

EXPANDING LINKAGE TO CARE ACROSS AN ENTIRE COUNTRY: DEVELOPMENT OF A NATIONAL NURSE-LED TELEHEALTH HEPATITIS C TREATMENT SERVICE IN AUSTRALIA

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Background: Despite the availability of highly effective direct-acting antiviral (DAA) therapies, many Australians living with hepatitis C virus (HCV) remain untreated due to geographic, socioeconomic, and system-level barriers. Traditional clinic-based care models are often inaccessible for people in rural and remote regions or those disengaged from mainstream health services. To address this gap, we developed a national, remote HCV treatment service led by a Nurse Practitioner, with wrap-around client support through HepLink.

Description: HepLink is nationally coordinated by Hepatitis Australia and delivered in partnership with the eight state and territory community hepatitis organisations. HepLink provides confidential and free information and is the national “front door” to viral hepatitis support, treatment and care. This nurse-led telehealth service expands upon the existing HepLink Australia model to provide streamlined, evidence-based HCV assessment and treatment nationally. The telehealth service enables patients across Australia to access Nurse Practitioner and Nurse Navigator consultations, pathology coordination, and DAA prescribing without attending a physical clinic. Referral pathways include community hepatitis organisations, primary care, alcohol and other drug services, harm-reduction networks and self-referral.

Effectiveness: It is anticipated that the service will be available by late-February 2026. The nurse and community-led model is likely to result in reduced time to treatment initiation, improved retention in care, and increased treatment uptake among individuals who had previously been unable or unwilling to access in-person services. It provides connection to clinical care and community support through the national network of community hepatitis organisations.

Conclusion and next steps: The HepLink Telehealth model is being piloted with a view to exploring how a national, remote, nurse-led HCV treatment service embedded in community can be a scalable and effective model for increasing equitable access to hepatitis C care across Australia. It will aim to demonstrate the critical role of nurse and community-led innovation in delivering accessible, patient-centred viral hepatitis care.

Disclosure of Interest Statement:

Hepatitis Australia received a grant from Gilead Sciences to support the HepLink Telehealth model. HepLink Australia is funded by the Australian Government.