Hepatology Partnership Project

Initiative Type

Model of Care

Status

Deliver

Added

12 September 2017

Last updated

07 March 2024

URL

https://test.clinicalexcellence.qld.gov.au/improvement-exchange/hepatology-partnership-project

Summary

The project uses mobile healthcare technology, FibroScan™, to assess liver fibrosis in a community setting, and tele-health services to facilitate multidisciplinary team conferencing (where required) between GPs, community health workers and secondary care specialists. The desired outcome is that patients will have access to enhanced hepatological care in a community setting (e.g. correctional facilities, Aboriginal and Torres Strait Islander (ATSI) health services, sexual health

clinics or primary care centre) reducing reliance on acute services. Hepatology Partnership Project | 10th Health Services and Policy Research Conference from Clinical Excellence Division on Vimeo.

Key dates

Jun 2016

Aug 2017

Implementation sites

Sunshine Coast Hospital and Health Service

Partnerships

Healthcare Improvement Unit, Central Queensland, Wide Bay and Sunshine Coast PHN

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Aim

- Collaborative model to deliver treatment to patients with Hepatitis C.
- Hub and spoke model facilitated via a video-linked MDT service.
- Nurse delivered mobile fibro-scanning (assessment of liver fibrosis) to assess liver fibrosis.

Benefits

- Care is delivered close to home in a shorter timeframe.
- Difficult to reach populations will be supported by the hub and spoke model with flexibility to arrange investigations locally and for care to be delivered by a primary care clinician.
- Enhanced relationship with GPs.

Background

Hepatitis C affects approximately 250,000 Australians with the majority of cases untreated. Hepatitis C can lead to cirrhosis, liver failure and hepatocellular carcinoma (liver cancer). In the Sunshine Coast region there are approximately 300 patients waiting for assessment by the Hepatology Service as of July 2016. In addition, 20-30 referrals are received on a weekly basis. Wide Bay has the highest prevalence of Hepatitis C in Queensland. Treatment for Hepatitis C over the last 20 years has been difficult and unpleasant with only modest success rates. However, the new generation of Direct Acting Antivirals (DAAs) has changed the treatment for Hepatitis C resulting in considerable improvements to patient outcomes. It is now possible to achieve an efficient cure in the majority of patients without many unwanted side-effects commonly associated with Hepatitis C treatment. The recent decision by the federal government to approve these drugs for the treatment of all patients with Hepatitis C (HCV), regardless of fibrosis stage and treatment history, provides an opportunity to revolutionise access to a HCV cure in Australia. The current model of care for Hepatitis C is based on a clear division between primary and secondary care leading to very long waiting lists to access care. The Integrated Care Innovation Fund provides financial support to innovative projects that deliver better integration of care, address fragmentation in services and provide high-value healthcare. Funded projects also demonstrate a willingness to embrace and encourage the uptake of new technology alongside the benefits of integrating care and improving communication between health care sectors.

Solutions Implemented

- Community based clinics in 7 locations from Caloundra to Bundaberg.
- Clinics at Maryborough Correctional Centre x3/month.
- Weekly MDT and distributing treatment recommendations.
- Professional and community education.
- Literature development.

Evaluation and Results

- Movement of Hepatitis C treatment from secondary to primary care and therefore reduced congestion in secondary care.
- Many who would not receive treatment related to geographical, health and financial barriers are undergoing treatment.
- Increased knowledge about medical developments in the treatment of Hepatitis C.
- General practitioners developing experience in treating Hepatitis C.

Lessons Learnt

- Lead time to establish clinics is about 3 months.
- Team work achieves results.
- Networking and education in primary care settings and across health districts opens opportunities.
- Further support and establishment of clinical systems and pathways is needed to sustain treatment of Hepatitis C outside of secondary care.

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