



## Optimising the hepatitis C care cascade: aiming for micro-elimination in Barwon South West

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### Disclosures

- I receive funding from AbbVie for investigator initiated research

## Overview

- Viral hepatitis services in the Barwon South West region
  - Past
  - Present
  - Future
- Engagement of general practitioners in hepatitis C management
- Meeting hepatitis C elimination targets

## Barwon-South West region



<https://profile.id.com.au/g21-region/about?WebID=150>

## Viral hepatitis services baseline - 2016



## Development of a hepatitis C remote consultation pathway

- A working party was developed in February 2016
  - Drug and alcohol services
  - Needle and syringe program
  - Western Victoria Primary Health Network
    - HealthPathways, Primary health Consultants, GP practice software consultants
  - University Hospital Geelong
    - Pharmacy, Infectious diseases, Gastroenterology, Outpatients Administration
- Goals
  - Establish a remote consultation pathway to support GPs to prescribe DAA
  - Increase access to treatment in the region

## Development of a hepatitis C remote consultation pathway

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**Chronic Hepatitis C (HCV)**

**Chronic Hepatitis B**

**Hepatitis Referrals**

**Blood or Body Fluid Exposures**

**Abnormal Liver Function Tests**

**Sexual Health Check**

**Genital Warts**

**Incidental Liver and Spleen Lesions**

**Home**

**Established Malignant Melanoma**

**About chronic hepatitis C (HCV)**

**Practice Point!**

Indicates specific advice about Aboriginal and/or Torres Strait Islander people.

**Assessment**

Careful and respectful history taking may be required to identify those people at higher risk of HCV.

- Screening for HCV is indicated for patients with **risk factors**.
- If negative anti-HCV and recent exposure, repeat anti-HCV in 3 months and 6 months.
- Annual screening is recommended if ongoing risk of exposure.

**Investigations**

- Screen with **hepatitis C antibody (anti-HCV) test**.
- If anti-HCV positive, arrange **HCV RNA PCR testing**.
- If anti-HCV and HCV RNA positive (i.e., chronic infection), arrange **further investigations**.
- Assess for liver fibrosis by considering **risk factors** and non-invasive **screening test results**.

**Management**

**Quick Links**

[APRI \(AST to Platelet Ratio Index\) Calculator?](#)

[Barwon Health GP Referral Templates?](#)

[University of Liverpool: Hepatitis Drug Interactions?](#)

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## Development of a hepatitis C remote consultation pathway

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- Remote consultation request
  - Mandatory one page in length
  - An electronic template for GP practice software
  - FibroScan triage
- Remote consultation response
- Scheduling of appointments for patients that required specialist assessment
  - Reflexive booking
- Allocation of hospital UR numbers

## Implementation of the remote consultation pathway

- Launched with an education session for GPs
  - Peer-based teaching by two senior GPs
  - 5 cases presented
  - Demonstrated the tools available on HealthPathways
  - Specialist support
- Take home messages
  - Hepatitis C treatment now easy
  - Assessing and managing drug drug interactions important
  - Adherence to DAA treatment is vital
  - Current injecting is not a contraindication to DAA therapy
  - Cirrhotic patients need tertiary care



Dr Mark Davies

## Implementation of the remote consultation pathway

- GP events, attendance and feedback
  - 15.6.16 launch at PHN
    - 28 GPs attended
    - Favourable feedback
  - 6.12.16 Hepatitis B and C update at PHN
    - 19 GPs attended
  - 25-26.2.17 GP Refresher weekend run by PHN at Deakin University
    - 157 GPs attended
    - Favourable feedback
  - 7.9.17 Warrnambool PHN
    - 17 GPs attended
  - 20.9.17 Ballarat Base Hospital medical grand round
    - 34 hospital staff
    - Favourable feedback
  - 17.10.17 Ballarat Base Hospital GP meeting

## Outcomes of remote consultation pathway

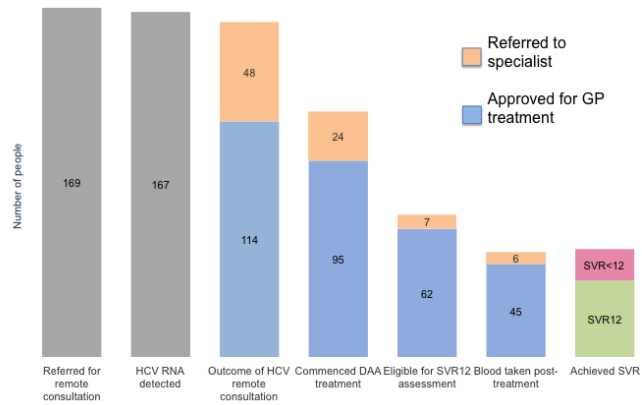
- Conducted a retrospective cohort study to determine the cascade of care for patients referred for remote consultation in the first 12 months of the service
- Study period June 2016 – June 2017
- PBS prescribing data were used to determine the proportion of people started on hepatitis C treatment by provider type

Wade AJ et al, JVH, 2018

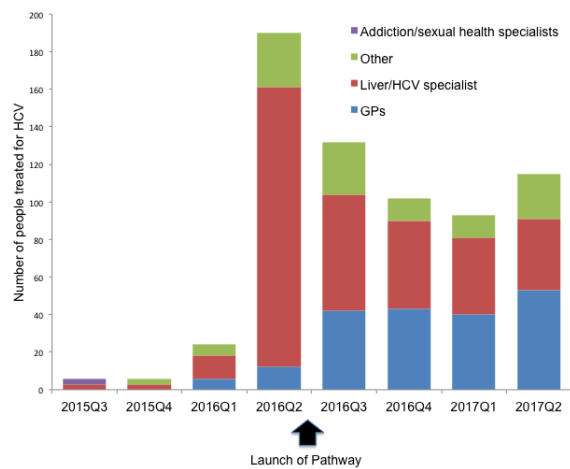
## Outcomes of remote consultation pathway

- 169 people were referred for remote consultation by 74 GPs
- Median number of referrals per GP was 1 (range 1-14)
- 9 GPs were OST prescribers
  - Median number of referrals was 7 (range 1 – 14)

## Outcomes of remote consultation pathway - results



## Outcomes of remote consultation pathway - results



## Further development of Liver Clinic services

- Pharmacy support
  - Dedicated hepatitis C pharmacist now working clinically in nurse led assessment clinic, seeing patients, performing FibroScans and reviewing all medication lists for drug drug interactions
  - Phone support for drug drug interactions during business hours
- Liver clinic medical lead now a paid position 0.1
- Research assistant employed
- Drug and Alcohol Services enrolled in ACCESS sentinel surveillance
- Increased access to FibroScan via the EC partnership
  - XL probe

## Challenges

- Clarification of follow up post treatment
  - Amended remote consultation referral and HealthPathway
- Success over time
  - June 2016 – June 2017 169 people referred for remote consultation
  - June 2017 – June 2018 72 people referred for remote consultation
- Achieving elimination target of treating 12% of people living with hepatitis C annually
  - PBS data shows between March 2016 – June 2017 11% of people living with hepatitis C in Geelong were treated (Nick Scott, personal communication)
  - Suspicion that 2017 – 2018 data will fall short of target



## Towards micro-elimination – part one

- Test and Treat health promotion
  - NSP at Barwon Drug and Alcohol Services is an enhanced secondary service, mobile service also provided
  - Education for NSP and peer workers
  - Posters and stickers for fit packs with integrated hepatitis nurse mobile phone number and clinic times
  - Supported by the EC Partnership



## Towards micro-elimination – part two

- Re-engage PHN primary health consultants
  - Federal funding for hepatitis C primary health consultant ceased in March 2017
  - Hepatitis C was kept on the agenda of primary health consultants until December 2017
  - In 2018 the role of primary health consultants in managing hepatitis C has been less clear
  - Re-engage via quality and safety agenda – keep hepatitis C a priority

Together with our partners and communities, Western Victoria PHN identifies priority health care needs, improves access through government funding, and co-designs localised solutions to improve health care systems across western Victoria.

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## Towards micro-elimination – part three

- Increase links between hepatitis C and mental health services
  - Training psychiatry registrars to test for hepatitis C and prescribe DAA
    - Pilot at Drug and Alcohol Services
    - Expand
  - Integrated hepatitis nurse attendance at community mental health
  - Assess opportunities for linkage to hepatitis C care for psychiatry in-patients
- Other initiatives
  - Telehealth
  - Pathology collection on site at drug and alcohol services

## Conclusions

- Micro-elimination of hepatitis C in Barwon South West will require
  - Ongoing GP engagement and support to increase access to care
  - Monitoring of treatment data and the care cascade
  - Interventions to respond to deficits in the care cascade
  - Collaborative partnerships between local stakeholders

## Acknowledgements

- Western Alliance for grant assistance
- Co-authors: Angus McCormack, Christine Roder, Mark Davies, Margaret Wardrop, Kellie McDonald, Nick Scott, Eugene Athan, Margaret Hellard
- Liver Clinic Staff: Melissa Health, Sue Streat, Colleen McCutcheon
- Gastroenterology team: Damian Dowling, Emily Prewett, Paul Dabkowski, Chris Hair
- ID team: James Pollard, Alex Tai, Raquel Cowan,
- DAS: Craig Harvey
- PHN: Tracey Roebuck, Margie McLeod, Raj Samrai, Jeff Urquart
- Joe Doyle, Alex Thompson