Real Results:

Derbarl Yerrigan Health Service's Impact in Hepatitis C Eradication

Presented by: Dr Lakhbinder Singh Kang and Cameron Taylor

Acknowledgement of Country

We acknowledge the Wurundjeri Woi-wurrung people as the traditional custodians of Naarm, where we meet today, and pay our respects to their continuing connection to the land, waters and community.

We acknowledge all Indigenous people here in the room with us today and thank them for their contributions in this field, as well our elders; past and present

Acknowledgement of Affected Communities

We acknowledge and thank the Aboriginal people living with viral hepatitis who have allowed us to provide better care for them through this Continuous Quality Improvement (CQI) initiative.

We thank our mob for their trust in our Aboriginal Medical Service and for sharing their stories with us. We appreciate that it takes courage to share such valuable and sensitive information.

Presenters

Dr Lakhbinder Kang

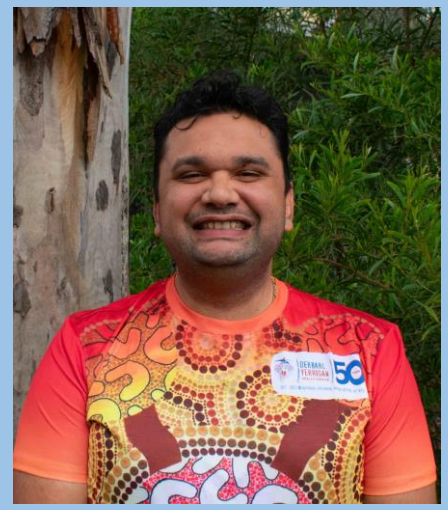
General Practitioner (GP)and CQI Lead

Punjabi Sikh from India

He has been a GP for 25 years and has worked in Indigenous Health in WA for 14 years.

He is passionate about holistic care and is dedicated to helping the next generation of doctors provide quality care.

Strong advocate for equity in healthcare



Cameron Taylor

Aboriginal Health Practitioner (AHP) in the Sexual Health Team

Noongar man from Perth/Boorloo

He has been an AHP for 12 years

He is passionate about fighting the stigma around sexual health and works hard to normalise conversations about sexual health

Strong advocate for LGBTQIA+ rights in healthcare

Disclosure of Interest

Derbarl Yerrigan Health Service recognizes the considerable contribution of the ASHM in facilitating the “Beyond the C” project.

We also recognised the need for transparency in disclosure of potential conflicts of interest by acknowledging these relationships in publications and presentations.

We thank the WA Primary Health Alliance (WAPHA) for their additional contribution to our work.

About DYHS – Who we are

The Derbarl Yerrigan Health Service is the largest and oldest Aboriginal Community Controlled Health Organisation in Western Australia providing culturally secure primary health care for the Aboriginal population across Whadjuk Noongar Boodjar

Multi-disciplinary care provided to approx. 17,000 patients annually

Our Mob

Hepatitis C Management at DYHS

2019 funding from WAPHA

To identify how many of our patients were living with Hepatitis C

Formation of CQI team by Dr Richelle Douglas to approach issue

“Beyond the C” came on board 2020

Provided structured way to collect and manage patient information

Reportable Outcomes for the audit

As a direct result, our CQI team became a powerful motivating force for change in other areas of chronic disease management including Diabetes, Chronic Kidney Disease and Respiratory Health

Hepatitis C Champions at DYHS

Team built:
- 2x General Practitioners
- Aboriginal Health Practitioner
- 2x Sexual Health Nurses
- Aboriginal Liaison Officer
- Transport Drivers
- Pharmacist

DYHS Support:

- Hep C updates at monthly GP Meetings
- In-house case management

Outside Help:
- MDT Team at RPH
- Community Pharmacies

Approach to Problem

Identified Hep C as a priority of unknown incidence

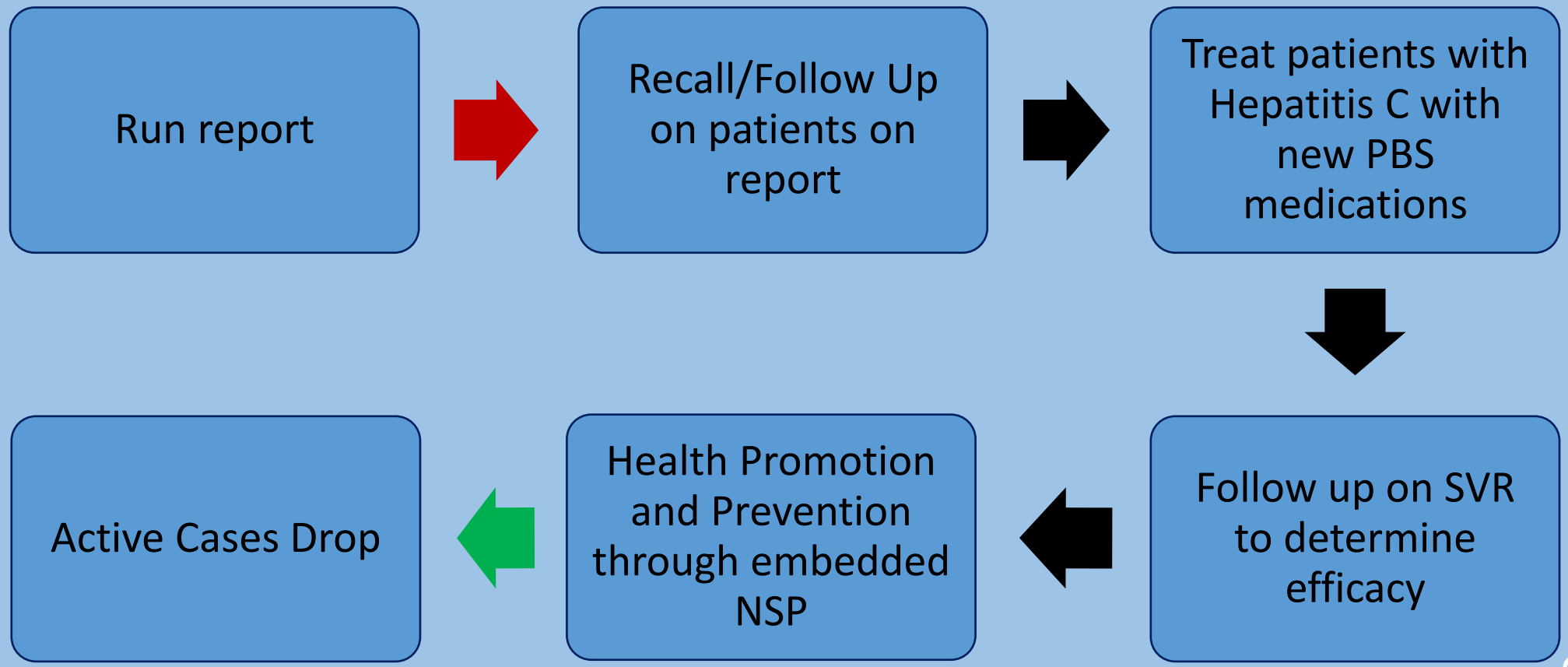
Didn’t have right clinical items

- Lack of accuracy in recording
- The old clinical items grabbed non-specific data, clinical items needed to be pruned/edited and rationalised
- Changed clinical items, added new ones, removed old ones

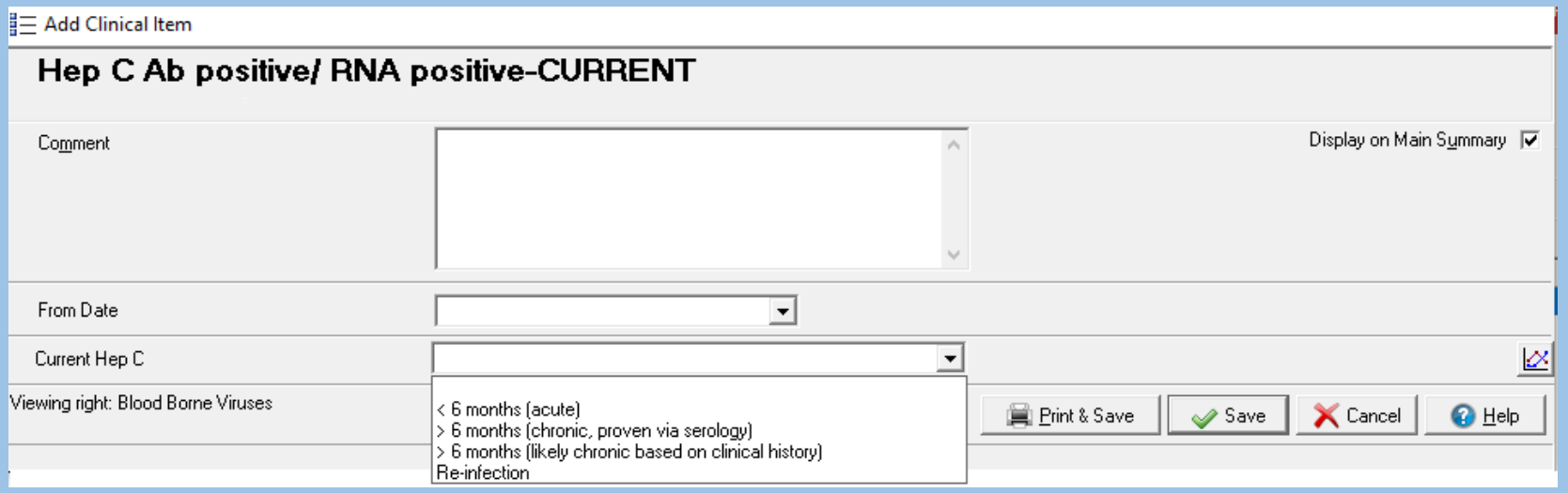
Previous approach was reactive prior to audit/project

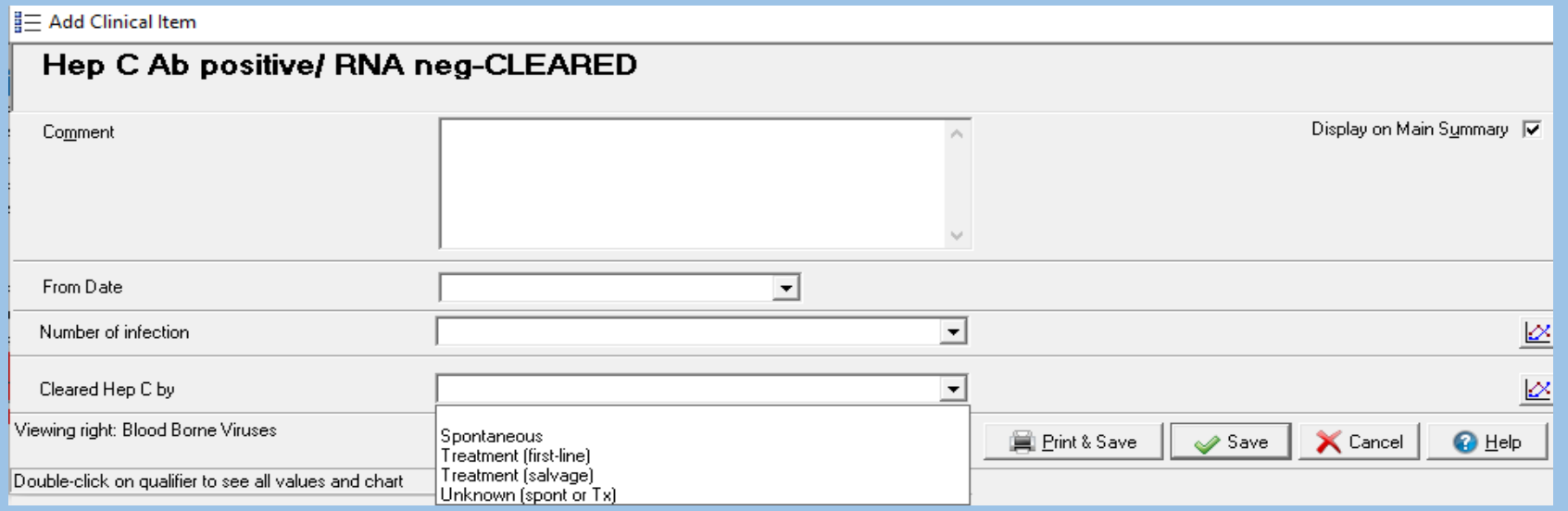
Referrals to secondary services with high DNA rate

New DYHS Approach



Clinical Items





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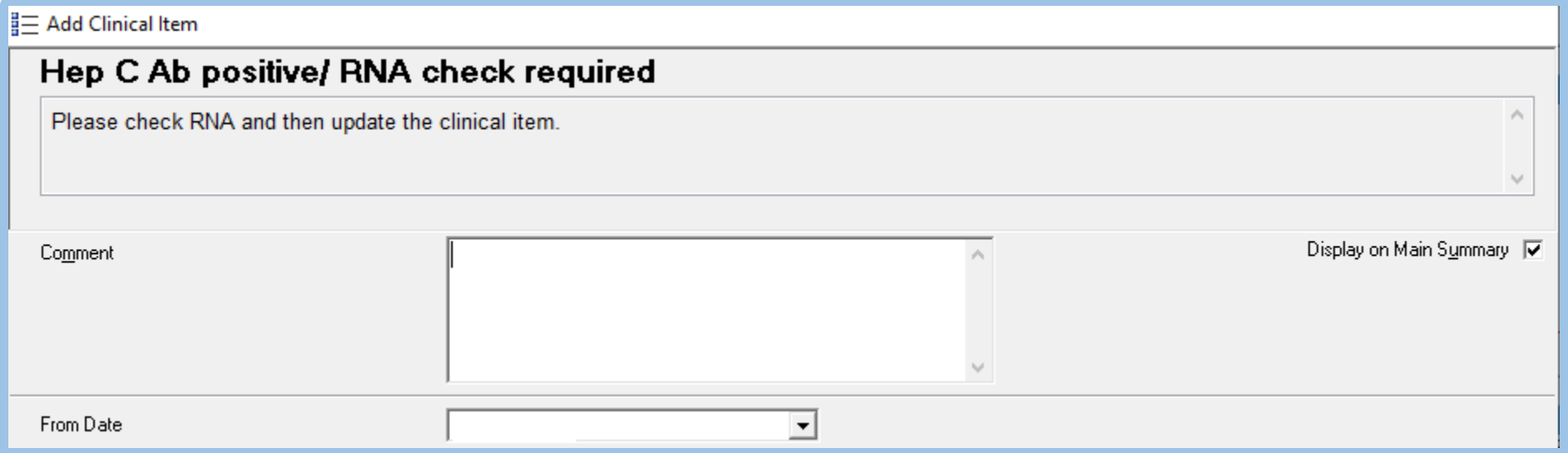
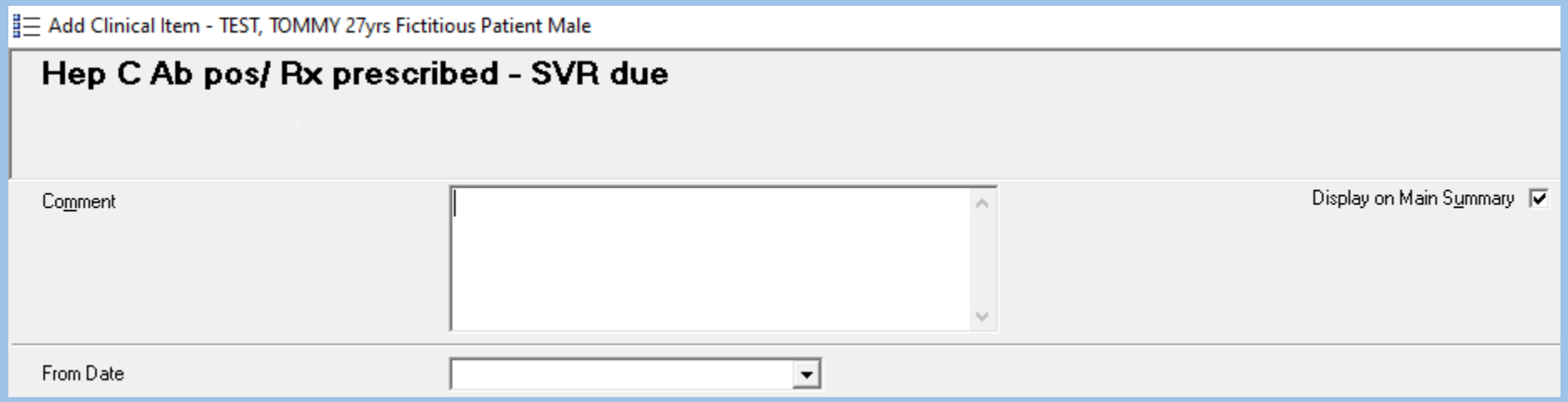
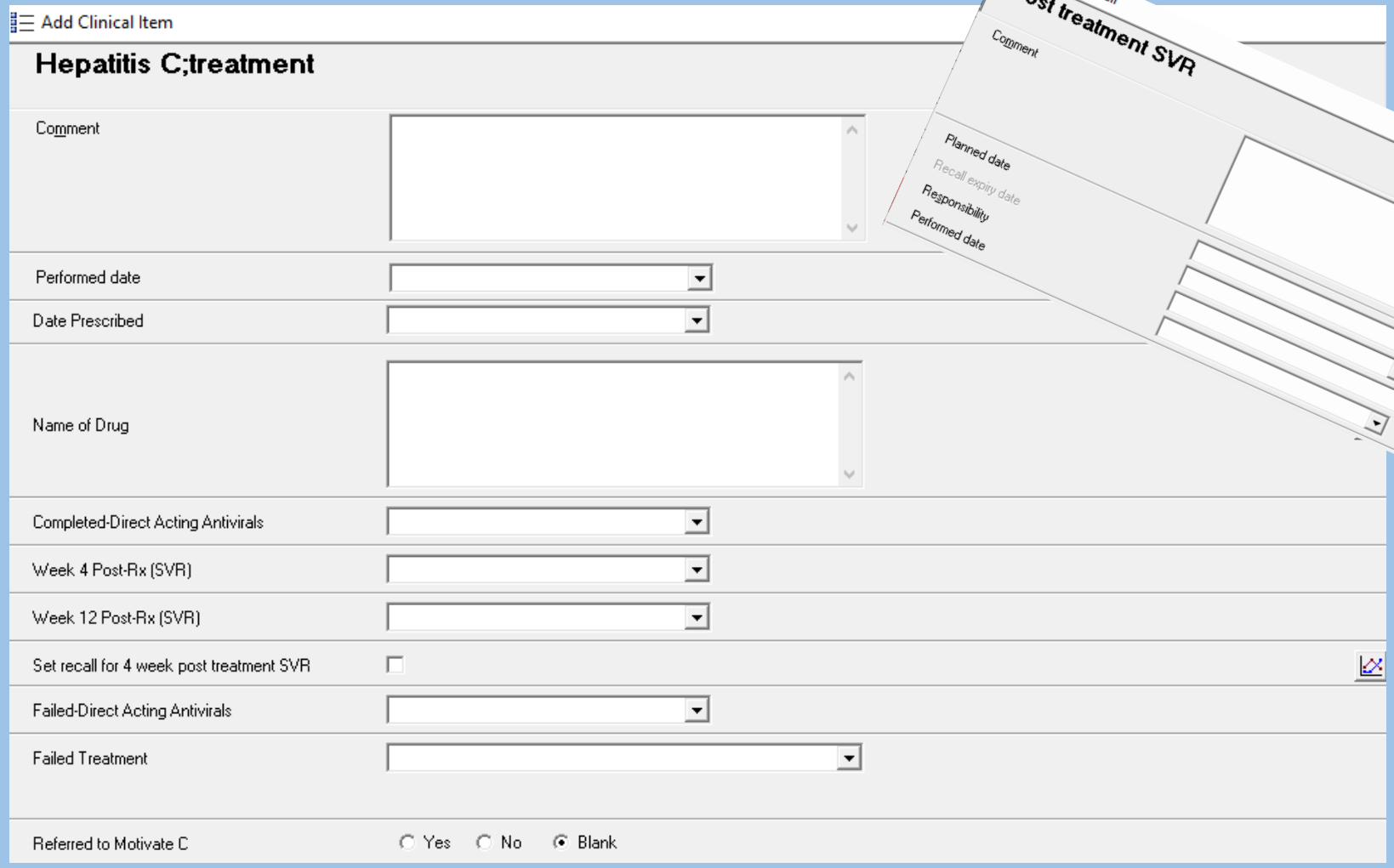
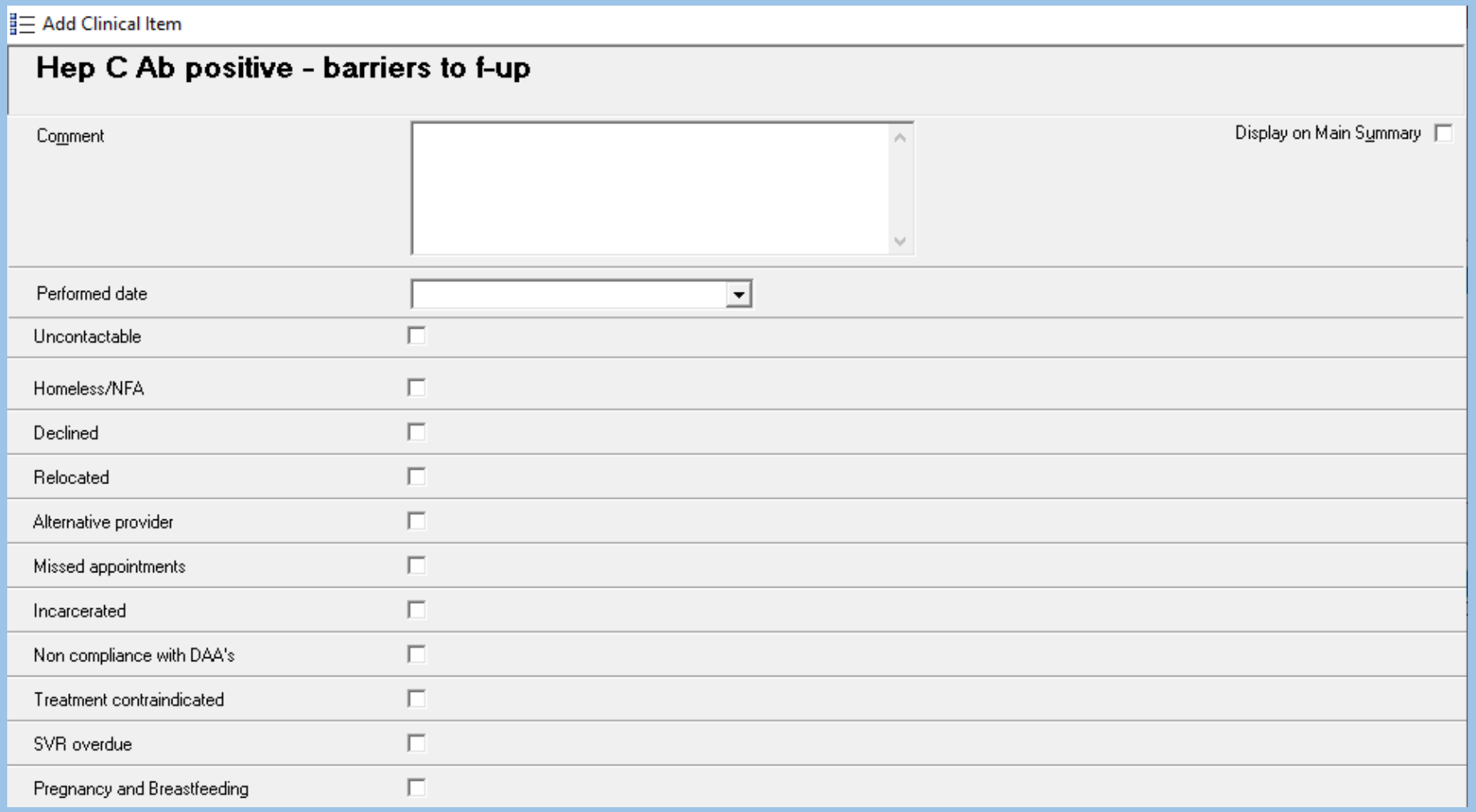




Data Collection



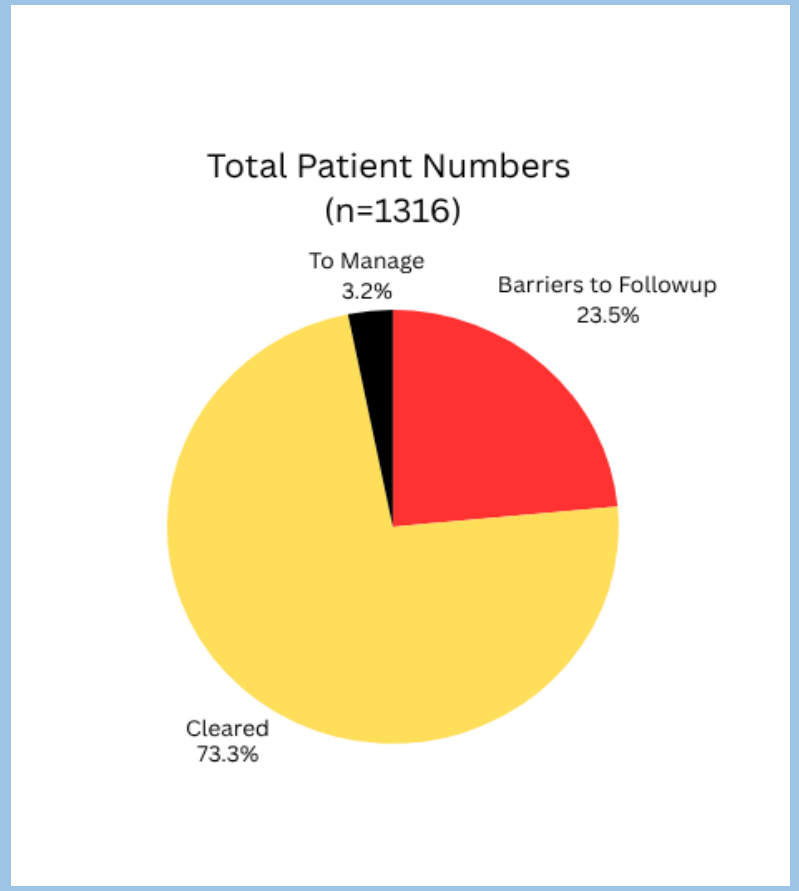
Barriers to Follow-Up

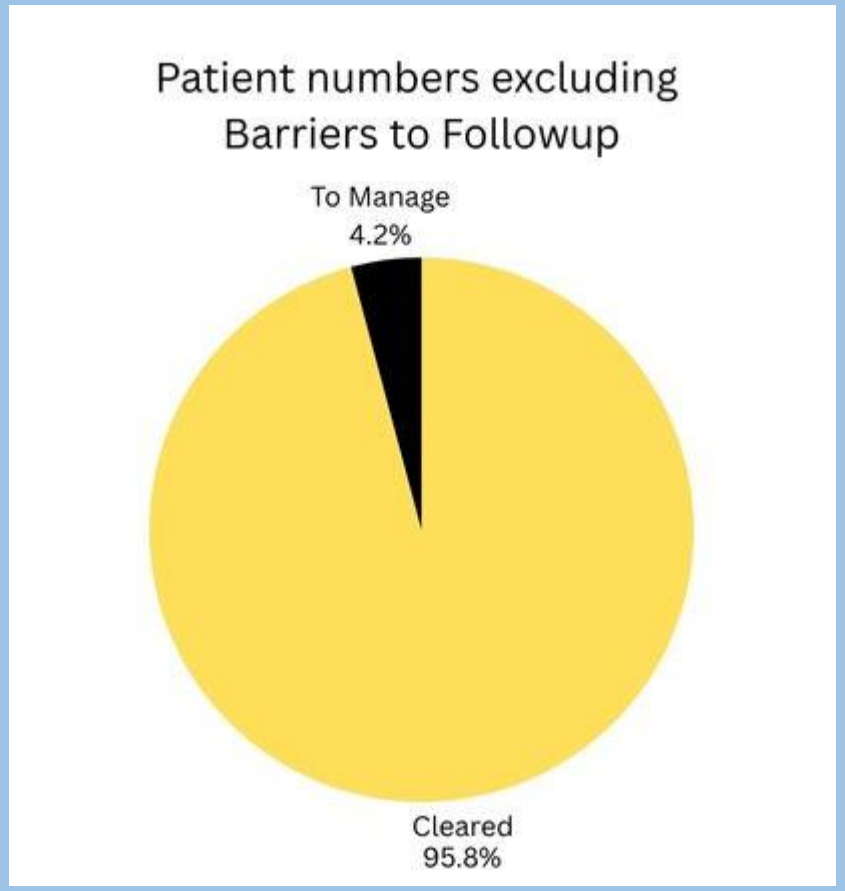


Audit Report

Name	Latest HCV on Main Summary
Patient ID	Barriers to Follow-Up on Main Summary
Date of birth	Cleared Hep C
Age	Number of infection
Sex	Post-treatment SVR last recorded
Record storage site	Post-treatment SVR recall in place
DYHS not primary care provider	Injecting drug history

Collected Data





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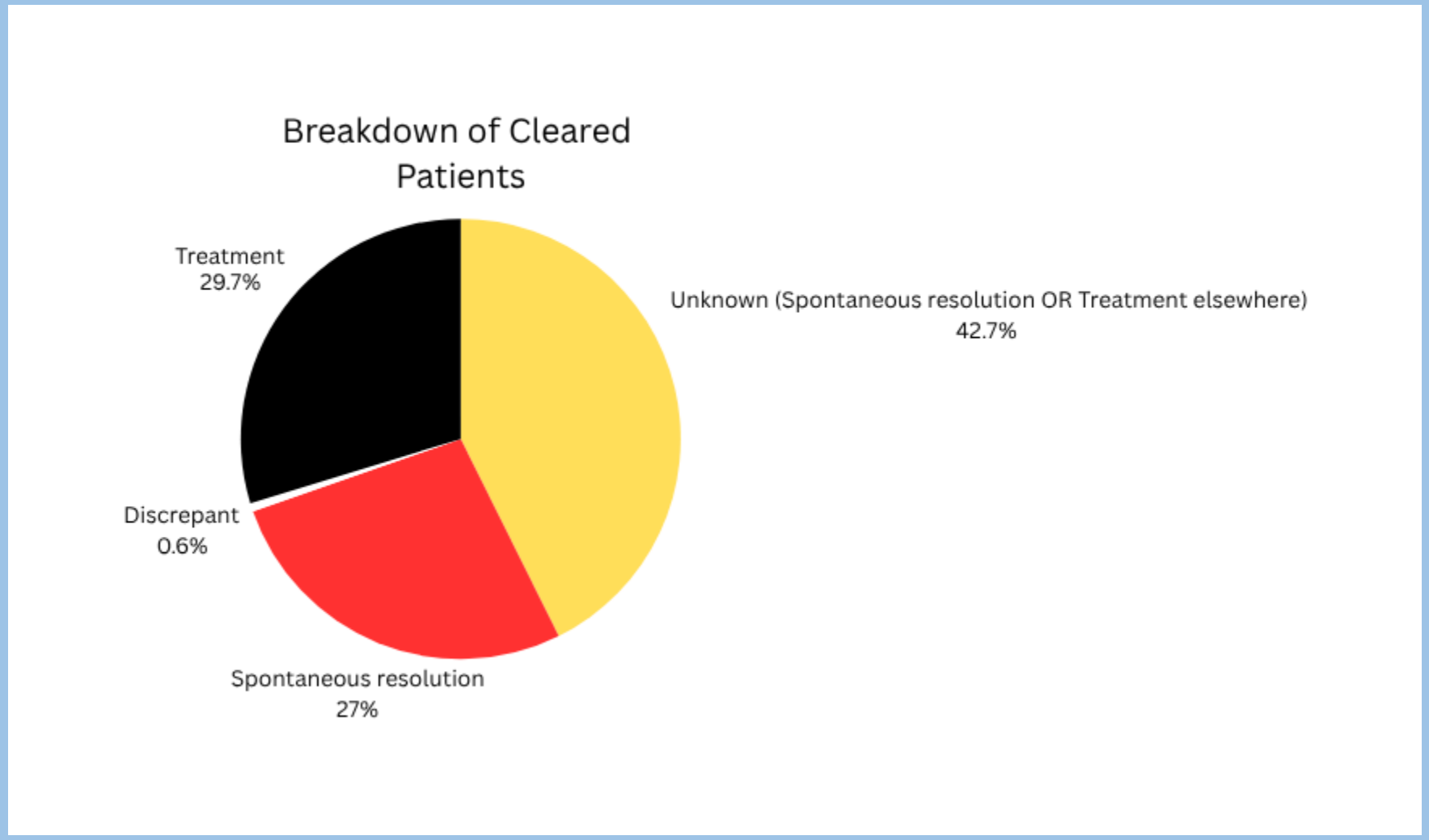
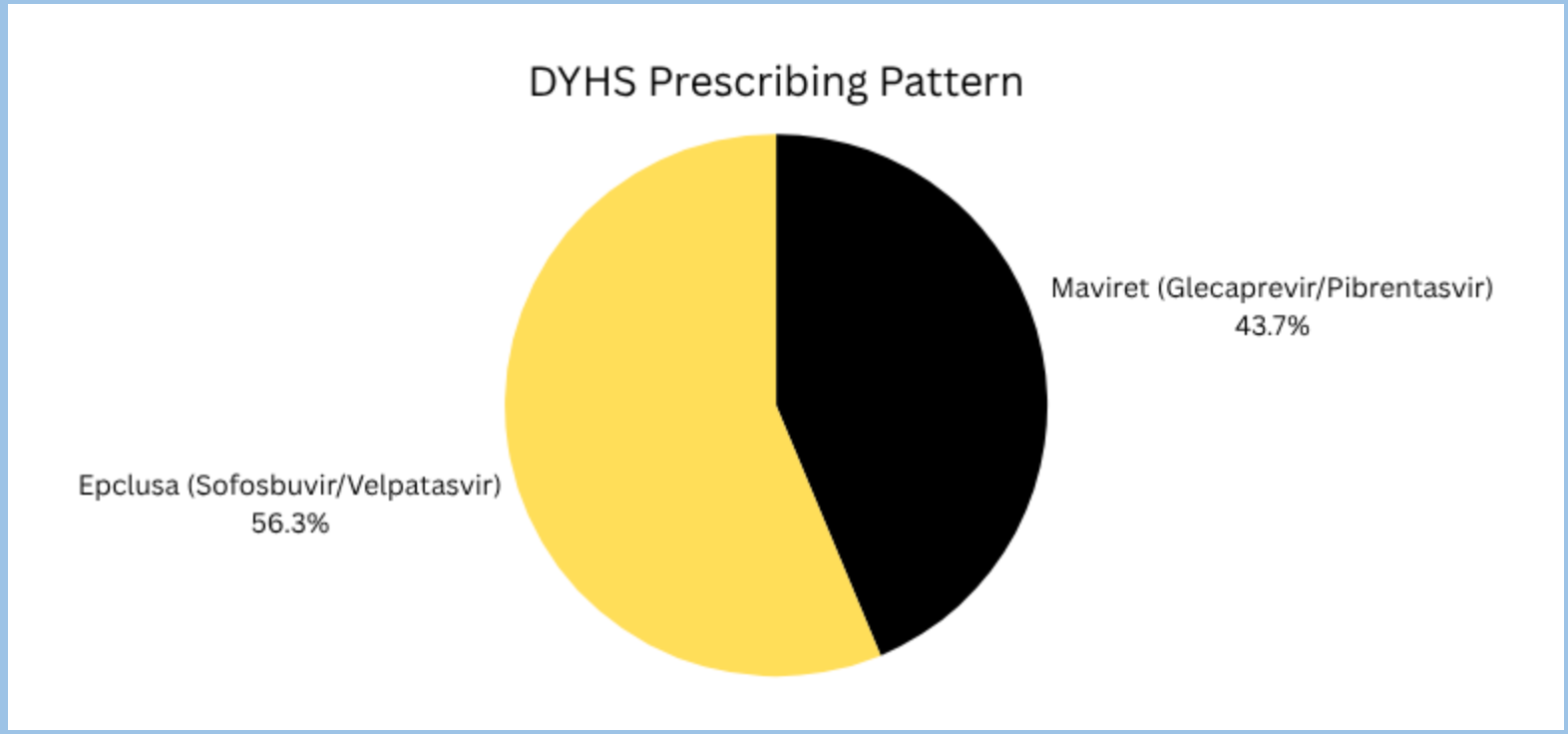


DYHS prescribing of DAAs



Solutions to Barriers

Barriers to Follow-Up Clinical Item

- Improved efficiency of the recall process

Aboriginal Liaison Officer (ALO) to assist with rapport and engagement

Drivers to assist with transport requirements

Pharmacist to assist with Dose Administration Aid requirements and Drug Interaction barriers

MDT team at RPH to help with complex cases

MyHR for sharing and collection of information

Reflection

What worked well

- Systematic and Structured approach
- Diverse Teamwork and Collaboration
- Increased awareness through Clinical Yarning

What didn’t work at all

- Lack of understanding about the value of audit and the CQI process

Successes

- Clinical Items
- Customised Communicare Audit Report
  - Improved efficiency and accuracy
  - Translated to other chronic disease management teams
- Hepatocellular Carcinoma and Cirrhosis prevention
  - Lives saved
  - Quality of Life improvement

Next Steps

Continue to monitor those that are still positive

- Attempts to find contact
- Attempts to persuade engagement
- Attempts to maximise adherence to therapy
- Attempts to reduce reinfection
  - Education, NSP

Capitalise on ALO relationship with local communities

Better NSP and Education policy at DYHS

Strengthen relationship with scripts/adherence/SVR follow-up to make sure costly treatments are well utilized

- Reduce PBS waste

Key Actions and Takeaways

1. Work smarter with the software you have

   Good data in = Good Outcomes

2. Engage diverse and multidisciplinary team

   ALOs, Drivers, Pharmacists, Nurses, AHPs and Physicians
   Celebrate skillsets and collaboration

3. Bust myths and demystify assumptions

   “Hep C is hard to treat”
   “Aboriginal people won’t engage with treatment”

Questions?