

## Lifting the invisibility cloak: the role of nurses in the hepatitis C elimination effort

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## Eliminate hepatitis C (EC) Australia



- EC Australia is funded by the Paul Ramsay Foundation (2019-21) to support a coordinated response to hepatitis C elimination
- Four components of EC Australia:
  - Health promotion
  - **Workforce development and health service delivery**
  - Implementation research
  - Evaluation and surveillance
- National consultation conducted between March-June 2019
  - Jurisdictional steering committees



## No seat at the table...

- No nursing representation on the steering committees in Northern Territory (NT), Queensland (QLD), Victoria or Western Australia (WA)



## EC Australia

- Workforce Development and Health Service Delivery component
  - \$4.7M is in the process of being distributed to the jurisdictions
- Jurisdictional priorities identified by the steering committees



## “We just need a nurse...”

- Tasmania, South Australia (SA) and WA submitted proposals for nurse-led models of care
- NT, QLD and WA submitted proposals for nurse-peer partnership models

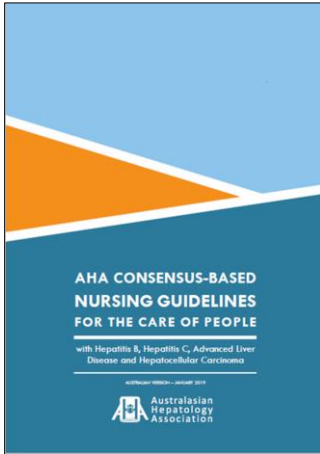


## Why does everyone need a nurse?

- Hepatitis C nursing has evolved over the last 20 years:
  - Administration of interferon injections, and side effect management
- Now nurses are focused on:
  - Offering testing and treatment to people at high risk
  - Focus on linkage to care after testing and diagnosis
  - Partnering with peers
  - Building trust with marginalised people and those who have experienced discrimination
  - Building the capacity of primary care services to integrate hepatitis C



# The nurse's role in hepatitis C care



• Nurse's role is documented in the Consensus-based Nursing Guidelines for the Care of People with Liver Disease (2019):

- Prevent hepatitis C infection
- Identify and test people at risk
- Assess
- Treatment-related care
- Support adherence
- Educate and advocate
- Post-cure related monitoring and HCC surveillance

Australasian Hepatology Association (AHA). Consensus-based Nursing Guidelines for the Care of Patients with hepatitis B, hepatitis C, advanced liver disease and hepatocellular carcinoma. 2019. Melbourne: AHA. Available at: [www.hepatologyassociation.com.au](http://www.hepatologyassociation.com.au)



### DOMAIN 1

#### THE NURSE'S ROLE IN CARING FOR PEOPLE WITH, OR AT RISK OF, HEPATITIS C

#### HEPATITIS C IS THE MOST COMMON CAUSE OF LIVER DISEASE IN AUSTRALIA and can progress to cirrhosis, liver failure and liver cancer. It is easily curable with a short course of highly effective oral medication. Australia aims to eliminate hepatitis C by 2030. All nurses have a key role in identifying people with, or at risk of, hepatitis C, and ensuring they can easily access testing, treatment and care.

#### IDENTIFY PEOPLE AT RISK<sup>4,5</sup>

Assess past or present risk factors for hepatitis C infection, including:

- History of, or current, injecting drug use
- History of incarceration
- Being born in a high prevalence area, e.g. China, Pakistan, India, Egypt and Russia
- Aboriginal and Torres Strait Islander populations
- Unsterile tattooing and/or skin piercings
- Unsterile medical and/or dental procedures
- Receipt of organs, tissues, blood or blood products before February 1990 in Australia, or before mandatory screening in other countries
- Sexual partners of people with hepatitis C
- Children born to mothers with hepatitis C
- Sex workers.

#### TEST PEOPLE AT RISK<sup>4-6</sup>

Before test:

- Does the patient need an interpreter?
- Does the patient understand that hepatitis C is a curable disease?
- Refer to the testing policy regarding gaining informed consent.
- Does the patient understand the information that has been provided?
- Increase opportunities for priority populations to access testing by:
  - Engaging affected communities to develop and implement testing strategies.
  - Offering testing in community settings that is flexible and person-centred.
- After test:
  - Refer to the testing policy for guidance regarding conveying the test result.
  - Discuss with injecting practices and blood avoidance to prevent hepatitis C transmission.
  - If ongoing risk factors are present, recommend annual re-testing to assess for reinfection post cure.

#### PREVENT HEPATITIS C INFECTION<sup>5,7</sup>

Use all opportunities to promote and facilitate harm minimisation strategies aimed at preventing hepatitis C transmission and re-infection.

#### ASSESS

Identify and document the following, to inform the nursing management plan:

- Individual's history - diagnosis date, monitoring and treatment history
- Risk of re-infection
- Physical assessment for liver disease including fibrosis assessment
- Risk of co-infection with HIV and/or hepatitis A and/or B and recommend vaccination if indicated
- Concurrent medications and vaccination.

#### TREATMENT-RELATED CARE<sup>1</sup>

The nurse has an important role in providing treatment-related care including:

- Establishing the individual's preferred treatment pathway.
- Providing support to consent the individual with a treatment pathway. Identifying and addressing individual or system barriers preventing individuals from commencing treatment and facilitate flexible approaches to care delivery working with:
  - A case worker or social worker
  - A collaborative model between primary and tertiary care
  - Alternate models of care.
- Establishing the individual's understanding of their treatment plan. Providing information about their treatment - administration, side effects, drug-drug interactions.
- Providing logistical support to ensure reliable access to medications (e.g. Salsen with Pharmed).
- Monitoring the individual's progress through treatment.
- Providing reminders and support for post-treatment follow up (e.g. confirm treatment success and/or ongoing cirrhosis monitoring).

#### EDUCATE

Assess the individual's knowledge of hepatitis C and its management and:

- Consider their cultural understanding and experience of hepatitis C-related stigma
- Assess support network
- Provide education about transmission and prevention, disease progression, treatment, and monitoring requirements
- Support identification of disease progression prevention strategies (e.g. alcohol reduction, weight loss).

#### POST-CURE RELATED MONITORING AND HEPATOCELLULAR CARCINOMA (HCC) SURVEILLANCE<sup>1,8,9</sup>

In the post-cure setting, patients with advanced fibrosis/cirrhosis and/or ongoing risk factors for re-infection should be supported to implement a long-term cirrhosis monitoring and management plan. Identify patients with hepatitis C-related cirrhosis (irrespective of age), or risk of HCC, and enrol in surveillance:

- Support patients to understand and adhere to the HCC surveillance plan.
- Implement a recall system to support the patient to participate in regular HCC surveillance.

#### SUPPORT ADHERENCE<sup>2</sup>

Explore competing priorities and establish systems to promote complete adherence to treatment by:

- Supporting the establishment of treatment plans that will optimise adherence, for example, separated dosing arrangements and dosing reminders.
- Providing on-treatment support as documented in the individual plan for care and follow up.
- Providing support to prevent treatment interruptions.

#### ADVOCATE

Assess individual's ability to negotiate the health system and provide support.

Educate about self-management strategies to empower the patient.

[www.hepatologyassociation.com.au](http://www.hepatologyassociation.com.au)

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## There has never been a more important time for team work

- Not one person or one specialty or one profession or one organisation is going to successfully eliminate hepatitis C on their own
- We need to partner with the broader sector
- We are united by a common goal to eliminate hepatitis C



## There has never been a more important time for team work

- Existing teams:
  - Nurses and other nurses
  - Nurses and doctors
  - Nurses and people with lived experience of hepatitis C and injecting drug use
- Time to develop new teams:
  - Nurses and researchers (professionals who collect, analyse and interpret data – both quantitative and qualitative)

Even when we have the numbers ...

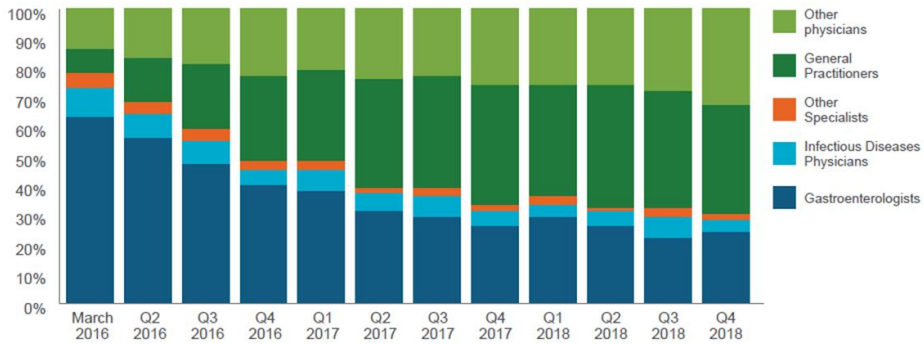


The Kirby Institute. Monitoring hepatitis C treatment uptake in Australia (issue 10). The Kirby Institute, UNSW Sydney, NSW, Australia, June 2019. Available online at: <https://kirby.unsw.edu.au/report/monitoring-hepatitis-c-treatment-uptake-australia-issue-10-june-2019>

## Back of the envelope calculations...

- Recruited a non-random sample of five nurse practitioners and informally consulted on prescriptions written
  - Not a representative sample!
  - But they were geographically diverse
- ~750 prescriptions written by these five NPs between July 2017- June 2019
  - ~ 1% of total prescriptions written in Australia

## Where are the nurse practitioners?



Other physicians included supervised medical officers (e.g., interns, resident medical officers, and registrars), public health physicians, temporary resident doctors, other/unclassified non-specialist and undefined.

The Kirby Institute. Monitoring hepatitis C treatment uptake in Australia (issue 10). The Kirby Institute, UNSW Sydney, NSW, Australia, June 2019. Available online at: <https://kirby.unsw.edu.au/report/monitoring-hepatitis-c-treatment-uptake-australia-issue-10-june-2019>

## Lifting the invisibility cloak ...



## How do we measure what nurses do?

- Activity-based reporting only measures the outcomes
  - Number of people tested
  - Number of people treated
  - Number of people who have achieved an SVR
  - Number of 'patient' interactions – face to face/phone



## How do we measure what nurses do?

- Building a relationship with a person who is marginalised?
- Building trust with a person who has been discriminated against in the health system?
- Delivering person-centred care?



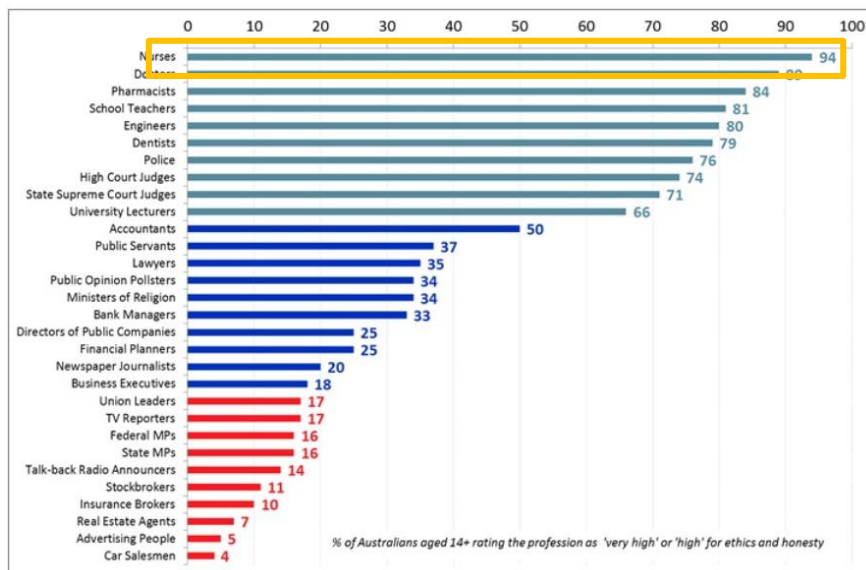


## Why is it important to measure what nurses do?

- In order to reach our elimination targets, we need to drive the cascade of care through primary care
- We need flexible, person-centered models of care to engage people with, and at risk, of hepatitis C, “where they are”
- We need data on the nurse’s role to inform the development and integration of hepatitis C into their workload



## Nurses are the most trusted profession



Roy Morgan Image of Professions Survey 2017

EC Australia

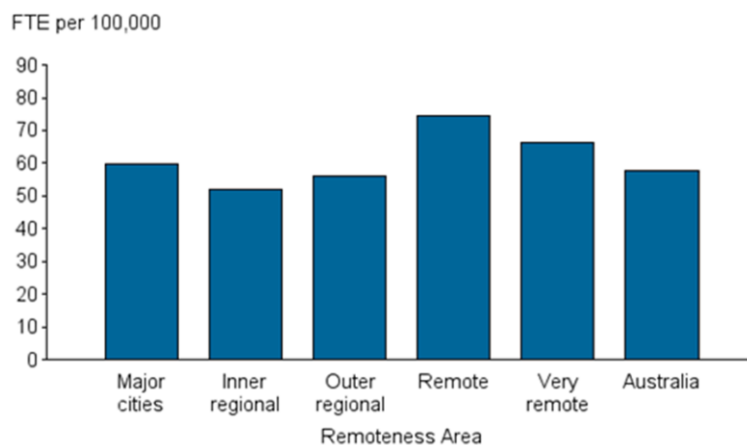
## Nurses are everywhere

- Tertiary hospitals
- Community health services
- General practice/primary care settings
- Alcohol and other drugs services
- Sexual health clinics
- Mental health services
- Aboriginal and Torres Strait Islander health services
- Multicultural health services
- Refugee health services
- Education services
- Antenatal services
- Rural and remote services
- Correctional health settings

In 2018, there were 365,000 nurses in Australia



## Nurses are everywhere



Australian Institute of Health and Welfare. Nursing and midwifery workforce 2015. Canberra: AIHW; 2016.



## How do we mobilise nurses?

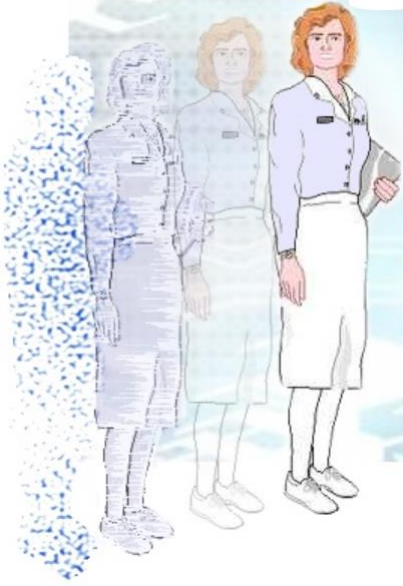
- What evidence is needed for nurses to integrate hepatitis C into their workload?
  - The Australian Primary care Nurses' Association supports primary care nurses to integrate hepatitis C in their practice
  - But without MBS funding for nurse-led activities will integration ever be truly supported?
- Of course, nurses will just get on and do the work but they will remain invisible



## “We just need a nurse...”

- The Australian hepatitis C sector is very supportive of nurses and values their role
- External organisations (e.g. Government, Primary Health Networks) and leaders/managers need evidence to justify funding/support role expansion
- Need to scale up nursing activity to strengthen our efforts to achieve hepatitis C elimination
- Need to “lift the invisibility cloak” from nursing activity
  - Get a seat around the table
  - Collect the evidence/data because it supports decision making and scale up





Thank you

