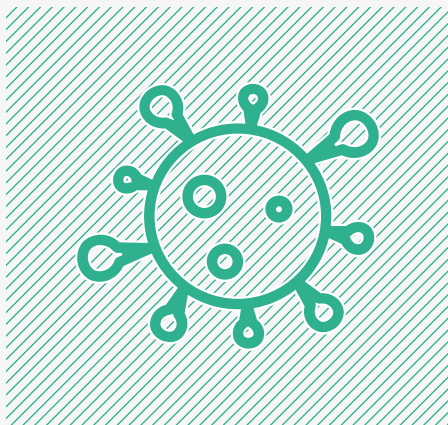


Practice Support Toolkit



SA



Eliminate Hepatitis C Australia



Eliminate Hepatitis C (EC) Australia is led by the Burnet institute and funded by the Paul Ramsay Foundation (2019-2021) to support and facilitate a national coordinated response to ensure Australia meets its hepatitis C elimination target by 2030.

This toolkit was originally developed by the Eliminate Hepatitis C (EC) Partnership with assistance from clinical providers, peak bodies and community organisations. It has been adapted for use in EC Australia.

All materials provided in the Toolkit and accompanying Appendix are used with permission from those who produced the materials.

Contact EC Australia: ecaustalia@burnet.edu.au

For inquiries relating to the Practice Support Toolkit please contact EC Partnership Nurse Coordinator Chloe Layton: chloe.layton@burnet.edu.au or 03 8506 2345

Curing hepatitis C has never been easier.

We can easily cure people living with hepatitis C.

The direct-acting antivirals (DAA) treatments:

- Can cure hepatitis C for more than 95% of individuals
- Are very well tolerated, with only mild and uncommon side effects
- Take just 8-12 weeks for most people
- Are taken orally - no injections!

In Australia, the DAA treatments were listed on the Pharmaceutical Benefits Scheme (PBS) on 1st March 2016 - enabling universal access to highly effective treatments for all adult Australians living with hepatitis C.

This means that everyone with hepatitis C (including those in prison) can get treated and cured. There are no restrictions on:

- *Stage of liver disease*
 - *Alcohol or drug use*
 - *Number of times a person can be treated*
-

Curing someone of their hepatitis C not only improves their current health and well-being, it also reduces the risk of them developing severe liver disease and hepatocellular carcinoma (HCC) down the track.

“ I felt like I was dragging myself out of bed and now I’ve been cured I feel like I have a spring in my step. I just have so much more energy and a general sense of wellness that I didn’t have before ”
Anne – cured of hepatitis C

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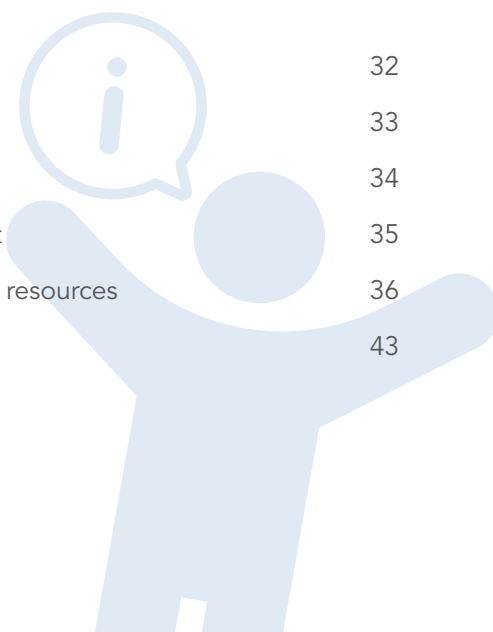
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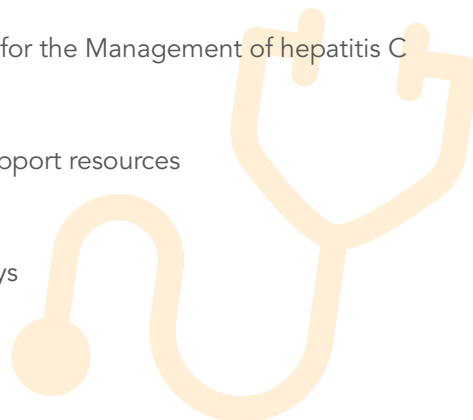




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KEY DOCUMENTS FOR HEPATITIS C

This document includes key resources in a separate booklet

Elimination is the goal

We have the chance to eliminate hepatitis C from Australia.

Australia is leading the world in reaching the goal of eliminating hepatitis C as a public health threat by 2030 because we have unrestricted access to DAAs and specialists, general practitioners and nurse practitioners can all prescribe hepatitis C treatment.

From March 2016 to December 2018, an estimated 70,260 people have been treated with DAAs.¹ To reach our target we need to treat over 80% of people living with hepatitis C virus (HCV), reduce HCV-related deaths by 65% and reduce new HCV infections by 80%.²

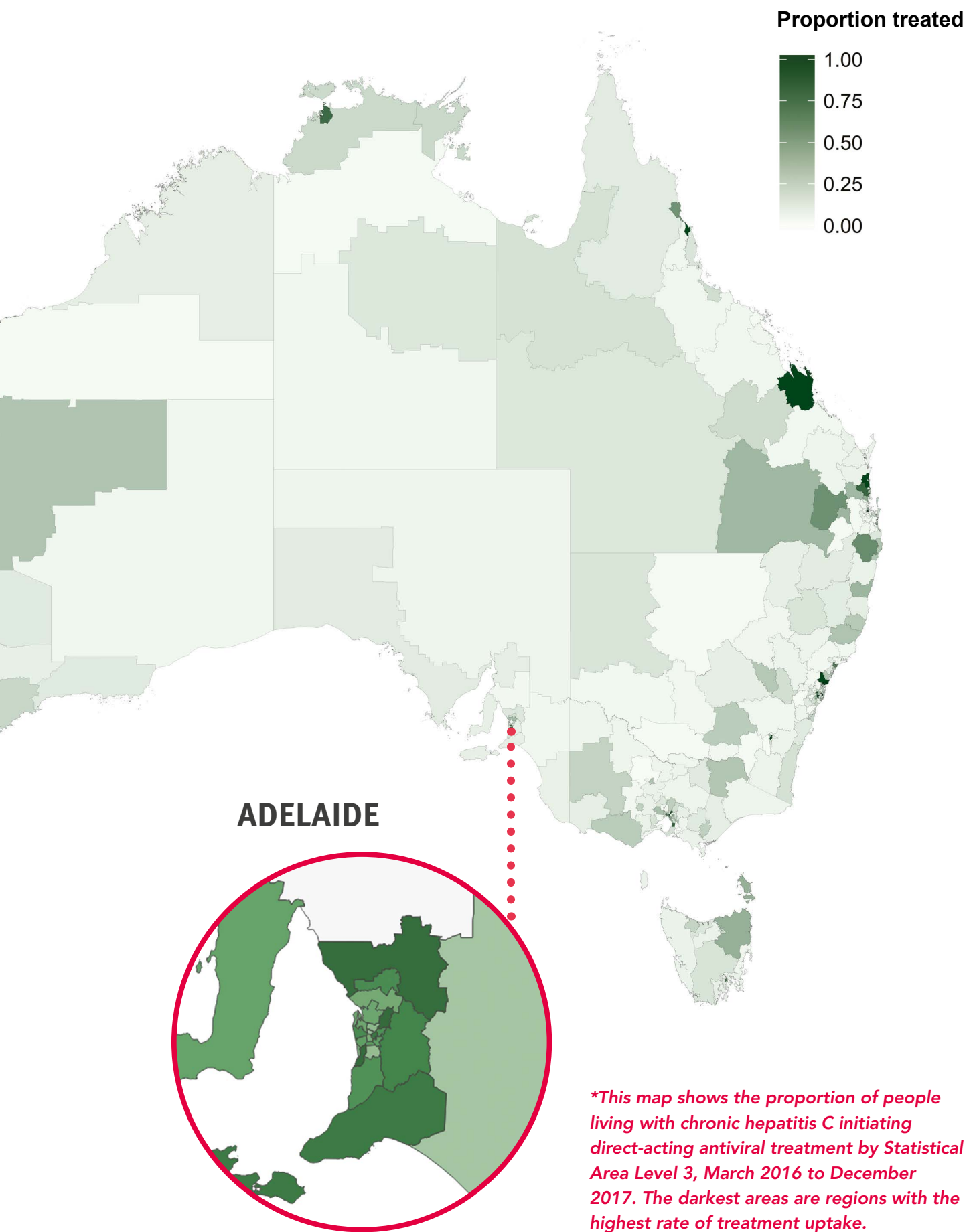
To make this happen, we need more general practitioners (GPs) and authorised nurse practitioners to treat hepatitis C and more primary care practices to prioritise hepatitis C within their busy clinics.

Some parts of Australia are leading the way in treating hepatitis C, and we can learn from them to improve access to treatments across Australia. Working in partnership is the only way we will achieve our goal of eliminating hepatitis C from Australia.



¹Reference: Burnet Institute and Kirby Institute, Australia's progress toward hepatitis C elimination: annual report 2019. Melbourne: Burnet Institute; 2019.

²World Health Organization (2016). Global Health Sector Strategy on Viral Hepatitis 2016-2021: towards ending viral hepatitis. World Health Organization, Geneva, Switzerland.



Adapted from the National Viral Hepatitis Mapping Project Online Portal, geographic variation in chronic hepatitis C treatment uptake by SA3, end of 2017 (MacLachlan et al, 2019) ashm.org.au/programs/Viral-Hepatitis-Mapping-Project/

Adelaide map source: public.tableau.com/profile/nationalhepmapping#!/vizhome/HepatitisCMappingOnlinePortal/State

“

Treating hepatitis C is now straight forward and GPs and nurse practitioners are well placed to treat and cure most of their patients with hepatitis C. Specialists are happy to support and assist GPs in providing care to their patients,”

– Alex, Gastroenterologist

This Toolkit

Eliminate Hepatitis C Australia (EC Australia) is committed to helping primary care practices become leaders in treating and curing hepatitis C in Australia.

The Toolkit was developed for primary care providers, including general practitioners, nurse practitioners, nurses, as well as allied health professionals.

It aims to support primary care practices to achieve elimination of hepatitis C by:

- Increasing uptake of hepatitis C testing and treatment
- Increasing the quality and coordination of hepatitis C care
- Reducing liver disease and deaths
- Reducing ongoing hepatitis C transmission
- Measuring and monitoring success

This Toolkit contains all of the resources needed to promote hepatitis C testing and treatment and to ensure people remain engaged in good quality hepatitis C care to prevent further liver damage and reduce the likelihood of transmission to others.

We include information and resources on:

- 1. Hepatitis C – the basics**
- 2. Patient Support Resources**
- 3. Provider Support Resources**
- 4. Practice Support Resources**

People who inject drugs are at greatest risk of hepatitis C infection in Australia, yet many remain undiagnosed and poorly engaged in healthcare.^{3,4} In order to achieve elimination of hepatitis C, we need to target people who are at risk of transmitting and acquiring hepatitis C and those with severe liver disease. This means people who inject drugs and those with cirrhosis.

Throughout this Toolkit, we focus specifically on engaging people who inject drugs in hepatitis C care, particularly those who have not been tested, treated and cured!

If we want to make hepatitis C elimination a reality in Australia, we must prioritise treating people who inject drugs and support them to access sterile injecting equipment.⁵

³The Kirby Institute (2017). HIV, viral hepatitis and sexually transmissible infections in Australia: annual surveillance report 2017. Sydney: Kirby Institute, UNSW Sydney.

⁴Sublette VA, Smith SK, George J, McCaffery K, Douglas MW. The Hepatitis C treatment experience: Patients' perceptions of the facilitators of and barriers to uptake, adherence and completion. *Psychology & Health* 2015;30:987-1004.

⁵Scott N, McBryde ES, Thompson A, et al Treatment scale-up to achieve global HCV incidence and mortality elimination targets: a cost-effectiveness model *Gut* 2017;66:1507-1515.



The background is a solid teal color with a pattern of white icons. The icons include: hands holding a heart, a house with a heart inside, a water drop, a stethoscope, a clipboard with a plus sign, a bowl of fruit, a person in a yoga pose, a thermometer, a liver, a heart with an ECG line, a stethoscope, a heart held by hands, a pill bottle, and a group of people. The number '1' is prominently displayed in white on the right side.

1

Hepatitis C - the basics

“

Testing and treating hepatitis C is now so much easier. Being involved in curing hepatitis C is one of the most important and satisfying things I do as a GP,”

– Fran, GP

Hepatitis C – the basics

Here you'll find all the information you need to diagnose and treat a patient with hepatitis C, including:



Who should you test?



How to test



Getting your patient ready for treatment



Liver fibrosis assessment



When to refer



Before treatment



Starting treatment



Post-treatment follow-up



Getting everyone involved



Who should you test?⁶

- People who currently or have ever injected drugs
- People in custodial settings
(i.e. people who have ever been in prison)
- People with tattoos or body piercings (especially if received outside of Australia or outside of regulated settings)
- People who received a blood transfusion or organ transplant before 1990
- People with coagulation disorders who received blood products or plasma-derived clotting factor treatment products before 1993
- Children born to mothers with chronic hepatitis C infection
- People infected with human immunodeficiency virus (HIV) or hepatitis B virus (HBV)
- Sexual partners of a person infected with hepatitis C (people at a higher risk of sexual transmission include men who have sex with men, and people with HCV–HIV coinfection)
- People with evidence of liver disease (persistently elevated alanine aminotransferase level)
- Migrants from high-prevalence regions (Egypt, Pakistan, the Mediterranean, Eastern Europe, Africa and Asia)

We know that starting the conversation about hepatitis C testing can be tricky, so we've included some tips on *Starting the Conversation* in the Appendix booklet.

⁶Adapted from GESA. Australian recommendations for the management of hepatitis C virus infection: a consensus statement (August 2017), Table 1 page 10

How to test for hepatitis C:

Two tests are required to diagnose infection with hepatitis C virus (HCV):

- **Antibody test to screen for past exposure to hepatitis C**
- **RNA/PCR test to confirm current hepatitis C infection.**

Chronic hepatitis C is a positive result for both HCV antibody and/or HCV RNA tests for longer than six months. Past exposure to hepatitis C and current HCV antibody and RNA detection is also consistent with chronic hepatitis C infection. Documented chronic hepatitis C is a PBS eligibility criterion for accessing treatment.

TIP:

Hepatitis C is a notifiable condition and requires notification to the Communicable Disease Control Branch, SA Health within three days of suspecting or confirming a diagnosis of a notifiable disease.

Facsimile (08) 8226 7187 or Telephone 1300 232 272

Visit: bit.ly/sa-hcv-notify

Hepatitis C test result interpretation⁷

Legend:

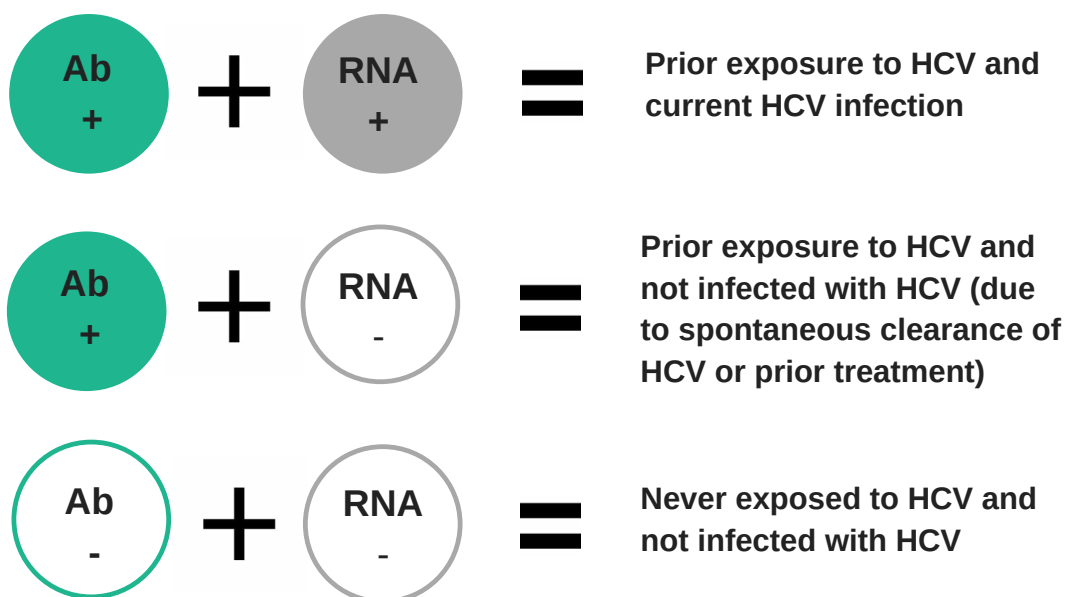


Ab
Anti-HCV Antibody test
Indicates if patient has been exposed to HCV



RNA
RNA/PCR test
Indicates if patient is infected with HCV

Hepatitis C Test Results Interpretation



⁷ Adapted from ASHM/VHHITAL training slides

Getting your patient ready for treatment

Once you have diagnosed chronic hepatitis C in your patient, there are just a few simple steps to prepare them for DAA treatment.

Viral Hepatitis Nursing Support

Viral Hepatitis Nurses are clinical practice consultants who work with patients in the community, general practice or hospital setting. They provide a link between public hospital specialist services and general practice, and give specialised support to general practitioners (GPs) to assist in the management of patients with hepatitis B or hepatitis C.

With advanced knowledge and skills in testing, management and treatment of viral hepatitis, they assist with the management of patients on antiviral medications, and work in shared care arrangements with GPs who are experienced in prescribing medications for hepatitis C or accredited to prescribe section 100 medications for hepatitis B.

The Viral Hepatitis Nurses are located across the Adelaide metropolitan area and support can also be arranged for people in country areas. The nurses can be contacted directly by patients or their GP:

Central Adelaide Local Health Network

Queen Elizabeth Hospital
Phone: 0423 782 415 or 0401 717 953
Fax: (08) 8240 9609

Royal Adelaide Hospital

Phone: 0401 125 361 or (08) 7074 2194
Fax: (08) 8222 5883

Northern Adelaide Local Health Network

Phone: 0401 717 971 or 0413 285 476
Fax: (08) 7485 4011

Southern Adelaide Local Health Network

Phone: 0466 777 876 or 0466 777 873
Office: (08) 8204 6324
Fax: (08) 8204 6420



Referral of viral hepatitis notifications

The Communicable Disease Control Branch routinely refer notifications of positive hepatitis B and hepatitis C pathology tests to SA Health Viral Hepatitis Clinical Practice Consultants, enabling these specialist nurses to contact diagnosing clinicians and if required, offer support to facilitate the follow up of patients and contacts and the provision of guideline based care.

Patients may also self-refer and contact the Hepatitis SA Helpline on 1800 437 222 for more information.

bit.ly/viralhepnurse-sa

Pre-treatment assessment includes:

- A medical and social history
- A medication review
- A physical examination
- Blood tests and liver fibrosis assessment (APRI +/- FibroScan®).

See the Appendix booklet for Table 2 of the *Gastroenterological Society of Australia (GESA) Australian recommendations for the management of hepatitis C virus infection: a consensus statement*, which provides a full overview of the required pre-treatment assessment.

Diagnostic tests and pre-treatment assessments can all be done with just one pathology request, using a single blood draw with a request for reflex/reflexive testing.

TIP:

Use reflexive testing to reduce the number of blood draws and appointments!

Ask for the HCV RNA test if antibody positive; and for the pre-treatment assessment tests if HCV RNA positive.

TIP:

When requesting HCV diagnostic tests, run a comprehensive blood-borne virus screen by ordering hepatitis A hepatitis B and HIV tests

TESTS REQUESTED

The National Cancer Screening Register (NCSR) is an 'opt out' pathology request form. Patients who wish to alter their consent s

Diagnostic Tests:

- Anti-HCV antibody
- HCV RNA (qualitative) if HCV Ab pos
- HBV Serology (HBsAg, anti-HBc, anti-HBs)
- HIV Serology
- HAV Serology

Pre-treatment assessment (if HCV RNA positive):

- HCV RNA Level (Quantitative)
- HCV Genotype
- FBE
- LFT including AST
- INR
- U&Es including eGFR

EMERGENCY

PHONE

FAX

BY TIME:

LAB No.:

SCHEDULE

MEDICARE

LAB No.:

DATE OF BIRTH

YOUR REFERENCE

TEL (HOME)

TEL (BUS / MOBILE)

Fasting

Non Fasting

Pregnant

Horm Therapy

LNMP

EDC

TESTS REQUESTED

LABORATORY (02) 9856 5222

FAX (02) 9878 5077

TOLL FREE 1800 222 365

RESULTS 1800 555 100

LABORATORY (02) 9856 5222

FAX (02) 9878 5077

TOLL FREE 1800 222 365

RESULTS 1800 555 100

DATE OF BIRTH

YOUR REFERENCE

TEL (HOME)

TEL (BUS / MOBILE)

PATIENT COPY

Learn more about your tests: knowpathology.com.au

REFERRING PRACTITIONER (PROVIDER NUMBER, NAME, ADDRESS)

National Cancer Screening Register (NCSR)
The National Cancer Screening Register (NCSR) is an 'opt out' register. Pathology laboratories can no longer act on 'opt out' instructions on the pathology request form. Patients who wish to alter their consent status must contact the register directly on 1800 627 701.

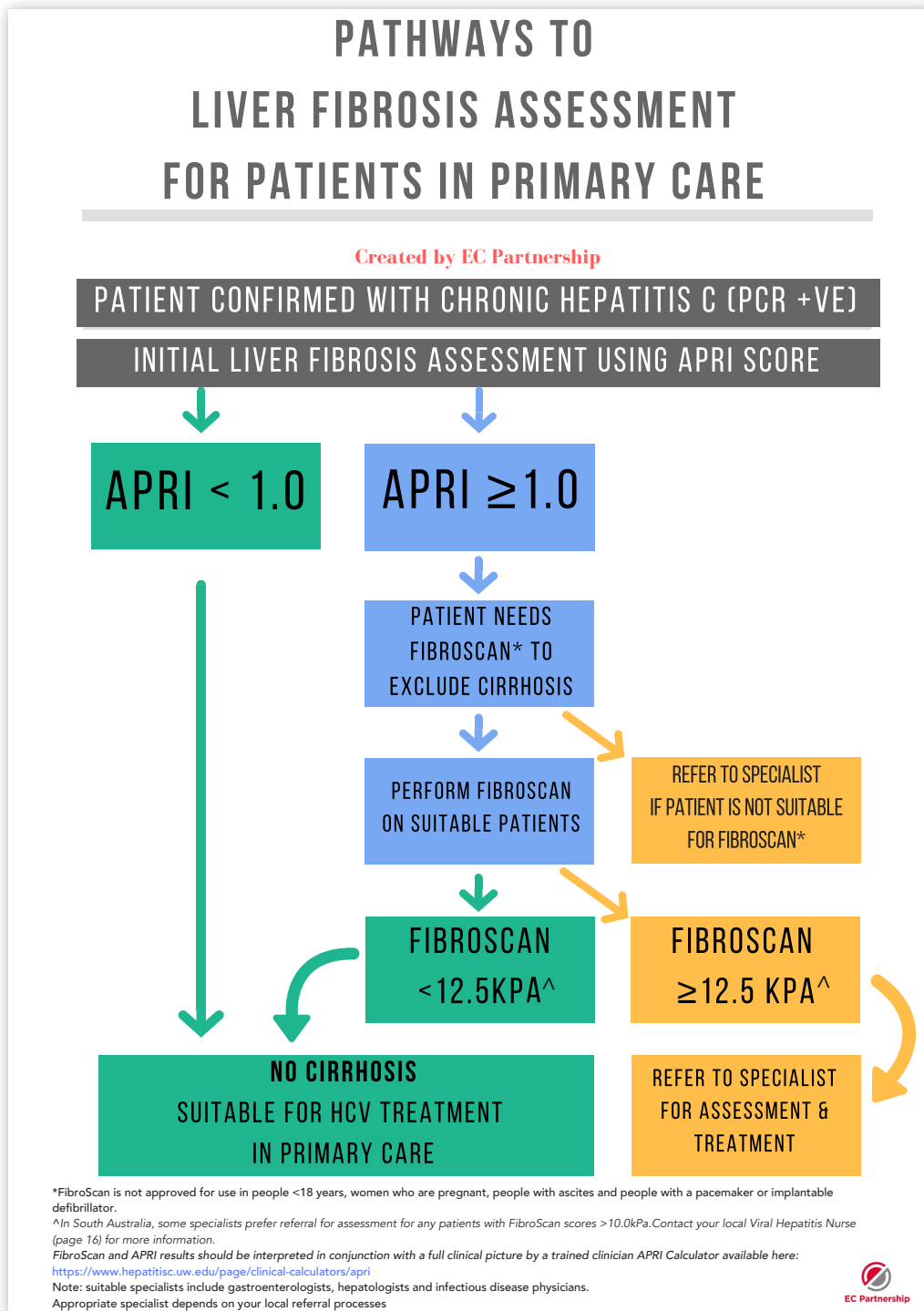
Your doctor has recommended that you use Douglas Harty M&H Pathology. You are free to choose your own pathology provider. However, if your doctor has specified a particular pathologist on clinical grounds, a Medicare rebate will only be payable if that pathologist performs the service. You should discuss this with your doctor.

Liver fibrosis assessment



Before starting your patient on DAA treatment, assess their level of liver fibrosis to determine whether they have cirrhosis. This will help you decide on the best treatment regimen and whether specialist care is required or not. It is also a requirement for PBS authority.

You can assess fibrosis using APRI (AST to platelet ratio index) initially and/or using FibroScan® if required. You'll also find the *Pathways to Liver Fibrosis Assessment in Primary Care* Diagram in the Appendix booklet.



When to refer

While most patients can be treated for hepatitis C in primary care practices, there are some who will need to see a specialist⁸ for treatment and management. Your patient will need to be referred to a specialist if they have:



Liver related

- Advanced fibrosis or cirrhosis (FibroScan[®] liver stiffness score $\geq 12.5\text{kPa}$)[^]
- Persistently abnormal LFTs after treatment



Co-infections & comorbidities

- HCV-HIV co-infection
- HCV-HBV co-infection
- Complex co-morbidities
- Renal impairment (eGFR $<50\text{mL}/\text{min}/1.73\text{m}^2$)



Treatment related

- Failed first-line DAA treatment
- Complex drug-drug interactions
- Experienced major adverse events during treatment

It is a good idea to familiarise yourself with local services including your nearest hospital and liver clinic as well as how to refer. See the **Provider Support Section** for more information on how to access specialist support.

Before treatment

Goals of treatment

Discuss with your patient their goals for treatment, such as:

- Being cured of the viral infection
- Minimising their liver damage, preventing liver failure, and reducing the risk of developing a cancer
- Improving their quality of life
- Reducing the risk of passing on hepatitis C to someone else

⁸ Adapted from GESA Australian recommendations for the management of hepatitis C virus: a consensus statement (August 2017) & ASHM Decision-making in HCV.

[^] In South Australia, some specialists prefer referral for assessment for any patients with FibroScan scores $>10.0\text{kPa}$. Contact your local Viral Hepatitis Nurse (page 16) for more information.

Explain to your patient that advanced fibrosis and cirrhosis are irreversible, but treating and curing their hepatitis C will avoid further liver damage from the virus.

Side effects

Side effects from DAA treatments are uncommon, usually mild, and get better with time. Discuss with your patient the possibility of side effects and explain what you can do about them. You can also help them plan for any disruptions to their work and personal life.

Side effects could include:

- Nausea: taking the tablet with food could help this
- Insomnia and fatigue: make sure your patient is prepared for how this could impact their life
- Headache: make sure your patient stays well hydrated and uses pain relief medications as needed

Is your patient ready to start treatment today?

Sticking with hepatitis C treatment is really important. Anyone starting treatment could experience difficulty with adhering to it.

You'll need to take a patient-centered approach to help your patients stick with their hepatitis C treatment. This means working with them to identify factors that could get in the way before starting treatment, and developing a personalised support strategy to help keep them on track.

The Australasian Hepatology Association (AHA) has produced consensus guidelines for how to provide adherence support to patients with hepatitis C on DAAs.

You can find them on the AHA website along with the quick reference guide:

hepatologyassociation.com.au

We've also included some tips on having this conversation with your patient - see our *Treatment Readiness Tool* in the Appendix booklet.



Starting treatment

Choosing a treatment regimen

Pan-genotypic treatment options are now available, making treatment choice much easier.

They can be used to treat all genotypes of hepatitis C.

There are six different HCV genotypes (1 - 6). Here in Australia, the most common genotypes are genotype 1 (1a and 1b), and genotype 3. You must know your patients HCV genotype for the PBS authority. It will also help you choose a treatment regimen, and can help distinguish between relapse and reinfection if your patient is not cured of their hepatitis C.

More detailed information on treatment protocols is available in *Clinical guidance for treatment hepatitis C virus infection: a summary* (see the Appendix booklet). If you are not experienced in prescribing DAAs, you may need to seek specialist advice to prescribe 'in consultation' using a *Primary Care Consultation Request Form*. See **Provider Support Section** for more information.

Six key questions to answer to help you select the most appropriate treatment regimen:⁹

1. What is the HCV genotype?

Knowing the HCV genotype can help you choose the right treatment regimen for your patient. Check the PBS website for information on genotyping requirements for prescription authority.

2. Is cirrhosis present?

Excluding cirrhosis can be done by assessing level of fibrosis and is generally performed using APRI and/or FibroScan®. If APRI ≥ 1.0 , perform a FibroScan® to measure liver stiffness. If FibroScan® shows liver stiffness ≥ 12.5 kPa[^], specialist referral is recommended.

See *Pathways to Liver Fibrosis Assessment for Patients in Primary Care* in the Appendix booklet.

⁹ Adapted from GESA Clinical guidance for treatment hepatitis C virus infection: a summary, August 2017

[^]In South Australia, some specialists prefer referral for assessment for any patients with FibroScan scores >10.0 kPa. Contact your local Viral Hepatitis Nurse (page 16) for more information.



TIP:

If you are not experienced in managing hepatitis C - you can still prescribe in consultation with a specialist experienced in the treatment of chronic hepatitis C infection.

3. Is the patient treatment naive?

Knowing whether the person has been previously treated for hepatitis C is useful as it may influence treatment regimen selection and duration.

4. Is HBV–HCV or HIV–HCV coinfection present?

It's recommended that patients with HBV or HIV coinfection are referred to a specialist.

If seronegative, vaccinate against HAV and HBV.

Free hepatitis B vaccination is available for people living with hepatitis C through the SA Health High Risk Hepatitis B Immunisation Program: bit.ly/sahealth-hb-hirisk

5. Are there potential drug-drug interactions?

Check for drug–drug interactions using hep-druginteractions.org – a comprehensive, free and easy to use website. It takes the confusion and concerns out of assessing drug–drug interactions and includes prescribed, over-the-counter herbal and illicit drugs. If you can't find a prescribed or herbal drug on the website, check with your local liver clinic or hospital pharmacy attached to a liver clinic about whether it has any drug–drug interactions.

6. What is the renal function (eGFR)?

This can affect which treatment regimen you choose.

- Sofosbuvir is not recommended with eGFR <30mL/min/1.73m².
- Ribavirin is renally cleared and needs dose reduction if eGFR <50mL/min/1.73m²

Writing the prescription

You'll need to have the PBS authority before prescribing these treatments under the PBS.



**For Medicare prescription authority
call 1800 888 333**

**For Department of Veteran Affairs
prescription authority call 1800 552 580***

*When seeking an Authority number, prescribers will be asked:

- Length of treatment: 8, 12, 16 or 24 weeks
- Genotype
- Cirrhosis: present or not
- Does the patient meet the General Statement for Drugs for the Treatment of Hepatitis C?
- Evidence of chronic hepatitis C infection with documented positive results for HCV antibody and HCV RNA for more than six months

See the PBS General Statement for Drugs for the Treatment of Hepatitis C online here:
pbs.gov.au/info/healthpro/explanatory-notes/general-statement-hep-c

Post-treatment follow-up and assessment of cure

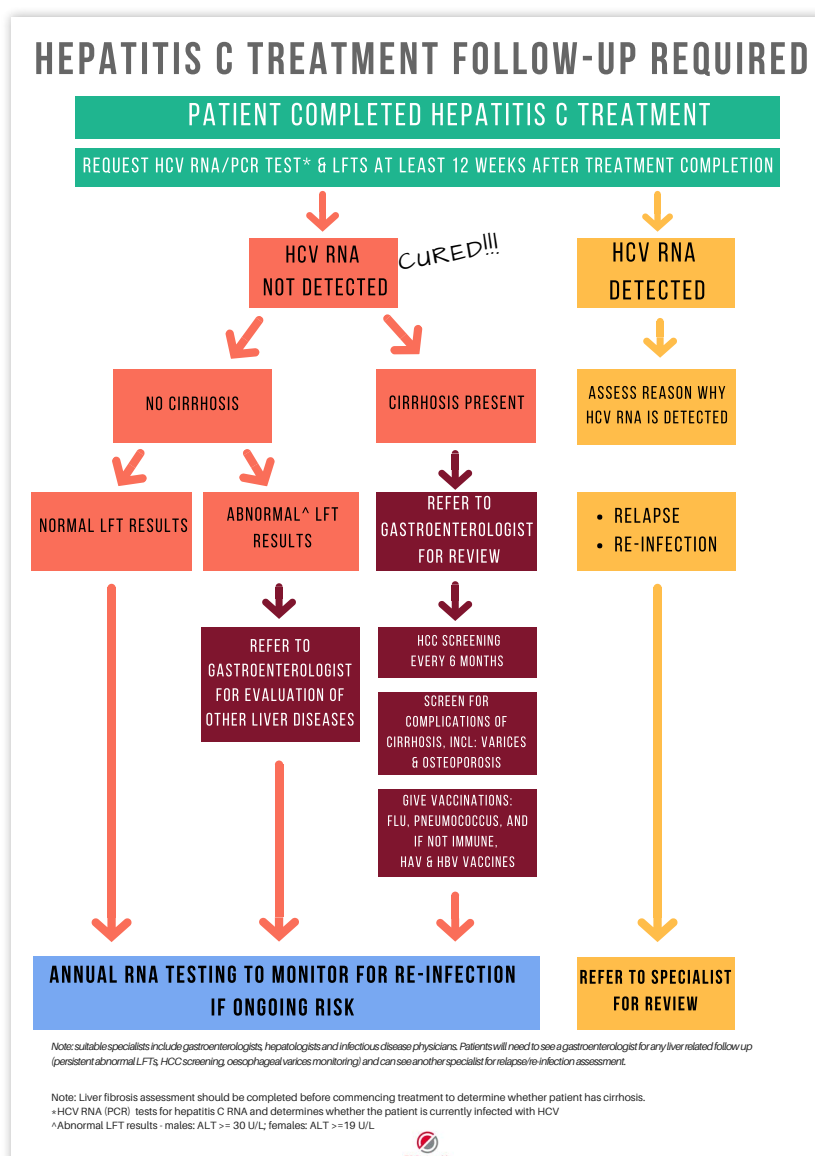
It is important to wait for 12 weeks after treatment completion to test for cure. At this time order an HCV RNA (qualitative) test and liver function tests. The HCV RNA test will show if there has been a sustained virological response (SVR) to treatment.



HCV RNA not detected = SVR achieved = your patient is CURED!

Remember: all patients who have achieved SVR will continue to have anti-HCV antibodies, but this does not mean they have a current hepatitis C infection. It also doesn't mean that they are immune to reinfection.

You'll also find the *Hepatitis C Treatment Follow-up Required* Diagram in the Appendix booklet.



Reinfection can happen

Reinfection is possible, but you can treat for hepatitis C again. It's important to treat people who are currently injecting drugs to stop ongoing transmission of hepatitis C.



If your patient engages in activities that put them at risk of hepatitis C - here are three things to discuss:

- Staying safe by using sterile injecting equipment
- Encouraging injecting partners to be tested and treated
- Remind them they can get treated again if re-infected



The SA Health website has a list of clean needle program sites across South Australia, which can be accessed here: bit.ly/saCNPs

Hepatitis C treatment in prisons

Supported by community Viral Hepatitis Nurses and tertiary specialists, SA Prison Health Service are responsible for delivering care to people living with hepatitis C in SA custodial settings.

SA Prison Health Service routinely offer hepatitis C testing to all prison entrants.

If you would like to transfer the care of your patient for commencement or continuation of hepatitis C treatment, or would like further information on hepatitis C treatment in SA custodial settings, please contact your local Viral Hepatitis Nurse (see page 16).

bit.ly/viralhepnurse-sa

“

Testing and treating hepatitis C is now so much easier. Being involved in curing hepatitis C is one of the most important and satisfying things I do as a GP,”

– Fran, GP

Getting everyone involved in eliminating Hepatitis C

This Hep C Task List helps you easily involve everyone in your practice. Different tasks can be assigned to reception staff, community health workers, CNP workers, case managers, alcohol and other drug (AOD) workers/counsellors, nurses and GPs.

Hep C Task List	
Task	People who can do this:
Promoting that your practice tests, treats and cures hepatitis C (see Health Promotion Catalogue)	<i>e.g. nurse, reception staff, CNP staff, community health workers, Aboriginal health workers</i>
Getting patients onboard with hepatitis C testing and treatment	<i>e.g. GP, nurse, reception staff, CNP staff, community health workers, Aboriginal health workers</i>
Searching patient management systems and recalling patients	<i>e.g. GP, nurse, reception staff</i>
Establishing patient management system shortcuts	<i>e.g. practice manager, nurse</i>
Testing patients for hepatitis C	<i>e.g. GP, nurse, community health worker</i>
Delivering results and completing pre-treatment workup	<i>e.g. GP, and if reviewed by GP and in their scope of practice, nurse and community health workers can deliver result</i>
Entering information into practice management system to improve data collection	<i>e.g. practice manager, nurse</i>
Reviewing results and creating a treatment plan	<i>e.g. GP, nurse</i>
Prescribing medications and planning treatment follow-up	<i>e.g. GP, Nurse Practitioner</i>
Follow-up appointments to find out if your patient has been cured of their hepatitis C	<i>e.g. nurse, GP</i>



¹⁰ Adapted from MSD Primary Healthcare Tool Kit – Hepatitis C

The background is a solid blue color with a repeating pattern of white icons. The icons include: hands holding a heart, a house with a heart inside, a water drop, a stethoscope, a clipboard with a plus sign, a bowl of fruit, a person in a yoga pose, a thermometer, a liver, a heart with an ECG line, a pill bottle, and a group of people. The number '2' is prominently displayed in white on the right side of the page.

2

Patient Support Resources

“ For decades I lived with hep C.
I lived with the fear and
the worry and the dread of
discrimination. Now I just live.

– Lisa, cured of hepatitis C

”

Patient Support Resources



Barriers to care



Creating a friendly space



Making testing easy



Supporting your patient to start treatment



Health promotion, education and support resources



Patient support organisations



Barriers to getting hepatitis C care

People who inject drugs may face additional challenges in getting hepatitis C care, even with these new treatments. Below you'll find some tips on how you can make it easier for people who inject drugs to get the care they need.

People who inject drugs and people living with hepatitis C often face stigma and discrimination within the healthcare system, and also in society more broadly.¹¹

The patients you see might have been discriminated against in the past. This could make them reluctant to get healthcare, and either put off seeing a doctor as long as they can or avoid it altogether.¹²

These experiences may make them quick to react to perceived and actual discrimination, so it is important to consider how your patients might interpret your interactions.

The types of discrimination your patients might have experienced before include:^{11,12}

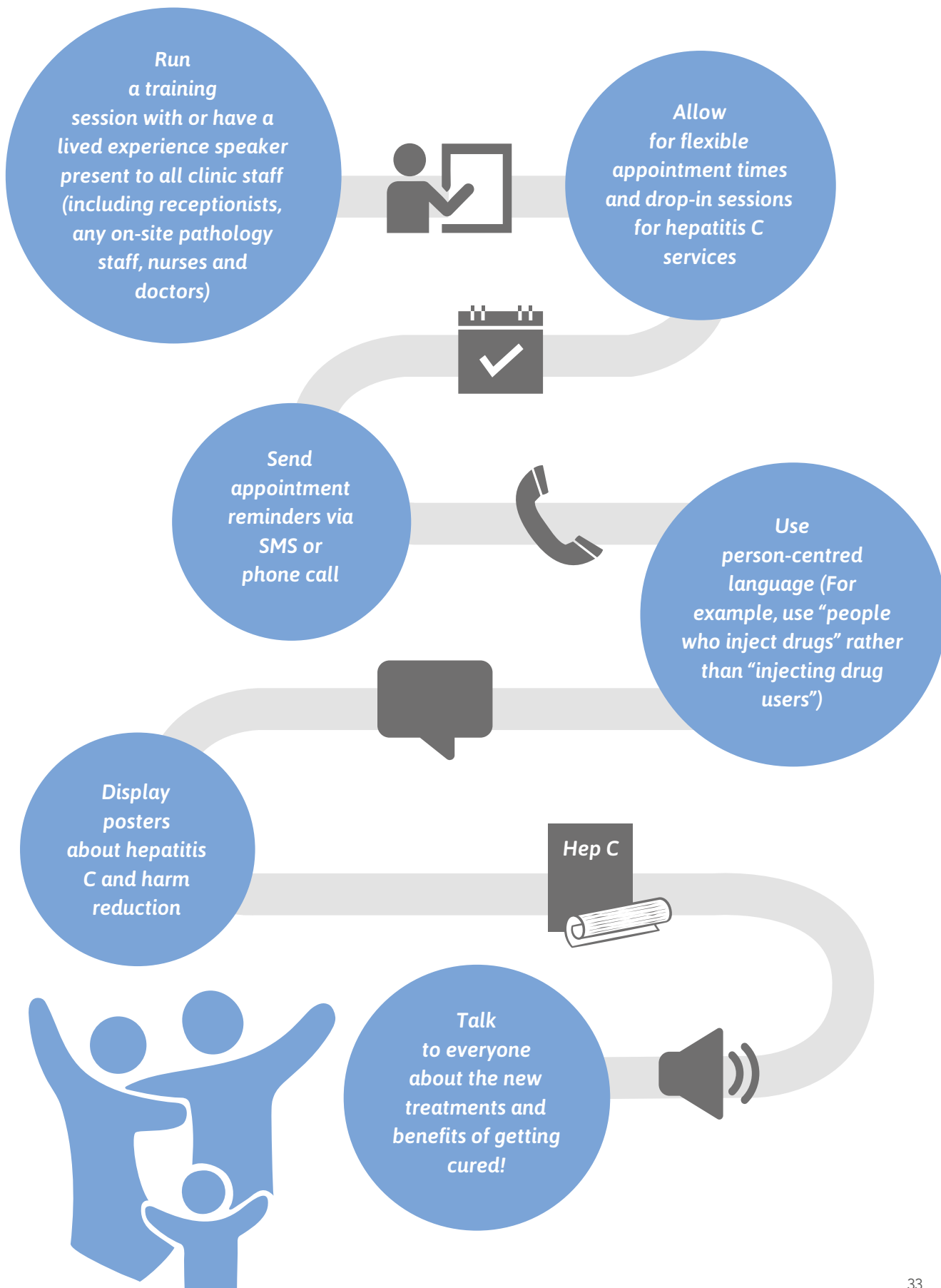
- Unnecessary deviations or extra precautions to standard infection control – e.g. double gloving
- Making people wait to receive services – e.g. until the end of a waiting list or to the end of day's surgeries
- Refusing medical care
- Unwillingness to perform surgical or dental procedures
- Unwillingness to provide pain relief medication
- Breaching their right to confidentiality
- Verbal/non-verbal cues such as being abrupt, unsympathetic, silence/uncomfortable pauses after disclosure, avoiding eye contact
- Asking personal questions about drug use or other behaviours without explaining why it is medically relevant
- Expecting patients to comply with requirements that are more difficult in their condition or situation – e.g. expecting a person who is homeless and without a phone or watch to always keep appointment times.

¹¹Australian Injecting and Illicit Drug Users League (AIVL) 2011, 'Why wouldn't I discriminate against all of them?', A report on stigma and discrimination towards the injecting drug user community, Canberra, Australia.

¹²ASHM & National Centre in HIV Social Research (2012). Stigma and Discrimination around HIV and HCV in Healthcare Settings: Research Report. Retrieved from: www.ashm.org.au/resources/Stigma_and_Discrimination.pdf

Creating a friendly space

You give your patients a much better experience and help keep them engaged in care by creating a hepatitis C friendly space. Here's some ideas of how to do this:



Making testing easy

We know that starting the conversation about hepatitis C testing can be tricky sometimes. To make it a little easier, we've pulled together some tips on how to start the conversation. You can find these, along with some of the key things to cover before performing a test, in the *Starting the Conversation Tool*.

Many people who inject drugs have veins that are difficult to access. This can make blood tests a traumatic experience.

The Australian Injecting and Illicit Drug Users League (AIVL) has produced a fact-sheet to help with difficult venous access. You can also get tips and tricks that might help on their website: aivl.org.au/

Strategies:

Get all the bloods done in one go. Reduce the number of blood draws, number of visits and streamline their pathway into care by using reflexive testing and APRI to assess for fibrosis.

Provide on-site pathology through either a pathology collection service or nurses/doctors.

Develop a 'champion blood taker' within your service.

Encourage your patients to drink some water before having their blood taken.

Warm up the venepuncture area with heat packs or warm towels before taking blood.

Allow your patients to self-collect blood under supervision.

Follow your patients' advice about which veins are most likely to be successful.

Request an ultrasound-guided venepuncture if needed. These can be provided at some hospitals.

Be sensitive to the trauma associated with repeated failed venepuncture.

Supporting your patients to start Hepatitis C treatment

Hepatitis C treatment is only one aspect of a person's life. A number of factors – like unstable housing or financial hardship – could be a barrier to your patient starting or following the treatment through to completion.

You can help your patient start and stick with their treatment by providing additional support. Here's some ways you can find out if your patient needs additional support:



Staying engaged

- Schedule appointments at the same time as opioid substitution therapy (OST) appointments or regular CNP pick-ups
- Collect multiple contact details for your patient, plus an alternative contact person and their details



Sticking to treatment

- Discuss logistics of accessing pharmacies, storage of medications and transport
- Ask your patient what they think would help them finish treatment.
 - daily dosing with OST
 - using a dosette box
 - setting phone reminders
 - taking tablets with other daily routine



Extra support

- Seek out any case managers or outreach workers/nurses who are already assisting the patient
- Discuss housing, finances and social support and whether any of these could be a barrier to starting or sticking with treatment
- Ask how their drug use, alcohol use, other health is going. Do they feel like these things are under control, and if not, if they want you to organise some help for them like a referral to AOD counsellor or general counsellor/psychologist

Support services in SA

- Hepatitis SA Helpline 1800 437 222
hepsa.asn.au/services/support
- MOSAIC Counselling and Case Management 8245 8100
rasa.org.au/services/adult-health-wellbeing/mosaic-blood-borne-viruses-support-services/
- PEACE Multicultural Services 8245 8100
rasa.org.au/services/couples-families/peace-multicultural-services/

You can get more tips on how to discuss treatment readiness with your patients in our *Getting someone ready for treatment* tool, in the Appendix booklet : Key Documents for Hepatitis C

Health promotion, education and support resources

There are plenty of health promotion, education and support resources available, and we've included a few of the key ones here in this Toolkit.

More resources for prescribers are available online at Hepatitis SA's website and GP Information portal:

- hepsa.asn.au/news/263
- hepsa.asn.au/gp

A full list of SA resources can be viewed online at issuu.com/hepccsa

Printed copies can be ordered at hepsa.asn.au/orders

Hepatitis C Health Promotion Resources for Display

Format available in

Material

Produced by & order information

A6 Booklet, video



Hepatitis C treatment has changed. Video and easy read booklet

Booklet order from hepsa.asn.au/orders

View at bit.ly/new-v-old

View video at bit.ly/new-versus-old

Posters (English, Chinese)A3 and pamphlet (English, Vietnamese, Urdu, Chinese) and website

Promote new hepatitis C treatment

View at bit.ly/ec-aus-stack

Order online: hepsa.asn.au/orders

Webpages: hepsa.asn.au/hep-c-get-cured



Hep C Friendly Clinic Resources for Display

Format available in

Material

Produced by & order information

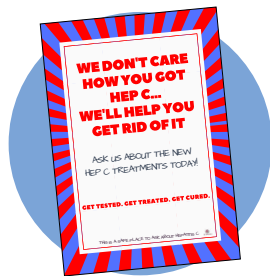
Poster and PDF



Clinic EC Partnership Poster (Option 1)

EC Partnership
ecpartnership@burnet.edu.au

Poster and PDF



Clinic EC Partnership Poster (Option 2)

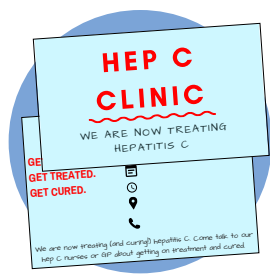
EC Partnership
ecpartnership@burnet.edu.au

Poster and PDF



Clinic Details EC Partnership Poster

EC Partnership
ecpartnership@burnet.edu.au



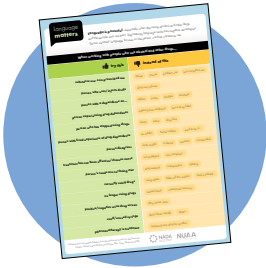
Clinic Details EC Partnership business cards and stickers

EC Partnership
ecpartnership@burnet.edu.au

Stigma and Discrimination Training & Education Resources for Practice Staff

Format available in

Two-page PDF



Material

Language Matters Poster

Produced by & order information

NADA & NUUA

Available online for download from:

nada.org.au

Online Course



A Normal Day – online podcast education course

ASHM and AIVL

Available from:

lms.ashm.org.au

Positive Speakers



Hepatitis SA positive speakers are people who are living with, or have cleared hepatitis C. They share their stories to help people understand better the emotional, physical, psychological and social impact of hepatitis C.

To book a speaker call Jenny on **08 8362 8443** or email **jenny@hepsa.asn.au**

Positive speakers can be requested for all education sessions including those held for schools, community groups, health and community workers, and at conferences.

Tips for providers

Format available in

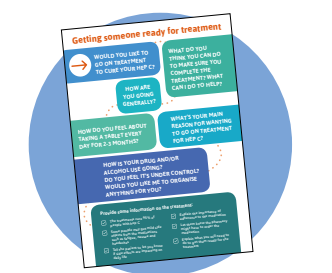


Material

Starting the Conversation Tool

Produced by & order information

EC Partnership
ecpartnership.org.au/resources



Getting Someone Ready for Treatment Tool

EC Partnership
ecpartnership.org.au/resources

Client Support Resources

Format available in

Hepatitis SA Helpline



Material

Wallet card & poster promoting the information and support helpline

Produced by & order information

Order from:
hepsa.asn.au/orders or
 call 1800 437 222

Podcast



Treatment journey & new treatment information – Howard's story on radio 5aa

Listen online:
bit.ly/howard-story

Format available in

Postcards for prisoners



Material

Set of 6 postcards

Produced by & order information

To order, call **1800 437 222** or email admin@hepsa.asn.au

Pamphlet, DL



Information on hepatitis C and B for people who inject drugs.

View online:

bit.ly/why-care-hep

Order from:

hepsa.asn.au/orders or

call 1800 437 222

Booklets (10 cm x 10 cm)



Set of 4 booklets targeting Aboriginal people

For copies contact Nunkuwarrin Yunti of South Australia on **08 8406 1600** and ask to speak with a Harm Minimisation worker or can be accessed through their website nunku.org.au

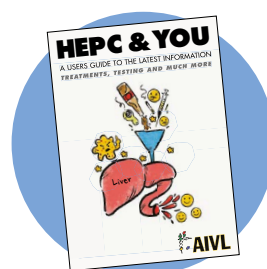
Bang it up safe way – targeting Aboriginal people who inject drugs

Protect yourself – Be Blood Aware – Aboriginal community awareness on transmission

Hep C is everyone's business – Aboriginal community awareness on why to get tested

Hep C Cure – New treatments work – (Aboriginal people living with BBV thinking about treatment

A5 booklet and PDF



Hep C & You information booklet

AIVL

Order hard-copies by emailing info@aivl.org.au or visit aivl.org.au/resource

Format available in

Square booklet and PDF



Material

Liver First information booklet

Produced by & order information

AIVL

Order hard-copies by emailing info@aivl.org.au or visit aivl.org.au/resource

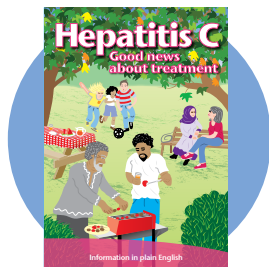
Website with hepatitis information in various languages



Multicultural HIV and Hepatitis Service. Navigation & information in many languages, resources in languages other than English

Multicultural HIV and Hepatitis Service
mhahs.org.au

PDF booklet

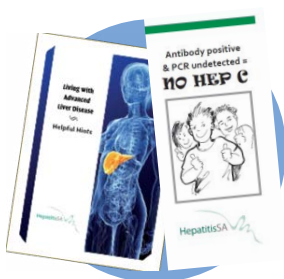


St Vincent's Hospital Melbourne
Good news about treatment

Available Online

svhm.org.au/health-professionals/specialist-clinics/g/gastroenterology/resources

Pamphlets, Booklets



Topics include:

- Hepatitis C treatment
- Pregnancy and babies
- Sex and transmission
- Body art and hep C
- Hep C and dental care
- Cirrhosis
- Living with advanced liver disease
- Fatty liver disease
- Fibro scan
- Genotypes
- Testing

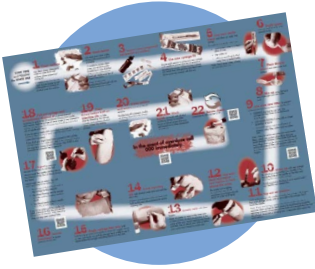
View on issuu.com/hepccsa

Order from:

hepsa.asn.au/orders or call 1800 437 222

Format available in

Placemat, A3



Material

Step by step guide for safer injecting with QR code links to information about hep C
Not for general circulation.

Produced by & order information

To order, call Carol or Margie on **1800 437 222** or email carol@hepsa.asn.au

Pamphlet DL



Tips on reducing harms while snorting, smoking or ingesting drugs.
Not for general circulation.

To order, call Carol or Margie on **1800 437 222** or email carol@hepsa.asn.au

Wallet card and online information



Overdose and Naloxone quick guide. Similar information online.

Online: hepsa.asn.au/resources/422

To order, call Carol or Margie on **1800 437 222** or email carol@hepsa.asn.au

Patient Support Organisations

The following organisations provide resources, education and support for people who are living with hepatitis C or at risk of hepatitis C.



Hepatitis SA

Hepatitis SA is the peak not-for-profit, community organisation that provides information, education and support services to South Australians affected by hepatitis B or hepatitis C. This includes people with hepatitis B or C, their family and friends, and professionals who support them.

You may refer patients to our Helpline for support and information. All services are free of charge.



hepsa.asn.au



Hepatitis SA Helpline – 1800 437 222



Hepatitis SA operates a clean needle program (CNP) site and provides hepatitis C and CNP peer education and support services.

Our CNP Peer Services are staffed by people with lived experience of injecting drug use, who provide information, education and support for people who inject drugs at various CNP sites throughout Adelaide



Contact via the Hepatitis SA Helpline - 1800 437 222



Aboriginal Health Services

Aboriginal Community Controlled Health Services and SA Health Aboriginal Primary Health Care services are available across South Australia, providing a range of health care and community support services to Aboriginal and Torres Strait Islander people, including:

- Clean needle program
- Harm reduction information and education
- Alcohol and other drug support
- BBV testing and treatment
- Other holistic primary health services

For further information please visit:



ahcsa.org.au/members-overview/members-directory/



or bit.ly/watto-purrunna



Nunquwarrin Yunti
of South Australia Inc.

Nunquwarrin Yunti

Nunquwarrin Yunti is the foremost Aboriginal Community Controlled Health Organisation in metropolitan Adelaide. Their services are located in the city and in metropolitan sites including Elizabeth Downs, Kilburn, Christies Beach and Mile End. Nunquwarrin Yunti delivers a suite of holistic Aboriginal Primary Health Care services including clean needle program, harm reduction information and education, alcohol and other drug support as well as BBV testing and treatment.



For further information please visit nunku.org.au



Australian Injecting and Illicit Drug Users League (AIVL)

AIVL is the national peak body for state and territory organisations for people who use drugs. AIVL's purpose is to advance the health of people who use or have used illicit drugs. This includes a primary focus on reducing the transmission and impact of blood-borne viruses. AIVL works towards the implementation of peer education, harm reduction, health promotion and policy/advocacy strategies at a national level.

You can refer your patients to the resources on AIVL's website, including the NSP directory, information on legal issues associated with drug use, and factsheets on a range of health topics including vein care and preventing blood-borne viruses.



aivl.org.au/



02 6279 1600



ADIS - Alcohol and Drug Information Service

Telephone counselling and information
8.30am - 10pm everyday



1300 13 1340

For the cost of a local call from anywhere in South Australia



Relationships Australia South Australia

MOSAIC Blood Borne Viruses Support Services

MOSAIC provide free and confidential counselling, case management support, advocacy and problem-solving support, as well as information and referrals to relevant community or health services, to people affected by HIV and/or Viral Hepatitis.



rasa.org.au/services/adult-health-wellbeing/mosaic-blood-borne-viruses-support-services/

PEACE Multicultural Services

PEACE is a statewide service that provides support and assistance to people from culturally and linguistically diverse (CALD) communities. Specifically, the service assists CALD people at risk of, or affected by HIV, STI, viral hepatitis, and other issues, such as gambling.



rasa.org.au/services/couples-families/peace-multicultural-services/



Call 8245 8100 or complete an online referral for assistance.



3

Provider Support Resources

“ I’ve been a hepatology nurse for 16 years and have never had so many hugs and happy tears from patients now that we can cure people easily and safely ”

– Margaret, Clinical Nurse Consultant

Provider Support Resources

We know that hepatitis C is new to many treatment providers in primary care given it has been managed solely by specialists in the past. Here are some great resources that will give you the confidence to prescribe DAAs to treat and cure hepatitis C:



Australian recommendations for the management of hepatitis C



How to access FibroScan®



Additional clinical decision support resources



How to get specialist support



Introduction to HealthPathways



Training and education



Australian Recommendations for management of hepatitis C

The Australian recommendations for the management of hepatitis C virus infection: a consensus statement summarises everything you need to know about hepatitis C. It is regularly updated, so keep an eye out for the latest version online at hepcguidelines.org.au

There is a tear-out of the summary version: *Clinical guidance for treating hepatitis C virus infection: a summary in the Appendix booklet.*

Used with permission of the Gastroenterological Society of Australia (GESA).

Clinical guidance for treating hepatitis C virus infection: a summary

For more information: www.gesa.org.au or hepcguidelines.org.au | Page 2 of 2

Recommending treatment protocols for treatment-naïve people with hepatitis C virus (HCV) infection and compensated liver disease, including people with HCV genotype 1a

Regimen	HCV genotype	No cirrhosis	Cirrhosis
Sofosbuvir 400 mg, orally, daily	1, 2, 3, 4, 5, 6	12 weeks	12 weeks ^a
Velpatasvir 100 mg, orally, daily	1, 2, 3, 4, 5, 6	8 weeks	12 weeks
Glecaprevir 300 mg, orally, daily	1, 2, 3, 4, 5, 6	8 weeks	12 weeks
Elbasvir 50 mg, orally, daily	1, 2, 3, 4, 5, 6	8 weeks	12 weeks
Levornir 100 mg, orally, daily	1, 4	12 weeks	12 weeks
Sofosbuvir 400 mg, orally, daily	1	8 or 12 weeks ^b	12 weeks
Levornir 100 mg, orally, daily	1	8 or 12 weeks ^b	12 weeks

Notes:

- ^a Sofosbuvir is not recommended for patients with genotype 1b HCV and compensated cirrhosis. Sofosbuvir in combination with velpatasvir, glecaprevir or elbasvir is not recommended.
- ^b Sofosbuvir is not recommended for patients with genotype 1b HCV and compensated cirrhosis. Sofosbuvir in combination with velpatasvir, glecaprevir or elbasvir is not recommended.

Additional information:

- Addition of ribavirin may be considered for patients with genotype 1b HCV and compensated cirrhosis. Ribavirin dosing is weight-based; recommended dose is 1000 mg for people weighing < 75 kg and 1200 mg for people weighing ≥ 75 kg.
- 12 weeks may be considered if HCV RNA level is < 4 × 10⁶ IU/mL in people with no cirrhosis who have treatment-naïve.

Other key points:

- Sofosbuvir is not recommended for patients with an untreated (Hepatitis B) virus > 10⁶ IU/mL.
- Close monitoring of liver function is recommended for all patients receiving treatment.
- The recommended treatment regimens apply to the management of compensated liver disease (Child-Pugh class A or B) in Australia. Recommendations for the management of hepatitis C virus infection in cirrhosis are available elsewhere.

Logos: GESA, AUSTRALASIAN HEPATOLOGY ASSOCIATION, ASPI, ashm, hepatitis australia

Clinical guidance for treating hepatitis C virus infection: a summary

For more information: www.gesa.org.au or hepcguidelines.org.au | Page 1 of 2

Key questions before commencing treatment for hepatitis C virus (HCV) infection

- Is the patient eligible?
 - What is the HCV genotype?
 - What is the patient's liver disease?
- What is the patient's liver disease?
 - Is there evidence of liver disease?
 - What is the patient's liver disease?

Checklist for pre-treatment assessment for people with hepatitis C virus (HCV) infection

- HCV genotype
- Liver disease
- Contraindications
- Renal function
- Drug interactions
- Pregnancy status
- Other factors

Assess for people living with hepatitis C

- People living with hepatitis C virus infection should be offered treatment.
- People with compensated liver disease should be offered treatment.
- People with cirrhosis should be offered treatment.

On-treatment and post-treatment monitoring for virological response

- Monitor for side effects.
- Monitor for relapse.
- Monitor for reinfection.

Stopping treatment of people after successful hepatitis C treatment outcome (SVR)

- Patients who achieve SVR should be followed up.
- Patients who do not achieve SVR should be offered re-treatment.

People who do not respond to hepatitis C treatment

- Consider alternative treatment options.

Logos: GESA, AUSTRALASIAN HEPATOLOGY ASSOCIATION, ASPI, ashm, hepatitis australia

The Primary Care Consultation Request forms were developed to streamline access to specialist advice, in particular to meet requirements for 'in consultation' prescribing by GPs not yet experienced in managing hepatitis C. You can fax the forms to specialist clinics where they will be reviewed and responded to by an appropriate physician, usually within one week. The physician will recommend a course of action, which is either: more information required; GP is able to prescribe; or specialist referral recommended. This process may also be used by nurse practitioners.

Primary Care Consultation Request forms are available as a generic form as part of this Toolkit (see the Appendix booklet), online from GESA, and as a form specific to your area from your local HealthPathways. gesa.org.au/resources/hepatitis-c-treatment

Gastroenterology and Liver Services Remote Consultation Request for Initiation of Hepatitis C Treatment

Hospital Phone: () Hospital Fax: ()

FOR ATTENTION OF: Dr _____ Date: _____

Remote Consultation Request for Initiation of Hepatitis C Treatment

Hospital Phone: () Hospital Fax: ()

FOR ATTENTION OF: Dr _____ Date: _____

Remote Consultation Request for Initiation of Hepatitis C Treatment

Hospital Phone: () Hospital Fax: ()

Form 1 of 2

Form 2 of 2

Used with permission of the Gastroenterological Society of Australia (GESA).

Accessing FibroScan®



FibroScan® (transient elastography – TE) is a non-invasive alternative to a liver biopsy. It can be used to assess the degree of liver fibrosis and exclude advanced liver disease. FibroScan® is not Medicare Benefits Schedule (MBS) subsidised and needs to be performed by a trained operator.

Results from FibroScan® need to be interpreted with other clinical information by a trained operator who is experienced in hepatitis C care.

The FibroScan® report form can help you explain the result to your client. View the form: bit.ly/fibroscan-report

The FibroScan report form can be ordered from Hepatitis SA on 8362 8443, or hepsa.asn.au/orders.

Access to FibroScan can be facilitated through SA Health’s Viral Hepatitis Nurses who are located within the community across metropolitan Adelaide. Support and access to FibroScan can also be arranged for people in country areas. Referrals can be faxed to the nurses at the following:

Central Adelaide Local Health Network

Queen Elizabeth Hospital
Phone: 0423 782 415 or 0401 717 953
Fax: (08) 8240 9609

Royal Adelaide Hospital

Phone: 0401 125 361 or (08) 7074 2194
Fax: (08) 8222 5883

Northern Adelaide Local Health Network

Phone: 0401 717 971 or 0413 285 476
Fax: (08) 7485 4011

The Lyell McEwin Hospital

Liver Clinic Enquiries & Referrals
Phone: 8182 1897
Fax: 08 8182 9837

Southern Adelaide Local Health Network

Phone: 0466 777 876 or 0466 777 873
Office: (08) 8204 6324
Fax: (08) 8204 6420

More information and FibroScan referral forms:
bit.ly/viralhepnurse-sa

Additional clinical decision support resources - to make Hep C treatment easy

We've collated some very useful clinical decision support tools to make it easier for you to treat hepatitis C.

Format available in

Two-page pdf



Material

HCV Treatments Quick Reference Tool

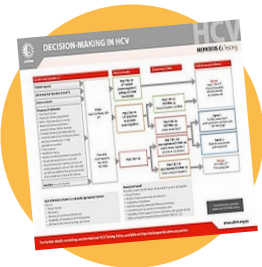
Produced by & order information

ASHM

Available online

ashm.org.au/products/product/HCV-Treatments-Tool

pdf



Decision Making in Hepatitis C

ASHM

Available online

ashm.org.au/products/product/Decision-Making-in-HCV

Website



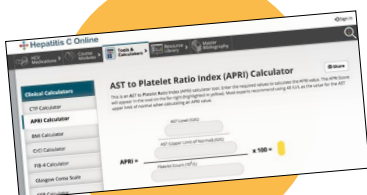
Drug-Drug Interaction Checker

University of Liverpool

Available online

hep-druginteractions.org

Website



APRI Calculator

University of Washington

Available online

hepatitisc.uw.edu/page/clinical-calculators/apri

Format available in

Material

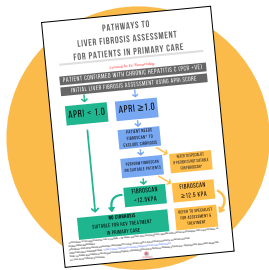
Produced by & order information

PDF or laminated A4 poster

Pathways to Liver Fibrosis Assessment for Patients in Primary Care

EC Partnership

Available online
ecpartnership.org.au/resources



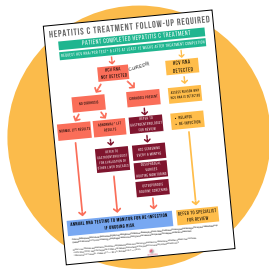
PDF or laminated A4 poster

Hepatitis C Treatment Follow-up Required

EC Partnership

ecpartnership@burnet.edu.au

Available online:
ecpartnership.org.au/resources



GP information pack, online portal

Hepatitis C management and support for general practitioners:
hepsa.asn.au/gp
Also available as physical information pack with USB.

Hepatitis SA

Available online:
hepsa.asn.au/gp

To order physical copy, call
08 8362 8443



Chart

Current hepatitis C treatment chart for patients.

Hepatitis SA

View at:
bit.ly/hcv-tx-chart-sa

Order from:
hepsa.asn.au/orders



How to get specialist support

Specialist support can be sought for inexperienced providers requiring consultation with a specialist to fulfill PBS requirements for seeking advice for treating complicated patients.

If required, you can arrange specialist support for the management of your patient by contacting your local Viral Hepatitis Nurse and arranging a Remote Consultation Request:

Central Adelaide Local Health Network
Queen Elizabeth Hospital
Phone: 0423 782 415 or 0401 717 953 Fax: (08) 8240 9609
Royal Adelaide Hospital
Phone: 0401 125 361 or (08) 7074 2194
Fax: (08) 8222 5883

Northern Adelaide Local Health Network
Phone: 0401 717 971 or 0413 285 476 Fax: (08) 7485 4011

Southern Adelaide Local Health Network
Phone: 0466 777 876 or 0466 777 873
Office: (08) 8204 6324
Fax: (08) 8204 6420

Patients who require specialist care include those with:¹³

- Advanced fibrosis or cirrhosis
- Extrahepatic manifestations
- Complex co-morbidities
- Renal impairment
- HCV-HIV co-infection
- HCV-HBV co-infection
- First-line DAA treatment failure
- Complex drug–drug interactions
- Experience of major adverse events during treatment
- Persistently abnormal LFTs post-treatment

HealthPathways

HealthPathways South Australia (HPSA) is a partnership between SA Health, Adelaide Primary Health Network and Country SA Primary Health Network.

HPSA provides information and guidelines for General Practitioners (GPs) and health professionals to support the consistent management of patients in the community. The pathways provide information for GPs and health professionals about available community services and, when required, details on referring patients to SA Health for care.



The hepatitis C page on the HealthPathways portal (available from early 2020) provides a detailed overview of chronic hepatitis C management, along with local referral options and links to Remote Consultation Request forms.”

bit.ly/healthpathways-sa

Visit your local PHN’s HealthPathways website and set up a free account to access the portal.

HealthPathways South Australia (HPSA)



bit.ly/healthpathways-sa



Getting online and face-to-face training

The BBV/STI Education and Events calendar makes it easy to find the most relevant training and education opportunities, all in one place: bbvsti.vphna.org.au/

Online Learning

Name	Organisation	Where to access	Time required	CPD points
Curing hepatitis C: Your role as a GP	Victorian PHN alliance	vphna.org.au/education/	45 minutes	2 RACGP points
Hepatitis C in Primary Care and Drug and Alcohol Settings Education Program	ASHM	ashm.org.au/HCV/training/	2 hours	40 Category 1 points in the RACGP QI&CPD program for the 2017-2019 triennium. Participants must complete the online modules and face-face training for allocation of full points.
Hepatitis Education Project - Hepatitis C	Edith Cowan University	hepatitis.ecu.edu.au	7 hours	40 Category 1 CPD points for GPs, 9 hours of CPD for nurses
Curing Hepatitis C in Primary Care - eLearning	ASHM	ashm.org.au/HCV/training/	Part 1 - 2.5 hours Part 2 - 30 mins	40 Category 1 points in the RACGP QI&CPD program for the 2017-2019 triennium for participants who complete both the Part 1 online module and attend the Part 2 Face-Face training of the Hepatitis C New Treatments Course.

Face-to-face learning

Organisation	Description of training	Find out more
ASHM	Description of training: ASHM offers a range of face-to-face, webinar and online training courses specifically designed for health professionals and any other specific workforces that require hepatitis C education and training.	Find out more: Website: ashm.org.au/HCV/training Contact: 02 8204 0700 ashm@ashm.org.au





4

Practice Support Resources

“

To be able to offer a simple, curative and life-changing treatment to some of Australia's most disadvantaged people is hugely rewarding. It's amazing how well these treatments work with the right support, even in the most complex clients”

– Phillip, Director of Kirketon Road Centre

Practice Support Resources

Treating and curing hepatitis C is easy, but we've found a few ways to make it even easier.

We want to support your practice to streamline hepatitis C care by helping you use your patient management system efficiently, and ensure you can bill appropriately for the time spent with patients.

We've included several resources and how-to guides to support your practice:



Maximising MBS billing



Optimising your patient management system



Identifying patients who need follow up



Setting up processes for patient follow up



**Auditing your clinic's progress
(and getting CPD points)**



Optimising your patient management system

We want to make it easier and quicker for everyone to be involved in hepatitis C care. To streamline the process, we've put together recommended shortcuts, templates and data entry processes for Medical Director, Best Practice and Zedmed.

Instruction sheets on how to set up and use various features specific to your patient management system are provided in the Practice Support Guide section on our website. Our EC nurses will also assist you in setting up and using these features.

It's really important that you put accurate and high-quality clinical information into your patient management system.

Doing so will help you:

- Improve outcomes for your patients
- Improve the quality of MyHealth Records
- Make your clinic run efficiently by streamlining your reporting
- Partake in Plan-Do-Study-Act activities which may contribute towards obtaining Quality Improvement incentive payments in the Practice Incentives Program
- Ensure you get the most out of the MBS billing options available to you.

You can set up shortcuts in your system to make hepatitis C management easier and more efficient, such as:

- Pathology favourites, including reflexive hepatitis C diagnostic and treatment work-up tests
- Progress note templates
 1. Assessments before starting treatment
 2. While on treatment
 3. After completing treatment (SVR12 and onwards)
- Care Plan and Team Care Arrangement templates, which include tips on when to bill for review and who to involve in Team Care Arrangements
- A clear follow-up system using recalls and reminders

Instruction sheets on how to set up these shortcuts and templates for **Medical Director, Best Practice** are provided on our website: ecpartnership.org.au/toolkit

TO MAKE SURE YOUR DATA IS ACCURATE AND USEFUL, YOUR CLINIC SHOULD

Request pathology using your patient management system

Get pathology results from the pathology service (e.g. Clinical Labs, Dorevitch) directly into your patient management system via the holding file

Prescribe medications using your patient management system rather than handwritten on a prescription pad

Remove the option for free-text in past medical history items, reminders/recalls, diagnosis and clean up any existing uncoded options.

Identifying patients who need follow-up

Patients to engage in hepatitis C care:

- Patients at risk of hepatitis C who need to be tested
- Patients who have been tested (and possibly diagnosed) but are not yet on treatment
- Patients who require a SVR12 test to determine the outcome of their treatment
- Patients who require ongoing care after achieving SVR12.

Patient Management System Searches	
<i>We recommend starting with Search #1, and if you have more than 100 patients identified this way, work with those results before moving on to Search #2 and Search #3. Make sure you cross reference searches #1, 2 & 3 with search #4 to make sure you're not following up patients who are already on treatment!</i>	
Search #1	Patients who have visited the clinic in the last three months and are on OST with hepatitis C listed as a condition
Search #2	Patients who have visited the clinic in the last two years and have hepatitis C listed as a condition
Search #3	Patients who have visited the clinic in the last two years and are on OST
Patients to follow up for SVR12 test to determine the outcome of treatment	
Search #4	Patients who are on/have been on treatment for hepatitis C and may require follow up to assess whether they achieved a cure as well as yearly screening if they are at ongoing risk of reinfection. A cure is determined as a sustained virological response at 12 weeks (SVR12) after treatment.
Patients to follow up for ongoing care after being cured of hepatitis C	
Search #5	Patients who have been treated and cured of hepatitis C and require ongoing monitoring for their cirrhosis, including HCC screening.

Instructions on how to run these searches in **Medical Director and Best Practice** are provided on our website: ecpartnership.org.au/toolkit

Creating these lists is just the starting point for finding relevant patients to engage in hepatitis C treatment. You may need to review a patient's medical record to determine the exact follow-up required before setting the relevant reminder.

Setting up processes for patient follow-up

Having a clear recall and reminder system will make sure your clinic is reaching people at each stage of the cascade of care, and make sure no-one is falling through the cracks. Our guide is specific to hepatitis C - make sure you refer to your own clinic's policy on recalls and reminders before implementing this follow-up system.

Each patient management system uses different terminology to describe the same things. Here, we have provided general definitions from the RACGP Green Book.¹⁴ We also use terms relevant to each patient management system within the Practice Support Guide section on our website.



Patient reminders

Recall: proactive follow-up to a preventive or clinical activity of clinical significance with substantial potential to cause harm; involves multiple contact attempts in varied methods, required to record attempts and decision by doctor to stop following up patient.

Reminder: initiate prevention, before or during patient visit; can be opportunistic or proactive.



Clinician reminders

Prompt: reminder to clinician; draws attention to a prevention or clinical activity the patient needs.

Ways that you could engage a patient identified in your searches include:

- Phone them to invite them to an appointment
- Send a SMS to invite them to an appointment
- Send a letter to invite them to an appointment
- Add a note to the patient's file to encourage their GP or nurse to discuss hepatitis C at the next visit
- Add reminders and actions for GPs to review

The Practice Support Guide section on our website provides instructions on how to do the following suggested tasks in Medical Director and Best Practice

Our instruction sheets can show you how to:

- Add recalls, reminders and prompts
- Search reminders
- Import provided or other letter templates
- Edit and use letter templates

¹⁴ Reminders, recalls and prompts (flags). Putting prevention into practice (Green Book). Retrieved from: [racgp.org.au/your-practice/guidelines/greenbook/applying-the-framework-strategies,-activities-and-resources/ability/reminders,-recalls-and-prompts-\(flags\)](https://racgp.org.au/your-practice/guidelines/greenbook/applying-the-framework-strategies,-activities-and-resources/ability/reminders,-recalls-and-prompts-(flags))

Recommended follow-up system for hepatitis C care

Patient group	Follow-up type	Reminder Reason	Contact methods (in order of preference)	Number of times to attempt contact
Patients at-risk of hepatitis C who needs to be screened	Reminder – proactive action	Liver Health Check-up	1) Letter 2) SMS	1
Patients who have been tested (and may have been diagnosed) but are not yet on treatment (Active patients)	Prompt (Clinician)	BBV Screening	1) Add note to next booked appointment to discuss BBV screening 2) Add to clinician action list to discuss BBV screening with patient	N/A
	Reminder – proactive action	Liver Health Check-up	1) SMS 2) Call 3) Letter	2-3
Patients who have been tested (and may have been diagnosed) but are not yet on treatment (Inactive patients)	Reminder – proactive action	Liver Health Check-up	1) Letter 2) SMS	2
Follow-up required re: treatment outcome	Reminder – proactive action	Hep C Treatment Follow-up	1) SMS 2) Call	2
Follow-up required re: cirrhosis monitoring	Reminder – proactive action	HCC and cirrhosis monitoring	1) Letter 2) Call 3) SMS	3

Auditing your clinic's progress (and getting CPD points)

We can help you audit your clinic's progress in treating (and curing!) hepatitis C. There are two ways this can be done:

- Conducting regular, manual clinical audits
- Using ACCESS to monitor testing and treatment uptake.

We've included instructions on how to conduct regular, manual clinical audits in the Practice Support Guide section on our website. Our EC nurses will help you do the first one, and also set up processes for future audits.



The Australian Collaboration for Coordinated Enhanced Sentinel Surveillance

ACCESS is a health surveillance system that uses de-identified data and records the number of people tested, assessed and treated for hepatitis C and whether they were cured. It's a collaboration of the Burnet Institute, Kirby Institute and National Serology Reference Laboratory.

ACCESS requires no extra work from GPs, and is:

- Funded and supported by the Australian government
- Approved by relevant ethical review committees
- Provided at no cost to practice
- A secure surveillance system using industry-leading cryptography and data extraction software.

Data tracking of your clinic's progress will be provided to you in a report so you can see how you're going. It is also collated with other clinics to look at progress across Victoria and Australia. These reports can be used to gain CPD points.

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“ With GP prescribing, and no restrictions on treating reinfection, or those that continue to use drugs or alcohol we have a unique opportunity to eliminate hepatitis C in our lifetime. ”



Eliminate C
PARTNERSHIP



To download a copy of the Toolkit visit our website:
ecpartnership.org.au/toolkit

To order hard copies of the Toolkit contact us on:
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