

6 August 2019

## Integrating Hepatitis C Care within Community Mental Health and Alcohol and Other Drug (AOD) Services at the Alfred Hospital, Melbourne, Australia

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### Alfred / SKRC Hep C Service

#### **Background** of service – *new beginnings*

- Rebecca Brereton (AOD/MH NP) aware of HCV disease burden across Alfred mental and addiction health (SKRC)
- Engaged Brad Whitton (Hepatitis CNC) via Burnet EC Partnership meeting early 2017
- EC agenda item - NPs in different specialties could prescribe HCV DAAs (HIV, Sexual Health, AOD, Mental Health)
- Idea developed to address the gap between our two service sectors - setting up a *nurse-led* hep C clinic within Psychiatry and AOD at SKRC is a great example of what dual specialist roles can offer

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## Alfred / SKRC Hep C Service

### **Background** of service

- Clinic planning / start date established
- Fortnightly Wednesday clinic from May 2017
- Team – CNC, AOD/MH NP, ID Physician, Addiction GP
- Other clinical and admin staff of SKRC involved
- In service education sessions delivered to SKRC staff about the new service and HCV treatments
- Appointment based service – (adapted to include drop in)

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## Alfred / SKRC Hep C Service



Alfred Mental & Addiction Health  
**Hepatitis C Clinic**  
 In collaboration with Alfred infectious diseases  
 Fortnightly Wednesday's, 12-4pm  
 Level 3, 607 St Kilda Road

New interferon-free treatments that cure Hepatitis C in around 95% of patients with minimal side effects were listed on the PBS on 1<sup>st</sup> March 2016. This is a watershed moment in medical history that will change the landscape of Hepatitis C treatment in Australia, with the goal of complete eradication by 2020.

**Hep C: What's my role as a clinician?**

- > Ask the question: know the Hep C status of your clients
- > Know the high risk factors: injecting drug use, sharing drug paraphernalia & time in prison
- > Offer screening for Blood Borne Virus (BBV) to high risk clients, including Hep C & HIV
- > Advocate for the new treatments and support your client to access them
- > If in doubt give contact Backy on the details below

**Clinic Details**

**Unit:** This is a time-limited PLOT clinic to book your clients in ASAP to ensure they benefit from the accurate screening, treatment and follow-up support

**When:** 1-4pm, every fortnight

**Where:** Treatment room 2, Level 3, 607 St Kilda Road

**Run By:** Brad Whitton, Hep C nurse, Alfred Infectious Diseases  
 Dr Emma Petherick, Infectious A&G Specialist GP  
 Dr Emma Page, Physician, Alfred Infectious Diseases  
 Brandy Bennett, A&G NP Candidate, Alfred Community Psychiatry

**Services offered:** Everything from pre-assessment through to treatment and follow-up: information RE treatment options and process  
 On-site blood pathology & Biopsy  
 Prescribing, pharmacy linkage and assistance follow up

**Run for:** All Alfred psychiatric patients  
 \*Call Backy on details below to discuss referrals for other clients

**Booking/Referral:** \*Via Backy Directon: [backy.directon@alfred.org.au](mailto:backy.directon@alfred.org.au) W 8076 8888  
 \*Direct via Callcenter including: 1300 0100 0000 (Toll-free) or 08 9414 1000  
 \*hour booking slots: 1pm - 1.30pm, 2pm - 2.30pm & 3pm

St Kilda Road Clinic  
 Alfred Community Psychiatry  
 Level 3, 607 St Kilda Road  
 Melbourne VIC 3204

Phone: 03 9276 8888  
 Web: [alfredhealth.org.au](http://alfredhealth.org.au)



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## Alfred / SKRC Hep C Service

### **Aim** of service

- Increase access to DAAs for clients of SKRC
- Develop a *nurse-led* model of care through *in-reach* service delivery
- Equip SKRC NP and GP with knowledge and skills to prescribe DAA and provide follow up care of their clients
- Reduce burden of liver disease associated with untreated HCV in Mental Health and AOD clients in the community

## Alfred / SKRC Hep C Service

### **Approach** to new service

- CNC and ID Physician to work with alongside SKRC NP and AOD GP
- CNC mentor / buddy with NP to increase BBV knowledge and provide HCV treatment – (Rebecca taking history and Brad doing bloods and Fibroscans)
- ID Physician mentor / buddy with AOD GP to increase BBV knowledge and provide HCV treatment

## Alfred / SKRC Hep C Service

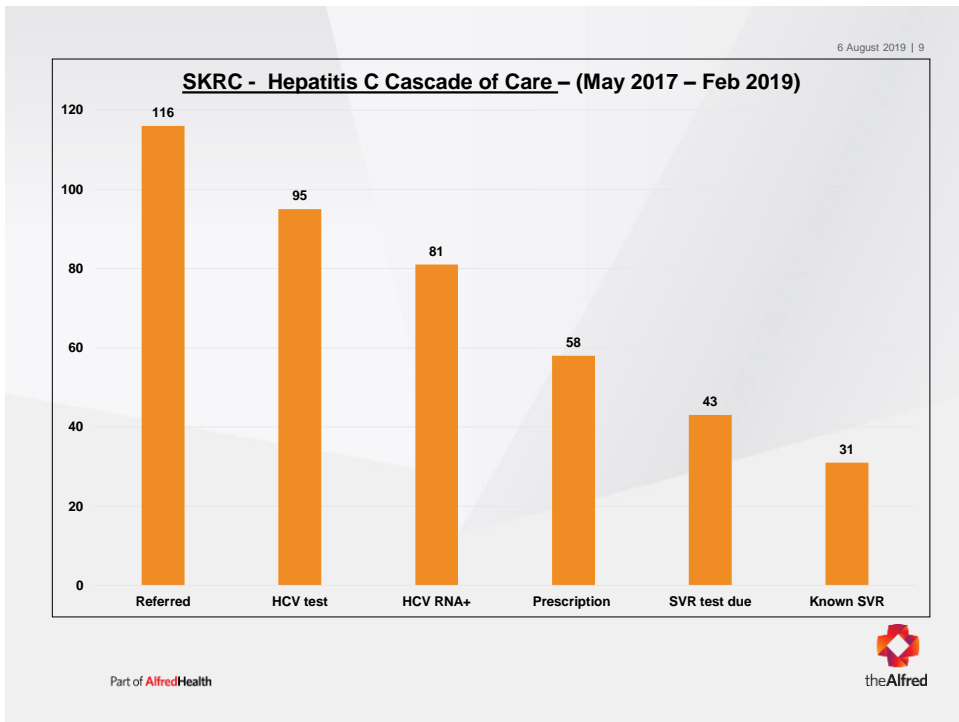
### Approach to new service

- NP receives continued mentoring from Alfred ID and Gastro team
- Important for complicated clients – referral pathway to Gastro
- Gastro department happy for Rebecca to proceed
- DAAs added to Rebecca's prescribing formulary
- Flexibility for access to service – assistance to attend via SKRC staff
- Alfred pharmacy involvement to assist clients adherence needs

## Alfred / SKRC Hep C Service

### Results of service

- 116 people referred
- 95 (82%) had testing for HCV
- **81 (85%) HCV PCR positive**
- 8 (9%) identified with Cirrhosis
- 100 % reported a history of IDU
- 68% recently (past 6 months)
- 79% had a major psychiatric illness
- **58/81 (72%) commenced DAA's**
- 43 (74%) treated at the clinic
- 15 (36%) treated at other IHCS sites
- **22 (51%) treated by the NP**
- 43 people due SVR by Feb 2019
- **31 have tested and all cured**
- 53 Male, 28 Female
- mean age 43
- 1 co infection with HBV
- 1 co infection with HIV
- 1 acute HAV with SVR
- 1 acute HBV with SVR



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## Alfred / SKRC Hep C Service

**Outcome** of service

- Minimised barriers to treatment
- Opportunistic / onsite bloods (often difficult venous access) and fibroscan
- Increased access to treatment (DAAs) for clients that have complex medical and social support needs
- Hep C often not a priority for them

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## Alfred / SKRC Hep C Service

### **Outcome** of service

- Referrals to other departments don't work
- Proven to be ineffective for the clients – they don't attend
- Opportunistic drop in approach seemed to work well and enabled favourable outcome for the clients
- SKRC in prime position to treat their own uncomplicated clients
- Reduces the risk of liver disease

## Alfred / SKRC Hep C Service

### **Applications** of the service

- This *nurse-led* coordinated in-hospital approach could be replicated in other hospital departments with clients at risk from untreated HCV
- Opportunistic – ED, Medical – Alfred research
- CNC well placed to deliver this support, education and training though in-reach and in the community

## Alfred / SKRC Hep C Service

### Where to from here – sustaining the service

- System in place for NP and Medical staff to do bloods (client case worker involvement - take to path services or SKRC staff to take bloods)
- APRI score used and referral for Fibroscan in house at Alfred
- Referral pathway to Alfred gastro in place for cirrhosis
- Ultrasound requested by SKRC medical staff prior to gastro review
- Assistance for clients to attend specialist appointments (SKRC caseworker involvement)

## Alfred / SKRC Hep C Service

### Where to from here

- Vaccination program onsite for HBV /HAV
- Mental Health and AOD NPs in ideal position to treat their clients
- Opportunity to work with other AOD NP in similar model to SKRC to provide mentoring, education and support
- CNC also mentoring Physical Health NP candidate at SKRC
- Psychiatry consultant and registrar prescribing? (Aiming for this at SKRC)

## SKRC Physical Health and Liver Clinic

- No longer just a Hep C clinic
- SKRC - mental health funding to broaden focus and improve physical health more generally
- Access point for a broad range of AOD and physical health screening and interventions
- Raise awareness of metabolic screening, lifestyle behaviours, liver health, BBV, STIs, Vaccinations

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Baker, A. (2016). Motivational interviewing and CBT to reduce substance use disorders: Later Australian clinical trial findings. APSAD conference 2016, Sydney

