

## NEVER FEAR PENCAT IS HERE - A NATIONALLY AVAILABLE TOOL FOR CHRONIC HEPATITIS B MANAGEMENT IN GENERAL PRACTICE

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### Background:

South Western Sydney PHN, Central and Eastern Sydney PHN and Western Sydney PHN make up the second, third and fourth highest PHN regions for Chronic Hepatitis B infection (CHB) in Australia. The average proportion of the population living with CHB is 1.43% and the average proportion of people receiving treatment and monitoring is 30.1%.

While CHB can be monitored and managed appropriately in primary care, liver clinics in the area are overburdened with wait times at 4-5 month.

The *Clinical Audit in Viral Hepatitis (CaViH)* project, a partnership between three PHNs and three Local Health Districts (LHDs), aimed to support general practice staff identify and manage hepatitis B in primary care.

### Argument:

*CaViH* developed hepatitis B algorithms in the Clinical Audit Tool 4 (CAT4) software developed by Pen CS. CAT4 extracts information from GP clinical software and translates it for review to improve patient outcomes e.g. opportunistic screening, vaccinations and appropriate monitoring for people living CHB.

### Outcome:

In December 2017, the hepatitis B algorithms were released nationally. GP practices with CAT4 (free licence through participating PHNs) can now identify patients who have:

- One or more of the risk factors for hepatitis B
- A diagnosis of hepatitis B
- Results of relevant CHB indicators e.g. ALTs, HBV DNA, platelets, cirrhosis, ultrasounds etc.

Management instructions were added allowing practice staff to actively manage each patient.

PHNs and Clinical Nurse Consultants (CNCs) have been testing the tool in two general practices while delivering clinical education sessions with practice staff. The

practices access support from the local liver clinics to action missing clinical indicators for CHB monitoring.

**Applications:**

A nationally available tool has been developed and tested to assist general practice to better screen/ vaccinate people at risk, as well as manage patients living with CHB from a whole of practice perspective.

**Disclosure of Interest Statement**

No disclosures