

Liberating Medeco Inala from Hep C.  
A study of micro-elimination in primary care  
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## Defining barriers to eradication

- Hep C Eradication is NOT limited by drug efficacy, but by taking cures to the disengaged
- Without targeting the marginalised patients on society's peripheries, eradication will fail.
- We aimed to explore barriers to Hep C cure
- Review of 40 consecutive Hep C patients at Medeco Inala re barriers to Hep C Cure
- Our aim was to define barriers to Hep C treatment and then design a project to deliver cures to the people in most need
- ***We looked at Patient driven and Doctor driven factors***

## Barriers to eradication- Patient factors

- ***Patient factors***
- A. Absolute chaos
- B. Fear of IV access
- C. Cash flow-taxi, bus, parking, private specialists,
- D. The public hospital waiting times are long
- E. Fear of Side Effects
- F. Judgemental attitudes of hospital staff

## Barriers to eradication- Doctor factors

1. Lack of knowledge about the new regimes. In 2018, only 10% of Australian GPs initiated a single person on Hep C treatment.
2. Lack of access to elastography
  - Tests utilised to assess cirrhosis including
  - . APRI

## Doctor Factors

3. Too few patients to bother
  - 63.6% of GPs expressed this sentiment.
  - reflects under screening and under diagnosing of the at risk population.
  - Most people that grew up in the 1960s admit to using drugs, the rest lie
- 4. Moral Qualms (read ***Judgemental attitudes***)
  - 15.2% of GPs admitted to moral qualms about spending finite health budget
  - 16.2% of GPs admit to preferring not to have PWIDs in their Practice.

## Description of model of care/ intervention

- Screening 40 Hepatitis C patients, the vast majority preferred treatment through their General Practitioner (GP). Key factors cited included: costs (private specialists, transport and parking at hospitals), judgemental attitudes encountered in hospitals, familiarity and trust with GPs and staff, geographic and parking convenience and less delay.
- In 2016 our team undertook to eradicate Hep C from our Practice using a committed team approach. Defining goals and motivations for the project to all team members ensured solid commitment from receptionists, managers, nurses and doctors.
- Publicizing the project required waiting room posters advertising new cures available for Hepatitis C. Patients were encouraged to make enquiries with their GP.
- GPs were upskilled regarding risk factors, screening, new pharmaceutical regimes and pre-requisite investigations.
- Patients are encouraged to *“bring a friend”* for testing and to help, *“spread the cure not the disease”*.

## Results

- **Our Practice**
- Medeco-Inala is a six doctor General Practice in a low socio-economic area, encountering many social problems especially substance abuse with 250 patients enrolled in Opioid Substitution Treatment (OST). Inala has the highest rate of Hepatitis C by post code in Australia. We aimed to *“think national, act local”* by micro-elimination of Hepatitis C in primary care.
- **Effectiveness**
- Of our Practice’s OST patients 250 were audited, 226 AB POS, 188 RNA POS, 38 resolved infections spontaneously, 133 started treatment by us, and 119 cured. This translates into 36 cases of cirrhosis and 7 hepato-cellular carcinomas prevented.
- **Conclusion and next steps**
- Our study shows the primary care setting is ideal for eliminating Hepatitis C. Educating GPs and staff members ensures all parties buy into the project. Waiting room advertising, pro-active screening and encouraging patients to *“bring a friend”* are valuable elements. Our model is readily reproducible in all General Practices.