HEPREACH: Hepatology Community Outreach

Initiative Type

Model of Care

Status

Plan

Added

28 June 2018

Last updated

19 August 2020

URL

https://test.clinicalexcellence.qld.gov.au/improvement-exchange/hepreach

Summary

Implementation of a collaborative community-based integrated model of care for patients with liver disease (focusing particularly on Hepatitis B and Hepatitis C) will be achieved by co-locating a specialist gastroenterologist and nurse practitioner in community general practices that have been identified to have high caseloads, and patients with culturally and linguistically diverse (CALD)/refugee backgrounds. Patients will be identified by General Practitioners (GP) and GP

practice nurses. The model of care will focus on:

- Population groups most at-risk of viral hepatitis with poor outcome potential, and,
- Those patients that are historically less engaged with tertiary level care.

A nurse practitioner will review the patients in the community followed by either a case-conference and /or in-person review by a liver specialist at the GP practice. Continuing care will occur in the community practice setting. For patients with advanced disease, supported referral to secondary services will be facilitated as appropriate. The model provides for capacity building by upskilling GPs, nurse practitioners, practice nurses and staff through learning and shared care and enhancing independence. It expanded in operation to include a partnership with Inala Primary Care in the form of an Outreach Specialist Team.

Key dates

Jan 2018

Jun 2019

Implementation sites

Mater Hospital Brisbane & Beaudesert Rd Surgery, Moorooka

Partnerships

Brisbane South Primary Health Network Community general practice care teams, Non-government support organisations such as Ethnic Communities Council of Queensland, Healthcare Improvement Unit

Key Contacts

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Aim

To target difficult to reach community groups that are at risk of poor outcomes for liver disease (focusing particularly on hepatitis B and hepatitis C) in a primary care setting that is more supportive and appropriate for their needs.

Benefits

The potential benefits of this model includes:

- Development of a scalable model of community care to better manage viral hepatitis and chronic liver disease in difficult to reach populations
- Improved access to care for difficult to reach populations through an integrated and coordinated model that can result in early identification and management of liver disease
- Improved opportunities to build health literacy and engagement with difficult to reach communities
- Opportunity to collaborate with community general practitioners and practice nurses to support and improve community care
- More effective utilisation of specialist services (liver specialist/NP)
- More effective utilisation of hepatology services by partnering with a nurse practitioner to co-deliver care
- Reduced need for tertiary hospital health care resources by delivering care in a community setting

Background

The annual cost of liver disease exceeds $4.5 billion nationally (Deloitte-Access Economics 2013). Liver cancer is the fastest growing cancer in Australia, and incidence is increasing in Queensland,

with low socio-economic status associated with poorer survival (Clark et al Liver Int 2015). Despite the availability of treatments for hepatitis B and hepatitis C, it is believed that less than 10 per cent of patients are actually treated. New community-based models of care are needed to engage patients most at risk of liver disease and poor outcomes. (Clark, New Eng J Med 2013).

Solutions Implemented

HEPREACH allows clinicians to better reach, engage with, and care for target populations including Aboriginal and Torres Straight Islander people, cultural and linguistically diverse people, and people of a refugee background. Three different models of care are available through HEPREACH to improve access to care as well as build health literacy and engagement with difficult to reach populations. These include "in-house" (for example, Beaudesert Road Surgery and Inala Primary Care), remote access, and "Lite" practice support. HEPREACH is also trialling a videoconferencing model of care for hepatology, and as the larger community deals with the advent of the COVID-19 pandemic, temporary bulk-billed items have become available to support Telehealth. GPs interested in having their patients access these clinics can refer directly to the Mater Gastroenterology and Hepatology service, indicating a preference for community based care.

Evaluation and Results

Performance data shows the community outreach model has removed patients from hepatology waiting lists and supported a shift of patients to community clinic care, assisting to avoid safety breaches for urgent categories, and reducing failure to attend (FTA) rates.

References

The Kirby Institute. HIV, viral hepatitis and sexually transmissible infections in Australia: Annual Surveillance Report 2016. Sydney: The Kirby Institute, UNSW Australia, 2016. Australian Institute of Health and Welfare. Contribution of chronic disease to the gap in adult mortality between Aboriginal and Torres Strait Islander and other Australians. Canberra: AIHW, 2010.

Further Reading

Department of Health Second National Hepatitis B Strategy 2014–2017 Department of Health Second National Hepatitis C Strategy 2014–2017

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