

## **The Hep B Hub WA: A Novel, Nurse Practitioner–Led Outreach Model Working to Decentralise Hepatitis B Care in Western Australia.**

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### **Background/Approach:**

The Fourth National Hepatitis B (HBV) Strategy identified that HBV care in Australia should be accessible, high-quality and affordable to all, based on need. Despite availability of S100 community prescribers, in Western Australia (WA) HBV management follows a specialist-centric model within hospitals. Limited accessibility of hospital-based care places our vulnerable, marginalised communities at risk, and Western Australians, particularly from regional and remote areas receive amongst the lowest levels of treatment nationwide.

The Hep B Hub WA's outreach clinics, established in early 2025, are led by a Hepatology-specialist Nurse Practitioner (NP). The clinics aim to build capacity and competency for managing HBV within primary care, without the need to refer to a specialist centre.

### **Analysis/Argument:**

Clinics were established at nine primary care settings, based on existing s100 prescriber locations, and locations with the most HBV notifications or who service high-risk populations. The specialist NP is present with the GP and their patients in clinic and provides real-time clinical support and guidance, enabling future primary care-driven management of patients living with HBV.

### **Outcomes/Results:**

A review after the first year was conducted in January 2026. Feedback was taken from some participating patients (totalling 83 for 2025), clinicians and Practice Managers. An NP qualitative review of successes, challenges and observations was also completed. All the participating locations found the service of benefit, with significant appreciation from patients, many of whom would not be accessing the same care in the hospitals. However, lessons were learnt around case-finding, case-tracking, clinic structure and financial challenges for both practices and patients.

### **Conclusions/Applications:**

This novel model of care is taking steps towards decentralising HBV care in WA and addressing inequities in the care cascade as we work towards elimination. This review provides real-world evidence about how these models of care can work and will inform future development of similar programs across Australasia.

### **Disclosure of Interest Statement:**

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