Community Prescribing of Hepatitis C Treatment

Mentorship and Capacity Building Models to Increase Treatment Uptake by Targeted Populations

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Overview

- DAA therapies are now well and truly available
- Access it is unrestricted
- Elimination is possible
- Early increase in uptake needs to be sustained to reach elimination
- How can we develop service and client acceptable models to remove barriers to treatment

Background to IHCS

- State funded program
- Victorian Infectious Diseases Service at RMH
- Coordinated by a clinical nurse consultant (CNC) and overseen by an infectious diseases specialist
- Aims to increase treatment uptake through integration with community services

Gateway Health - Wodonga

- 2013 VIDS, Gateway Health (GH) and Dr Tim Shanahan (Gastroenterologist) partnered to provide HCV treatment in the region
- >250 people waiting for treatment
- No funded nursing EFT to support patients on interferon based therapy

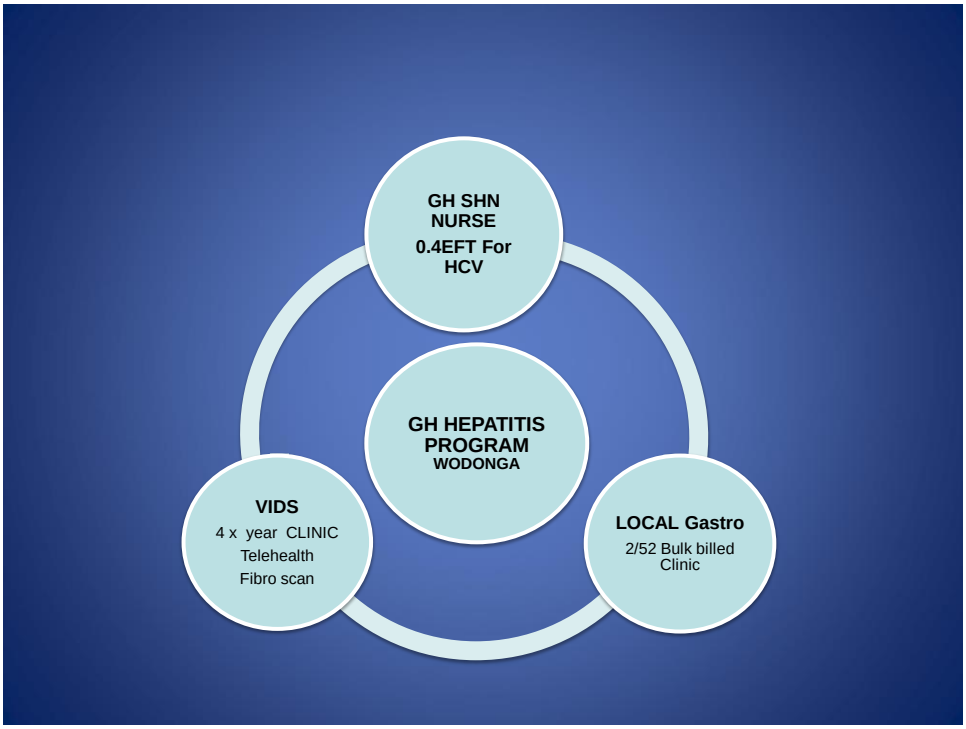
Gateway Health March 2016

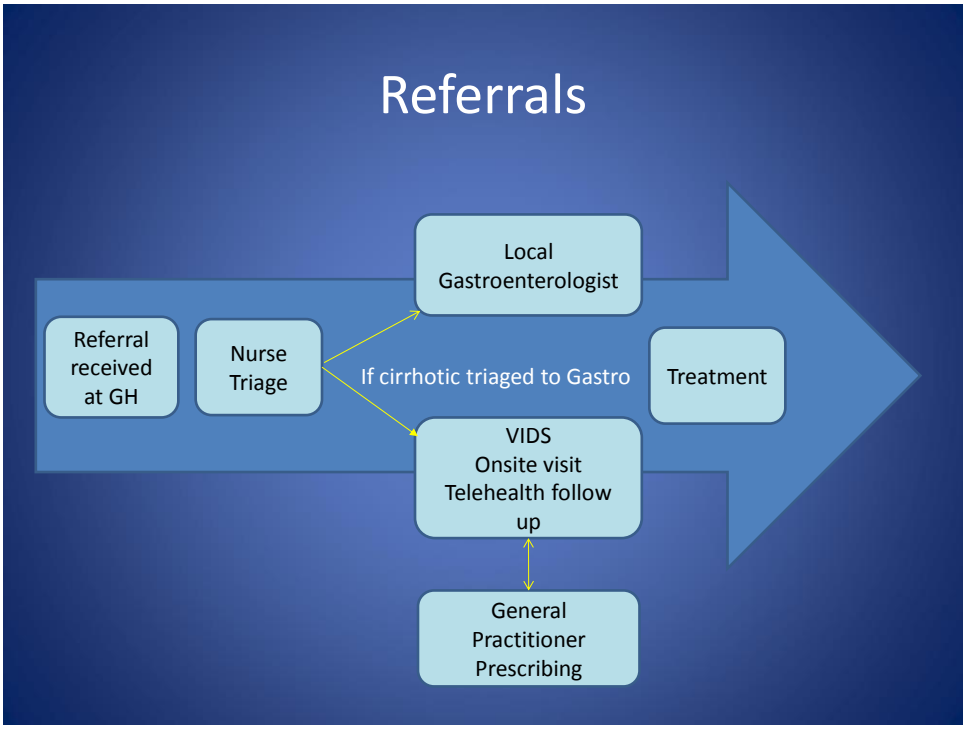
In anticipation of DAA therapy availability –

- Funding for a GH nurse to establish HCV service
- VIDS provided informal mentorship and support in establishing the model
- A combined HCV service commenced

Aims

- Treat those waiting for therapy on waiting list
- Increase capacity for and uptake of HCV treatment
- To establish a sustainable HCV treatment model at GH
- Facilitate GP/Physician prescribing


GH SHN NURSE
0.4EFT For HCV
GH HEPATITIS PROGRAM
WODONGA
VIDS
4 x year CLINIC
Telehealth
Fibro scan
LOCAL Gastro
2/52 Bulk billed Clinic


Referrals
Referral received at GH
Nurse Triage
If cirrhotic triaged to Gastro
Local Gastroenterologist
VIDS
Onsite visit
Telehealth follow up
General Practitioner Prescribing
Treatment

Gastro - stream

- GH – Fortnightly Hepatitis C clinics with local Gastroenterologist
- Sexual Health Nurse (SHN)triaged and coordinated gastroenterology clinics
- SHN performed pre consult work up and assessments

VIDS - Stream

- 4 onsite visits annually
- Attended by ID Specialist and CNC
- Fibroscan available
- Treatment commencement
- Patients reviewed by Telehealth
- Coordinated by CNC
- Pre visit assessments by GH nurse
- Discharged at SVR or to Gastro clinic for surveillance

RMH Telehealth Clinic

https://www.thermh.org.au/telehealth

- Videoconferencing for regional patients on treatment
- Can take place from patients medical practice , from home or any device with internet
- Eliminates the need for travel to appointments

GP Engagement and Education

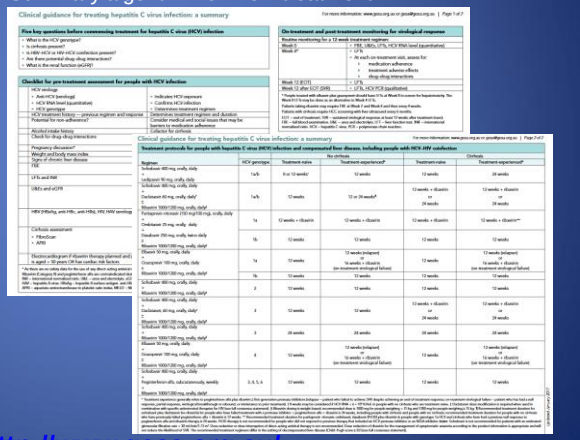
- GP education events and case study based workshops
- Remote Consultation participation - VIDS
- Telephone support from VIDS CNC

Australian recommendations for the management of hepatitis C virus infection: a consensus statement (January 2017)

MJA The Medical Journal of Australia

Australian Recommendations for the Management of HCV infection: A Consensus Statement

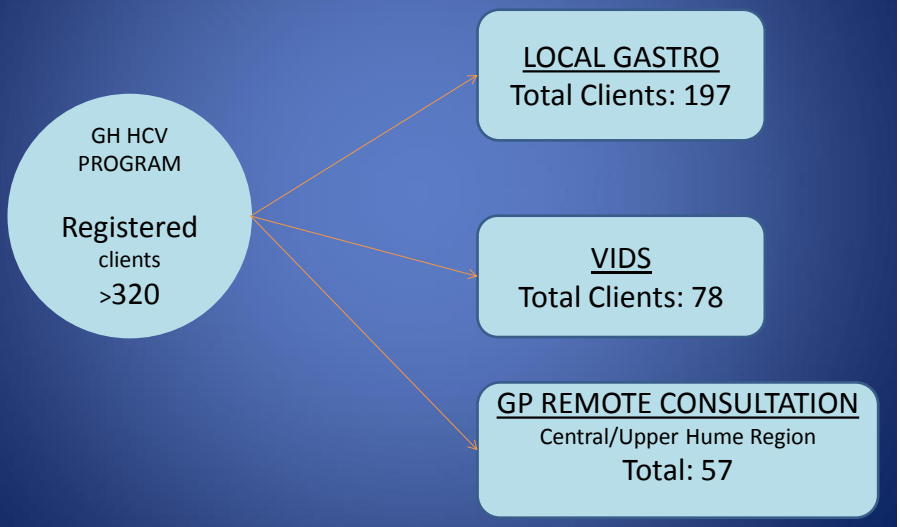
Summary algorithm for HCV treatment



Living document on GESA Web page

http://www.gesa.org.au/

Gateway Health – Treatment Outcomes



Gateway Health – Treatment Outcomes

- 198 commenced treatment via Gastro or VIDS
- >80% of remote consultations progressed to treatment
- SVR rates >95%
- 1 relapse/reinfection
- 4 did not complete treatment

Challenges and Limitations

- Funding uncertainties for GH nurse role
- Becoming a barrier to GP prescribing (having a specialist present)
- Unfunded remote consultation process – an inefficient method of communication
- When and how to step away – leaving a sustainable model

Opportunities for development

- Expand scope of the GH nurse to enable integration into other services and in clinic education for GP's and opiate substitution prescribers and clinic staff
- VIDS - A mentor and move on approach with other local services e.g. Albury Wodonga Aboriginal Health
- Web based platform for remote consultation between clinicians
- Upscale the use of Telehealth

HCV Treatment at a Homeless Persons Service

Linkage to Care and HCV treatment

- Target Population – Men residing at a homeless persons crisis accommodation facility in metropolitan Melbourne
- Attended by Homeless Persons Program (HPP) registered nurse (RN)
- Nearby medical clinic and GP
- IHCS provided workforce support or informal mentorship

Flagstaff Crisis Accommodation

- Salvation Army
- 64 beds
- Male only accommodation
- 3 month stay
- Housing case workers
- Nursing clinic 4 days a week – Homeless Persons Program (HPP) -Royal District Nursing Service

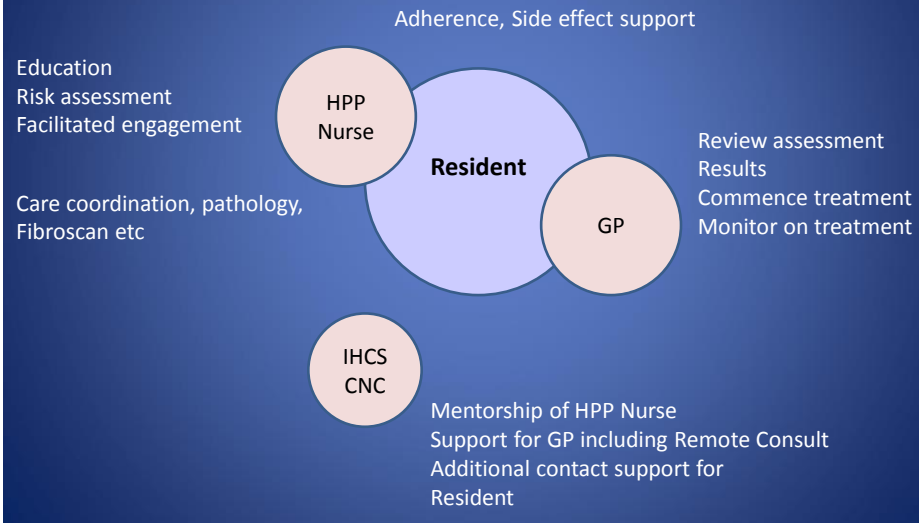
Client Group

- Complex social, physical and mental health issues
- Highly marginalized and not accessing services
- Most were current injecting drug users or had done so in past
- Multiple conflicting priorities
- Either unaware of HCV status or not accessing care

Aims

- Provide HCV education, testing and treatment to residents
- Identify a local GP willing to accept new patients and prescribe
- Embed HCV care into general nursing assessment at the facility
- Establish a pathway for access to treatment

Treatment Model



HPP Nurse and CNC mentorship

- CNC provided on site education to HPP nurse
  - Assessment, DAA's, treatment management
- HPP nurse engaged local GP willing to treat residents from the facility
- HPP nurse coordinated assessment bloods, ultrasound scans and attendance for FibroScan where necessary
- Maintained engagement with clients and supported appointment attendance

CNC Support to Treating GP

- CNC provided links to educational material and events to GP
- Provided detail of remote consultation process and established
- Fibroscan where necessary
- Clinical support throughout treatment process

Outcome

- 30 residents were assessed
- 10 commenced treatment
- 5 have achieved SVR - 4 have not yet had SVR bloods
- 1 did not complete treatment
- Several have enquired about treatment at other services

Challenges and limitations

- Complex co factors e.g. addiction, homelessness, legal issues and mental health
- Often chaotic life circumstances
- Residents might leave before commencement
- Highly workload intensive for HPP nurse
- Difficulties engaging subsequent caseworkers

Sustainability?? HPP nurse has been seconded

opportunities

- Broaden to wider HPP workforce and linked services
- Ideal setting for a rapid testing program
- Engagement of a wider network of GP's locally
- Current nurses are engaged

conclusion

- HCV treatment models need to be uniquely designed to the needs of clients existing services.
- Telehealth can reduce geographical barriers to treatment
- Partnership approach enable integration effective in linking clients to care
- Specialist nurses working with services and prescribers facilitate pathway design and treatment models

Acknowledgements

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