
Telehealth based Hepatitis C Treatment for Indigenous Communities

Initiative Type

Service Improvement

Status

Sustained

Added

19 March 2019

Last updated

10 January 2024

URL

<http://staging.clinicalexcellence.qld.gov.au/improvement-exchange/telehealth-based-hepatitis-c-treatment-indigenous-communities>

Summary

This telehealth project in the Metro South Hospital and Health Service catchment area has the potential to:

-
- improve knowledge about Hepatitis C among health care teams in participating primary care clinics
 - increase confidence and competency to treat Hepatitis C by participating primary care clinicians and
 - provides better access and compliance to treatment for patient cohort in a culturally appropriate way, aligning with the Government's Closing the Gap health strategy.

Key dates

Oct 2017

Jun 2018

Implementation sites

Metro South HHS – Princess Alexandra Hospital, Yulu Burri Ba - Community controlled primary care centre, Institute of Urban Indigenous Health, primary health care services to the Indigenous population of South East Queensland (SEQ).

Partnerships

Yulu Burri Ba, Hepatitis QLD, Institute of Urban Indigenous Health, COH, Metro South HHS, ASHM, QAICH, Healthcare Improvement Unit

Key Contacts

Karen Lucas

2061

paul.blee.hiu

Senior Telehealth Coordinator

Metro South Hospital and Health Service

Aim

Hepatitis C treatments are now available which are easier to administer than previously, shorter in treatment duration, with a higher cure rate, fewer side-effects and requiring much less follow up. Our aim is to bridge the gap between primary and tertiary care while mentoring and supporting primary care physicians to gain confidence and experience in treating this patient cohort.

Benefits

- a collaborative service between tertiary and primary care providing a multidisciplinary pathway to treat people with hepatitis C
- manage growing demand for HCV treatment, while upskilling primary care medical and nursing staff
- provide targeted treatment for high risk the groups in the community
- enable patient treatment in a cultural sensitive way by their trusted healthcare providers
- a high-level cure rate for patients who complete treatment
- reduce demand on hospital resources (less OPD appointments, less medical, nursing and admin time)
- reduce outpatient appointments for patients suitable for treatment in primary care
- reduce inconvenience for patients, carers, including travel time, lost time at work and cost of travel and parking

Background

Aboriginal and Torres Strait Islanders account for approximately three per cent of the Australian population and have the poorest health, economic and social outcomes. There are higher rates of Hepatitis C reported among the community compared with non-Aboriginal people. We know that people with Hepatitis C are at risk of progressive liver disease, so early diagnosis and linkage to treatment and support is very important. Previously conventional antiviral therapy for Hepatitis C had aggression and mental health issues as a side effect and contributing to low treatment rates in the community. However, new Hepatitis C treatments are now available which are easier to administer, shorter in treatment duration, with a higher cure rate, fewer side-effects and requiring much less

follow up.

Solutions Implemented

- engaged with project stakeholders from the Institute of Urban Indigenous Health (IUIH), Yulu Burri Ba (YBB), Hepatitis QLD (HQ), University of Queensland (UQ) and Metro South Hospital and Health Service (MSHHS)
- collaborated with HQ to recruit project nurse / educator and organise agreement and invoice for services between HQ and MSHHS
- finalised research project protocol then completed and lodged research ethics application with MSHHS. Once approved applied for UQ ratification of MSHHS ethics approval
- project staff training MMEX (medical record training) to enable access to patient info and data collection
- site visits to participating practices to install web cams, Jabbra speakers and train staff to use Queensland Health portal
- collaborated with practice managers, GP's and health workers to create telehealth service workflow and audited practice medical records for known HCV positive patients to offer treatment
- conducted HCV education sessions for GP's, Health workers and nursing staff
- commenced fortnightly telehealth sessions with slow uptake from YBB practices
- presented service / project to groups of GP's from IUIH's community controlled health centre and distributed promotional flyers / information about service to other community controlled health centres through the QAICH Clinical Leaders Forum and to delegates of ASHM Deadly Sex Congress 2018
- hepatitis education and service promotional activities for Closing the Gap Day in partnership with YBB and HQ.

Evaluation and Results

- There is a need to upskill and support the IHS's primary care doctors to enable HCV treatment in a cultural appropriate way. Tele-mentoring is an effective way to provide the knowledge and experience required by primary care clinicians to become confident prescribers treating HCV in the community.
- The technology available and the tele-mentoring model works well however in order to continue or expand this or design other tele-mentoring services, further work is required to find better, more culturally appropriate ways to engage the IHS's to participate in these types of services which will allow the economies of scale required.
- We see potential for wide reaching health benefits for indigenous communities throughout Queensland if we can engage more Indigenous communities to utilise this type of tele-mentoring service, as variations of this model could be designed for many different specialties.

Lessons Learnt

Establishment of a nursing role with appropriate experience to build the relationships with primary care staff is difficult. In future we would make sure there is appropriately qualified staff available for length of project. Face to face education and training is vital for running a successful service into an indigenous health service. You need to build the relationships this way to get a true understanding of the community and the patient cohort you are trying to assist.

PDF saved 26/09/2024