‘Implementation of a hospital-led, community based, hepatology Nurse Practitioner model of care in an inner-city Sydney setting’

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Acknowledgements

Disclosures

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New NP position - July 2017

- Role added to existing hospital-led, community based framework
  - existing Community CNCs – Hepatitis B, AMS, Hospital Liver Clinic, GP support, ALD
- Scope of Practice
  - Support primary care to play a larger role in managing hepatitis
  - Deliver care when above is not occurring
  - Expectation of strong HCV focus in harder to reach cohorts. Remove barriers.
- Flexible MOC & locations, KPIs.
  - Direct/indirect clinical care and/or clinical support
  - Pop up clinics. Concurrent clinics. ‘Complete’ care. ‘Partial’ Care. Other

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What did clinical activity look like?

- Direct clinical care provided in16 settings
  - Private (OST clinics, Rehab centres, GP practice)
  - Public (OST clinics, NSPs, Liver clinics, Mental Health, Sexual Health Clinic)
  - NGOs (Homeless & Mental Health services)
    - Regular or occasional clinics or LHD 'blitz' events. Partnerships important.
- Total 474 patients had 1074 OOS (87% F2F).
  - 79% (n=373) discharged. High turnover.
- Vulnerable/marginalised cohort – many with no GPs. Reinfections.
- Mostly self/OST prescriber/peer referred at 3 OST clinics + 2 rehab centres (regular clinics).
- 66% (n=272) had single visit. 89% max 2 visits

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- 57% (n=238) venepunctures
  - Remaining 43%....? Target group for chase/review results +/- ascertive f/up
- Of those bled, HCVRNA prevalence 50% (70% OST clinics, 9% Rehab centres)
  - 83% (99/119) commenced HCV DAAs by 22 prescribers
  - 13 OST prescribers, 4 GPs, 4 Specialists, NP
    - Range of prescriber support available
    - Flexible adherence support (supervision, pick ups/delivery)

- HBV prevalence <1%
  - 2 new cases identified in DHS settings. Many not immune.
  - Mobile hep B vax clinic. High non-return rate. Cold chain logistics.
- 13% (n=54) cirrhotics. 2 new liver lesions.
  - 7 decompensated (100% engaged in Specialist care)

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Summary

- NP role seems feasible. Safe. Nil AEs
- Effectively engaging target groups with or at risk of viral hepatitis.
- Addressing barriers to care.
- Single visit model developing.
- Contributing significantly to Sydney LHD HCV treatment quotas
- Contributing to improved health outcomes
- Supporting a small cohort of OST prescribers + GPs to better manage viral hepatitis + cirrhosis

What next?

- Funding renewal √. Evaluation.
- HCV - localise #findthemissingmillions. Ascertive tracking of identified cases til treated. BYO injecting pals. Boarding houses. Mental Health. Pharmacy liaison. Incentives. Other…???
- HBV – Prevention. Vaccination. Case finding. Education. Family testing. Long term f/up.
- Other abn LFTs – Investigation. Diagnosis. NAFLD/NASH, Alcohol, other. Street drinkers – engagement.
- Cirrhosis – strengthening care pathways.

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