OUTCOMES OF COMMUNITY-BASED HEPATITIS C TREATMENT USING AN EHEALTH MODEL OF CARE

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Introduction:
eHealth technologies represent a novel opportunity to facilitate timely, coordinated, participatory medicine and potentially address barriers preventing non-specialist initiation of directly-acting antiviral (DAA) therapy for chronic hepatitis C (HCV). We aim to investigate the use of an eHealth system to connect non-specialist community prescribers, nurses, specialists and patients to facilitate community-based DAA treatment.

Method:
A prospective, non-randomised historical controlled trial comparing the use of an eHealth model of care with the current standard of care via remote consultation in South Australia, Northern Territory and Victoria. The eHealth model (HealthElink®) is a web-based portal incorporating patient, nurse, general practitioner (GP) and specialist specific interfaces to allow coordination of care between all parties. A HCV specific module incorporates a clinical decision support system based on Australian consensus guidelines, fibrosis assessment as well as University of Liverpool drug interaction review. Electronic messaging and referral for specialist approval, electronic patient portal and shared disease-specific health record are also included in the eHealth system.

Results:
To March 2018, 51 GPs, 3 prison medical officers, 6 practice nurses and 5 tertiary specialist teams have joined the system. In total 112 hepatitis C patient assessments have been entered into the eHealth system from 19 GPs and 3 nurses, with 108/112 (96%) referred for electronic specialist approval. 44/51 (86%) of GPs on the eHealth system have completed a pre-study survey. Of these, 66% estimated over 10 HCV patients under their care, 73% have attended HCV education and 56% feel comfortable treating HCV independently. Despite this, 60% have not prescribed DAA therapy and 27% had prescribed <5 treatments prior to the intervention.

Conclusion:
An integrated eHealth system is feasible and may have a role in facilitating community initiation of DAA therapy for HCV. We anticipate presentation of interim patient outcomes and SVR12 results at the conference.

Disclosure of Interest Statement:
The 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.