

# What's the point? Evaluation of the HepLOGIC point of care tool.

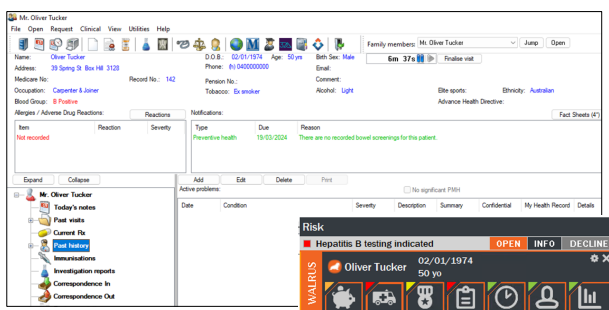
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## Background

- Diagnosis and management of hepatitis B and hepatitis C in primary care is crucial to preventing liver cancer.
- Clinical decision support systems interacting with the electronic medical record (EMR) at point of care (POC) can prompt clinicians to improve testing and care for people living with viral hepatitis.
- 'HepLOGIC' alerts to identify people needing testing for, or management of hepatitis B or hepatitis C were developed in an existing POC tool called 'Walrus'.
- Walrus is underpinned by the Population Level Analysis and Reporting (POLAR) data environment and includes prompts for missing data, clinical risks, PIP-QI or MBS items. Walrus operates alongside the EMR and requires a separate login.
- 19 general practices were recruited to a pilot and feasibility study to test the HepLOGIC alerts in the Walrus POC tool.

Figure 1 The HepLOGIC Walrus POC tool



## Adoption and Effectiveness

- Less than 20 percent of clinicians set up with the HepLOGIC alerts logged into Walrus regularly.
- Across the 16 practices during the study period:
  - 14,134 patients presented with an indication for hepatitis B testing.
    - 5.3% were offered testing where the clinician was logged into Walrus.
    - 3.0% were offered testing where Walrus was not in use.
  - 9,276 patients presented with an indication for hepatitis C testing.
    - 4.7% were offered testing where the clinician was logged into Walrus.
    - 3.1% were offered testing where Walrus was not in use.
  - 466 patients presented with an indication for hepatitis B management.
    - 15.4% had a clinical action taken<sup>1</sup> where the clinician was logged into Walrus.
    - 6.5% had a clinical action taken<sup>1</sup> where Walrus was not in use.
  - 285 patients presented with an indication for hepatitis C management.
    - 8.1% had a clinical action taken<sup>2</sup> where the clinician was logged into Walrus.
    - 8.5% had a clinical action taken<sup>2</sup> where Walrus was not in use.

Figure 3 Hepatitis B or hepatitis C testing indicated

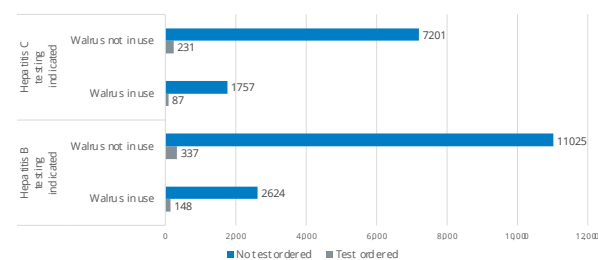
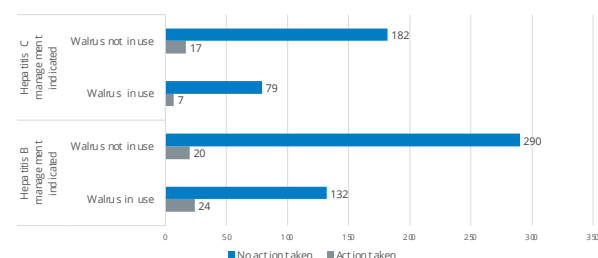


Figure 4 Hepatitis B or hepatitis C management indicated



1. Hepatitis B management action = viral load testing or specialist referral
2. Hepatitis C management action = treatment prescribed or specialist referral

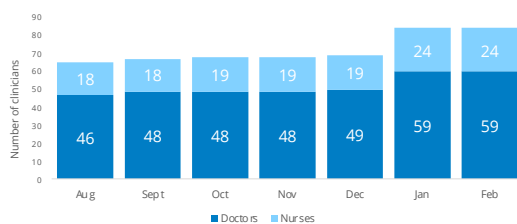
## Methods

- Interim evaluation of the HepLOGIC alerts in Walrus was conducted using online surveys and interviews with practice staff, and analysis of user metrics from August 2023 - February 2024.
- Evaluation used the RE-AIM (Reach, Effectiveness, Adoption, Implementation and Maintenance) Framework.

## Implementation and Reach

- Three practices failed to get clinicians to use Walrus after implementation and withdrew from the study.
- The remaining 16 practices had a combined average of 90,310 active patients over the study period (using the RACGP definition of ≥3 visits in the past 2 years).
- In August 2023 41% of GPs (46 out of 113 reported GPs) and 38% of nurses (18/47) had been set up with the HepLOGIC alerts in Walrus.
- In February 2024 52% of GPs (59/113) and 51% of nurses (24/47) had been set up with the HepLOGIC alerts in Walrus.

Figure 2 Implementation of the HepLOGIC Walrus POC tool Aug 2023 - Feb 2024



## Discussion

- Adoption of Walrus by clinicians in the HepLOGIC study was limited, with many missed opportunities to offer testing and management for hepatitis B and hepatitis C. The uptake of testing and management for hepatitis B and hepatitis C with the HepLOGIC Walrus POC tool in use remained low.
- The requirement to log into Walrus every day (due to mandatory privacy and security standards) and competing clinical demands were cited by clinicians as reasons for the limited use of Walrus in the study.
- Walrus was identified by some practices as a useful tool to support quality improvement activities, such as improving completeness of demographic data.
- These findings suggest POC tools are not a panacea for improving care delivery for people living with chronic viral hepatitis in Australia.
- The study is continuing, and a final evaluation will be undertaken in late 2024.

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