Yerrigan Health Service (DYHS), is the largest and oldest Aboriginal Community Controlled Health Organisation (ACCHO) in WA, providing culturally secure primary healthcare to Aboriginal people. As part of a viral hepatitis case-finding program within DYHS, it was clear that local clinician experience in managing patients with viral hepatitis needed an alternative supportive model of care. As an alternative to referring all new cases to a tertiary centre, a quarterly Hepatology multidisciplinary meeting (MDM) was established between DYHS clinicians (General Practitioners, Nurses, Aboriginal Health Practitioners) and RPH Hepatology staff (Nurse Practitioner, Clinical Nurse Consultant (CNC), Hepatologist).

Analysis/Argument:

Patient consent is obtained by DYHS prior to case discussion, and referrals are sent to the coordinating RPH nurse prior to an upcoming meeting. The meeting is held in person at RPH allowing for informative and supportive discussion, focussing on education, and outcomes recorded in a database and clinical plans immediately conveyed to DYHS clinicians. Outcomes involve discharging back to the care of DYHS or for ongoing management and review by a Hepatologist.

Outcome/Results:

The first meeting was held in November 2024 and in total 58 patients have been discussed so far - 44 with hepatitis B, 6 with hepatitis C. As a result of the MDM outcomes, 78% could be managed in the community, and 12% have resulted in a new or ongoing follow-up at a tertiary centre.

Conclusions/Applications:

Now due to expand its scope to other conditions such as fatty liver disease, this MDM demonstrates how innovative and collaborative models of care have the potential to strengthen specialist healthcare access within communities for thousands of Aboriginal people across WA.

Disclosure of Interest Statement:

“Royal Perth Hospital, Derbarl Yerrigan Health Service and the 2026 Conference Collaborators recognise the considerable contribution that industry partners make to professional and research activities. We also recognise the need for transparency of disclosure of potential conflicts of interest by acknowledging these relationships in publications and presentations.”

