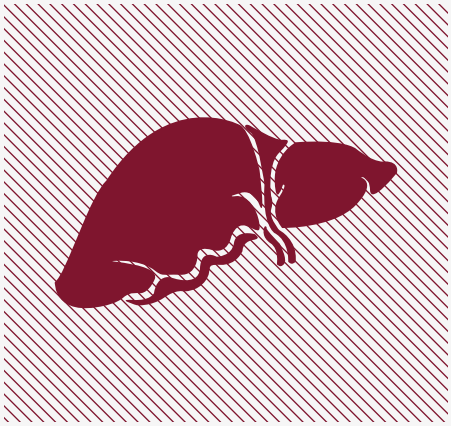

Practice Support Toolkit

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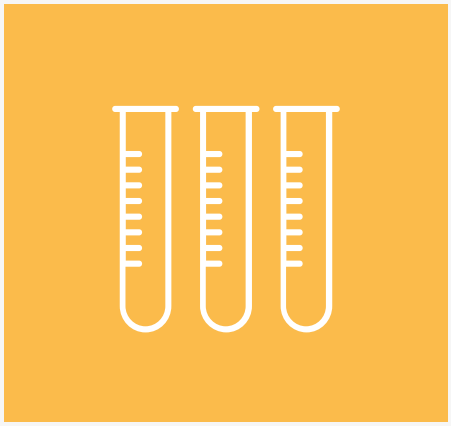

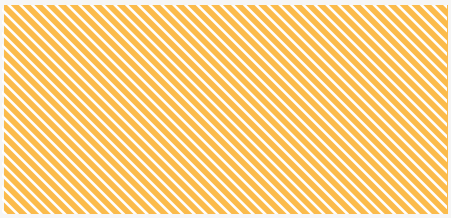

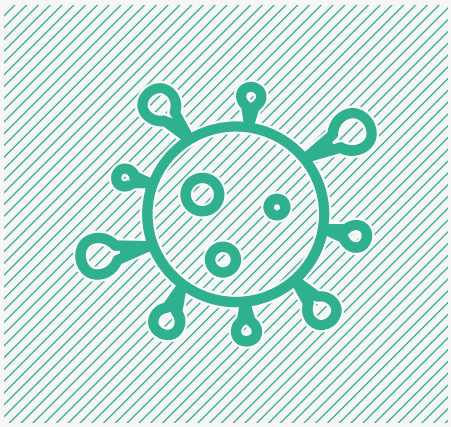

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Eliminate C PARTNERSHIP

Eliminate Hepatitis C Australia

paul ramsay FOUNDATION

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: ecaustralia@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 March 1st 2016 - enabling universal access to highly-effective treatments for everyone 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.

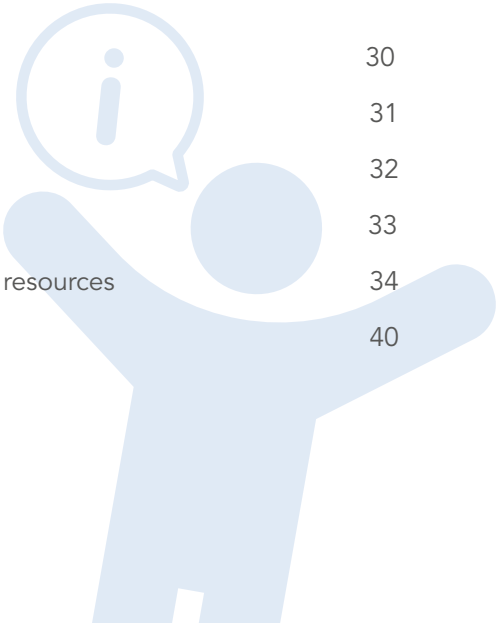
> ***"I felt like I was dragging myself out of bed and now I've been cured I feel like I have a spring in my step. I just have so much more energy and a general sense of wellness that I didn't have before"***
>
> Anne – cured of hepatitis C

CONTENTS

INTRO

1 HEPATITIS C - THE BASICS

2 PATIENT SUPPORT RESOURCES



3 PROVIDER SUPPORT RESOURCES

4 PRACTICE SUPPORT RESOURCES

5 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.

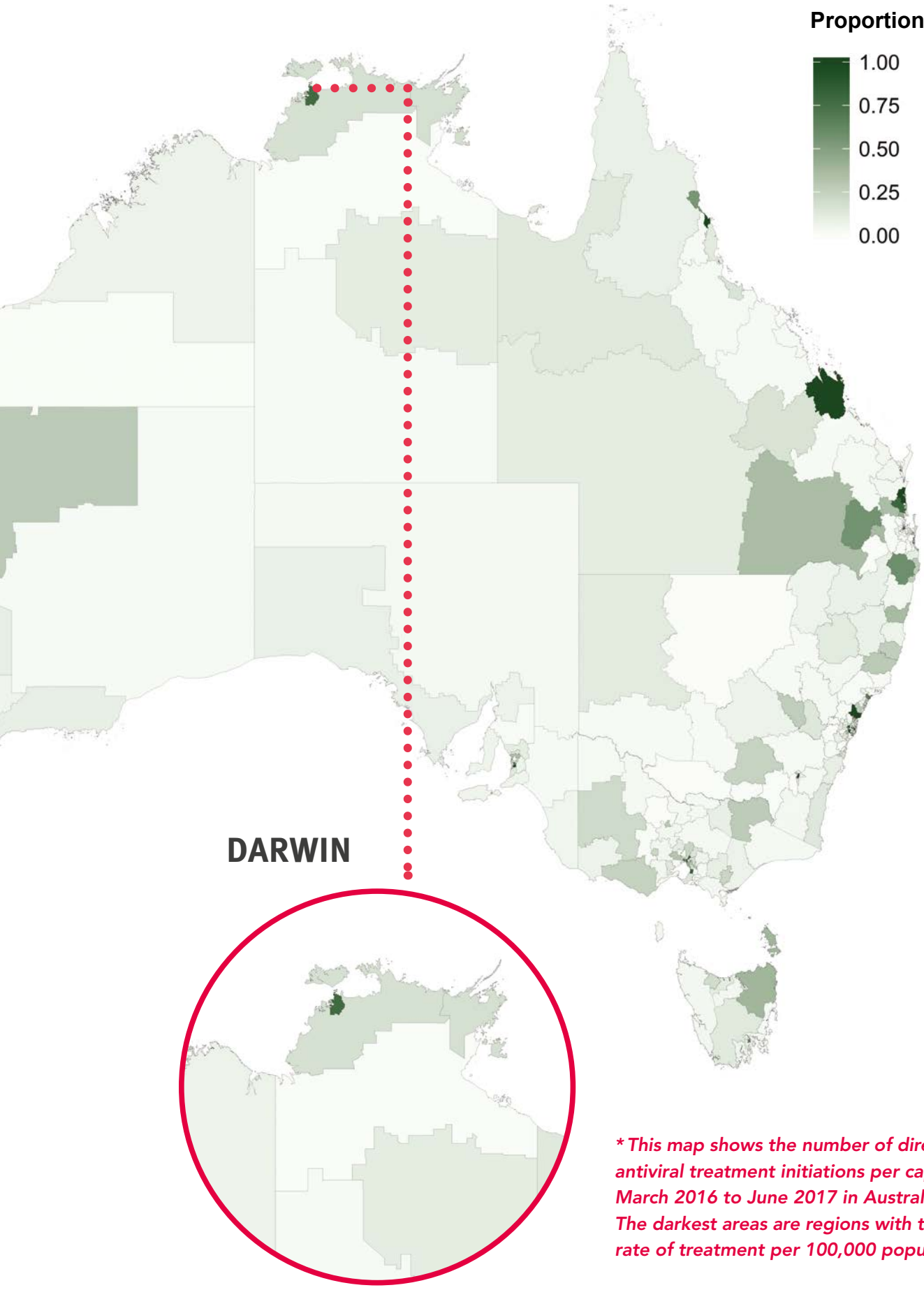
Australia is leading the world in reaching the goal of eliminating hepatitis C as a public health threat by 2030 because we have unrestricted access to DAAs and specialists, general practitioners and nurse practitioners can all prescribe hepatitis C treatment.

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.

[1] Reference: Burnet Institute and Kirby Institute, Australia's progress toward hepatitis C elimination: annual report 2019. Melbourne: Burnet institute; 2019.
[2] World Health Organization (2016). Global Health Sector Strategy on Viral Hepatitis 2016-2021: towards ending viral hepatitis. World Health Organization, Geneva, Switzerland.



** This map shows the number of direct-acting antiviral treatment initiations per capita from March 2016 to June 2017 in Australia. The darkest areas are regions with the highest rate of treatment per 100,000 population.*

* Adapted from Figure 3 from: Heterogeneity in hepatitis C treatment prescribing and uptake in Australia: a geospatial analysis of a year of unrestricted treatment access (Scott et al. J Virus Erad 2018)

“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]

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

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?

- People who currently or have ever injected drugs[6]
- People in custodial settings[6] (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)[6]
- People who received a blood transfusion or organ transplant before 1990[6]
- People with coagulation disorders who received blood products or plasma-derived clotting factor treatment products before 1993[6]
- Children born to mothers with chronic hepatitis C infection[6]
- People infected with human immunodeficiency virus (HIV) or hepatitis B virus (HBV)[6]
- 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)[6]
- People with evidence of liver disease (persistently elevated alanine aminotransferase level)[6]
- Migrants from high-prevalence regions (Egypt, Pakistan, the Mediterranean, Eastern Europe, Africa and Asia)[6]
- Baby Boomer birth cohort (people born 1942-1965)

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.

[6] Adapted 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 written notification to the Northern Territory Centre for Disease Control.

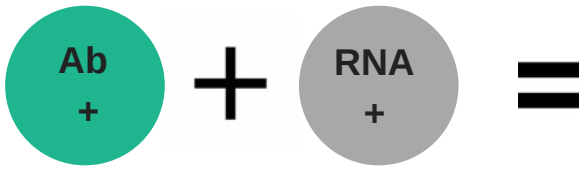
Hepatitis C test result interpretation[7]

Legend:

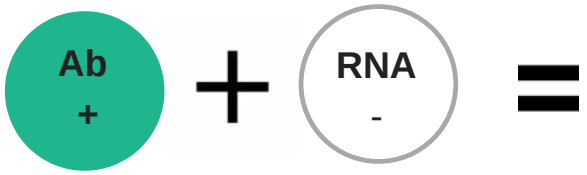
Ab
Anti-HCV Antibody test
Indicates if patient has been exposed to HCV

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

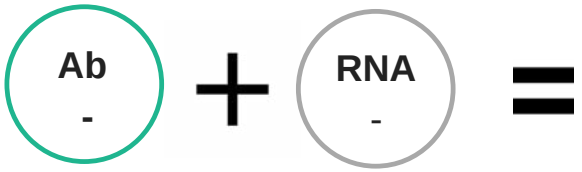
Hepatitis C Test Results Interpretation



Prior exposure to HCV and current HCV infection



Prior exposure to HCV and not infected with HCV (due to spontaneous clearance of HCV or prior treatment)



Never exposed to HCV and not infected with HCV

[7] Adapted from ASHM/VHHITAL training slides

Getting your patient ready for treatment

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

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.

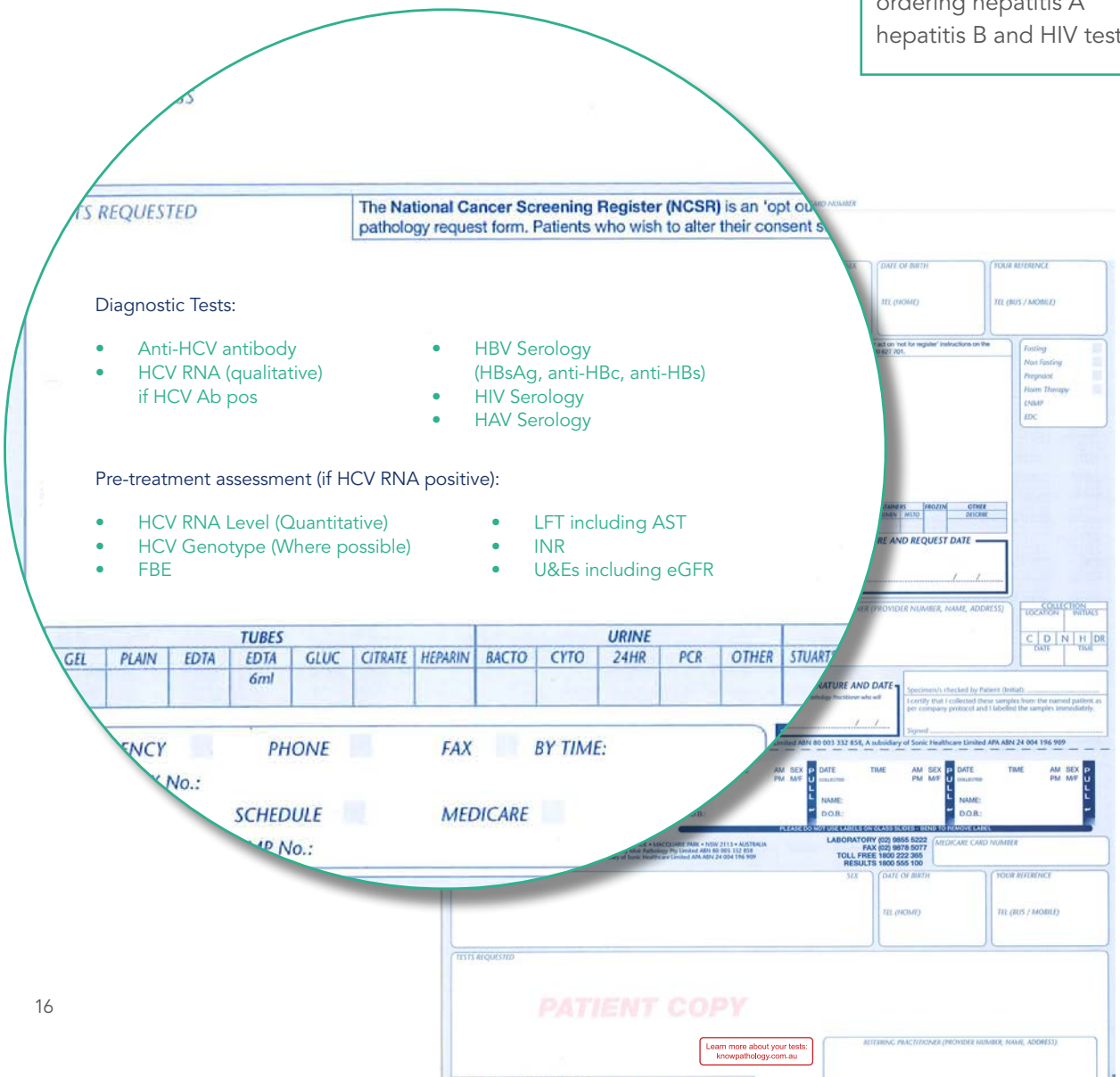
TIP:

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:

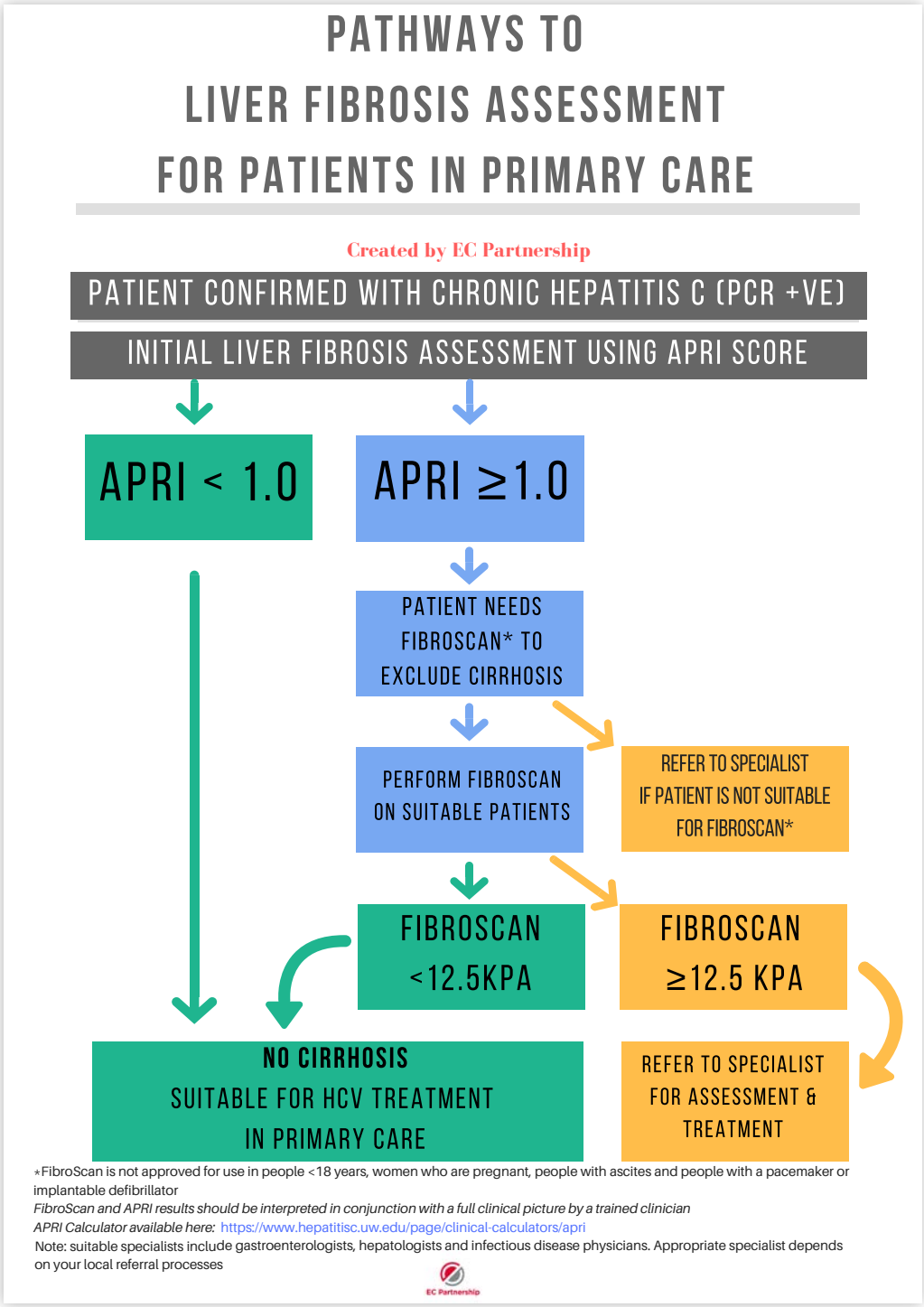
When requesting HCV diagnostic tests, run a comprehensive blood-borne virus screen by ordering hepatitis A hepatitis B and HIV tests



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 specialist[8] 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 ≥ 12.5kPa)
- Persistently abnormal LFTs after treatment

Co-infections & comorbidities

- HCV-HIV co-infection
- HCV-HBV co-infection
- Complex co-morbidities
- Renal impairment (eGFR <50mL/min/1.73m^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.

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:

https://www.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 no longer need to know your patients HCV genotype for the PBS authority, but it can be helpful to 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.

Four key questions to answer to help you select the most appropriate treatment regimen:[9]

1. 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.

2. 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.

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.

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

3. *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.

4. *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.*

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*
- *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:
http://www.pbs.gov.au/info/healthpro/explanatory-notes/general-statement-hep-c

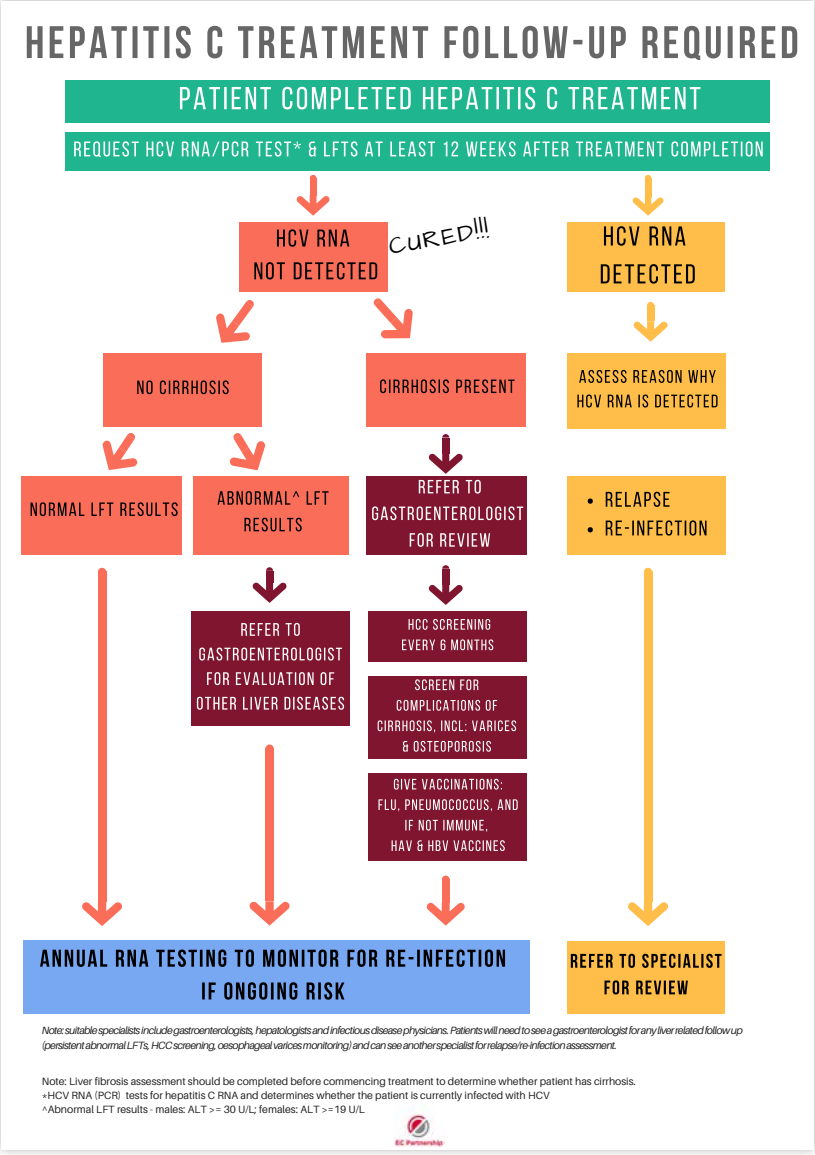
Post-treatment follow-up and assessment of cure

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 Department of Health and Human Services website hosts a list and map of needle and syringe exchange programs (NSPs) across the Northern Territory which can be accessed here: **https://digitallibrary.health.nt.gov.au/prodjspui/bitstream/10137/754/1/Needle%20and%20syringe%20program%20map.pdf**

Hepatitis C treatment in prisons

Your patient can access hepatitis C treatment in Prison.

Prison medical officers can coordinate treatment using the Primary Care Consultation Request forms. This form can be accessed from the NT Primary Health Network Health Pathways website (https://www.ntphn.org.au/healthpathways) with specialist support available through the Royal Darwin Hospital Viral Hepatitis service and the Viral Hepatitis clinic at Clinic 34 in Alice Springs. Alternatively patients can be referred directly to these services through usual referral channels and will be seen via a telehealth service.

For further information or to coordinate care on release from prison, please contact:

Hepatitis C Clinical Nurse Consultant for the Top End Health Service on ***(08) 8944 1381*** or email: ***viralhepcnc.ths@nt.gov.au***, or

Central Australia Health Service on ***(08) 8951 6948*** or email: ***HepatitisC34ASP.DoH@nt.gov.au***

“It is nice seeing people’s health status transform”

– David, Nurse Practitioner

Getting everyone involved in eliminating Hepatitis C

This Hep C Task List[10] helps you easily involve everyone in your practice. Different tasks can be assigned to reception staff, community health workers, NSP program 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**)	*e.g. nurse, reception staff, NSP staff, community health workers, Aboriginal health workers*
Getting patients onboard with hepatitis C testing and treatment	*e.g. GP, nurse, reception staff, NSP staff, community health workers, Aboriginal health workers*
Searching patient management systems and recalling patients	*e.g. GP, nurse, reception staff*
Establishing patient management system shortcuts	*e.g. practice manager, nurse*
Testing patients for hepatitis C	*e.g. GP, nurse, community health worker, NSP worker*
Delivering results and completing pre-treatment workup	*e.g. GP, and if reviewed by GP and in their scope of practice, nurse and community health workers can deliver result*
Entering information into practice management system to improve data collection	*e.g. practice manager, nurse*
Reviewing results and creating a treatment plan	*e.g. GP, nurse*
Prescribing medications and planning treatment follow-up	*e.g. GP, Nurse Practitioner*
Follow-up appointments to find out if your patient has been cured of their hepatitis C	*e.g. nurse, GP*

[10] Adapted from MSD Primary Healthcare Tool Kit – Hepatitis C

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.

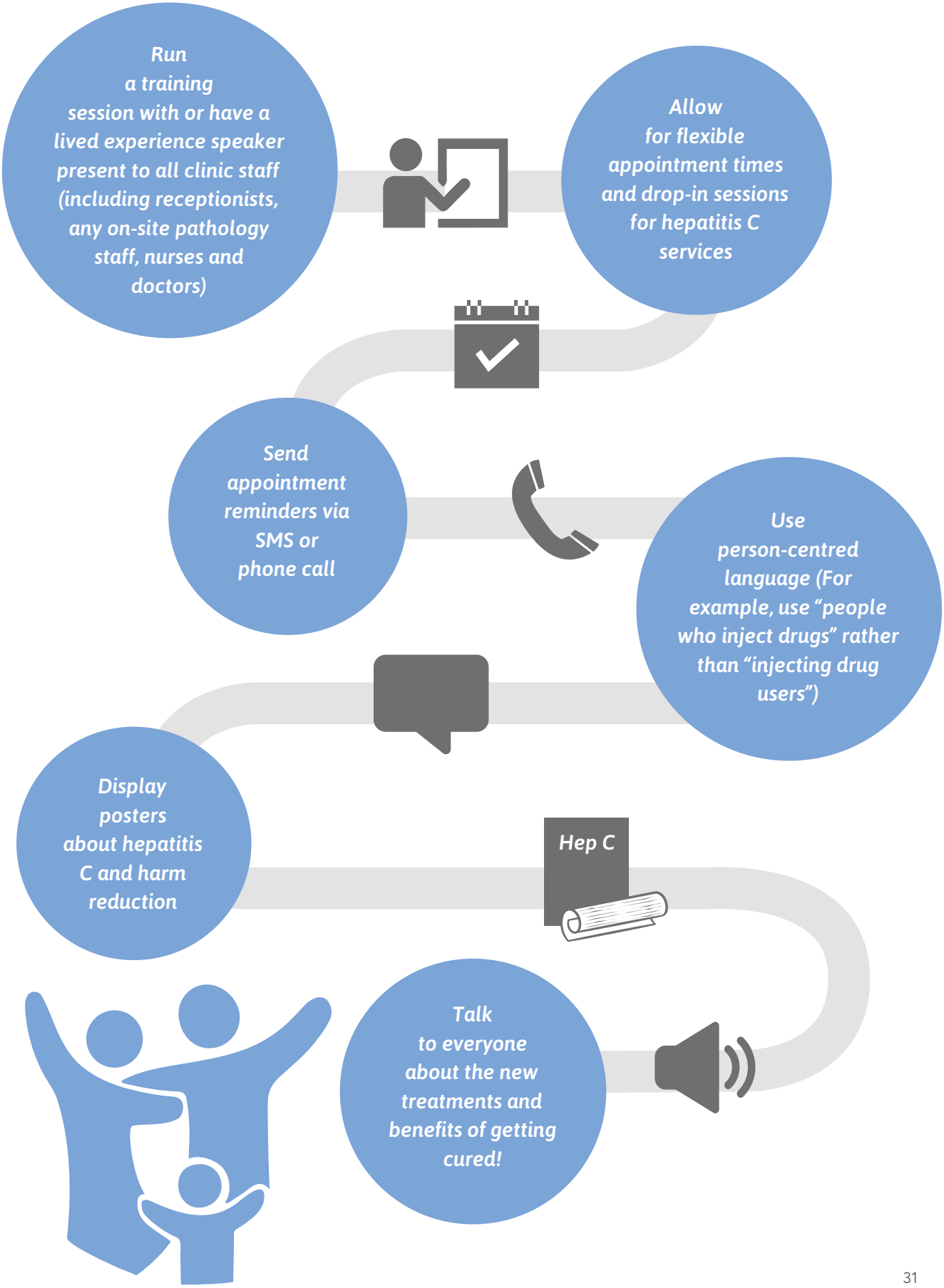
The types of discrimination your patients might have experienced before include:[11,12]

- 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, staring at track marks from recent injecting or making negative comments about venous access
- 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.

[11] Australian 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.
[12] ASHM & 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 factsheet to help with difficult venous access. You can also get tips and tricks that might help on their website: **http://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 NSP 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

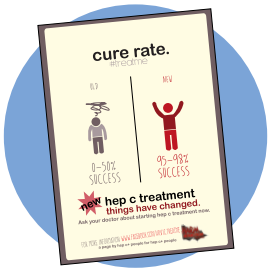
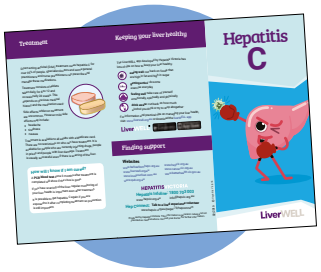
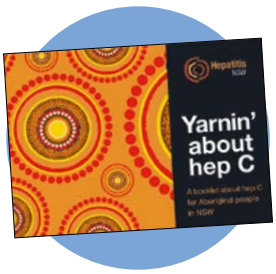
You can get more tips on how to discuss treatment readiness with your patients in our *Getting someone ready for treatment* tool, in the Appendix booklet : Key Documents for Hepatitis C

Health promotion, education and support resources

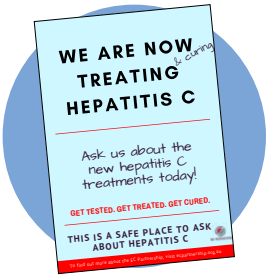
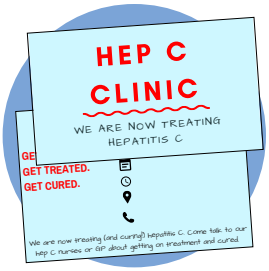
There are plenty of health promotion, education and support resources available, and we've included a few of the key ones here in this Toolkit.

A full catalogue of resources is available online at **ecpartnership.org.au/resources**

Hepatitis C Health Promotion Resources for Display

Format available in	*Material*	*Produced by & order information*
A3 Posters, PDF 	Hep C treatment things have changed (Seven different posters available)	**Harm Reduction Victoria** Available for download and ordering online: **www.hrvic.org.au**
Hard copy or PDF brochure 	LiverWELL Liver Health Brochures	**Hepatitis Victoria** Available for download and ordering online: **www.hepvic.org.au**
Booklet 	Yarnin' About Hep C Hep C booklet developed for Aboriginal communities	**Hepatitis NSW** Available for download and ordering online: **www.hep.org.au/product/yarnin-hep-c/**

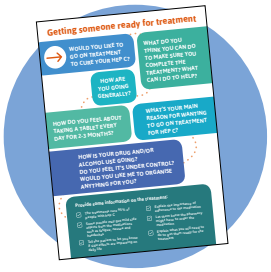
Hep C Friendly Clinic Resources for Display

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

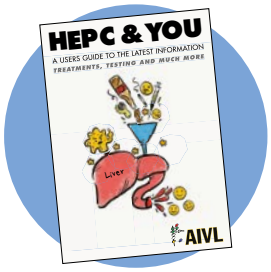
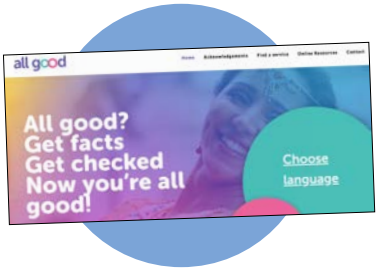
Format available in	*Material*	*Produced by & order information*
Two-page PDF 	Language Matters Poster	**NADA & NUUA** Available online for download from: **www.nada.org.au/**
Online Course 	A Normal Day – online podcast education course	**ASHM and AIVL** Available from: **lms.ashm.org.au/**

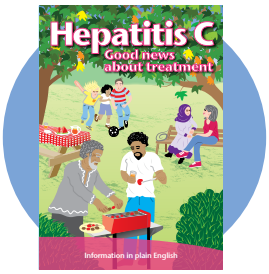
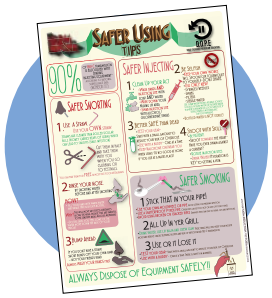
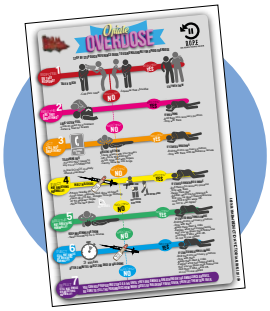
Tips for providers

Format available in	Material	Produced by & order information
	Starting the Conversation Tool	**EC Partnership** **ecpartnership.org.au/resources**
	Getting Someone Ready for Treatment Tool	**EC Partnership** **ecpartnership.org.au/resources**

Client Support Resources

Format available in	Material	Produced by & order information
	Personal blog that tracks the progress of the hep C elimination effort in Australia. Written by a person with lived experience. Views expressed are their own and not HRVic's.	Available online: **hrvic.org/the-hepalogue**
	Hepatitis Infoline: 1800 437 222 (1800 HEP ABC)	

Format available in	*Material*	*Produced by & order information*
A5 booklet and PDF 	Hep C & You information booklet	**AIVL** Order hardcopies by emailing **info@aivl.org.au** or visit **aivl.org.au/resource**
Website with pages in various languages including audio 	ASHM All Good website project, information pages in various languages including playable audio	**ASHM** **http://allgood.org.au/languages/**
Square booklet and PDF 	Liver First information booklet	**AIVL** Order hardcopies by emailing **info@aivl.org.au** or visit **aivl.org.au/resource**

Format available in	*Material*	*Produced by & order information*
PDF booklet 	St Vincent's Hospital Melbourne Good news about treatment	Available Online **https://www.svhm.org.au/health-professionals/specialist-clinics/g/gastroenterology/resources**
PDF 	Hepatitis C Factsheet	**Northern Territory CDC** Available online for download from: **https://digitallibrary.health.nt.gov.au/prodjspui/bitstream/10137/7623/1/Hepatitis%20C%20Fact%20Sheet.pdf**
Safer Using Tips Poster 	Poster #1 gives facts about the risk of sharing and tips on ways to avoid risks Poster #2 gives tips to reducing drug related harms while injecting, snorting or smoking illicit substances.	**Harm Reduction Victoria** Available for download and ordering online: **www.hrvic.org.au**
Opioid overdose / Naloxone administration instruction poster. A3 size. 	Step by step quick reference guide on how to respond to an opioid overdose and how to administer naloxone	**Harm Reduction Victoria** Available for download and ordering online: **www.hrvic.org.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.

Northern Territory AIDS and Hepatitis Council (NTAHC)

NTAHC delivers a range of programs aimed at preventing the transmission of blood borne viruses (BBVs) and provides support for people living with a BBV. Programs are delivered in urban and remote communities via health promotion and one on one care and support.

You can refer patients to call NTAHC to find out more about resources, support and education opportunities available to people living with viral hepatitis. Calling NTAHC is free and confidential. NTAHC has a nurse-led Hep C clinic that provides a patient-centered and judgment free Hep C service which includes: Fibroscan, phlebotomy, vaccination, education and DAA scripting. People living with Hep C can also access social and emotional support via the NTAHC service.

NTAHC has resources available in languages other than English.

https://www.ntahc.org.au/

1800 437 222 (1800 HEP ABC)

For more information about AOD services in the Northern Territory, please visit the Alcohol, drugs and tobacco page on the Northern Territory Government website:

https://nt.gov.au/wellbeing/health-conditions-treatments/alcohol-drugs-and-your-body/alcohol-drug-rehabilitation-services

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.

Your 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

Alcohol and Drug Information Service (ADIS)

ADIS offers telephone counselling, information, referral and support, 24 hours a day, for anyone seeking help for their own or another person's alcohol or drug use.

https://nt.gov.au/wellbeing/health-conditions-treatments/alcohol-drugs-and-your-body/alcohol-drug-rehabilitation-services

Call 1800 131 350 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

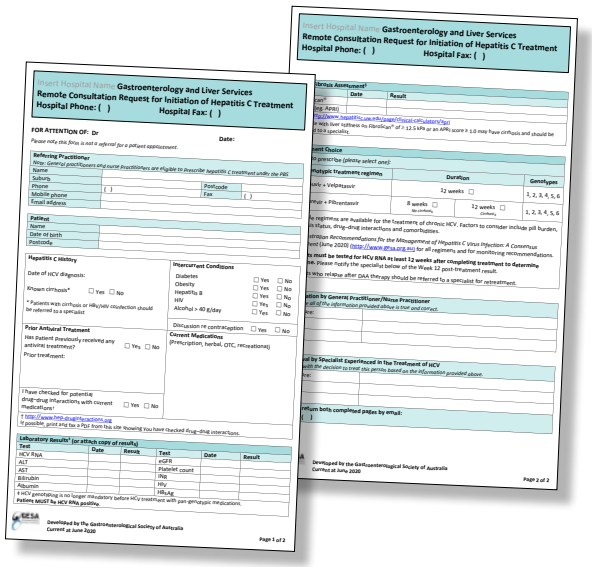
Australian Recommendations for management of hepatitis C

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 **http://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.

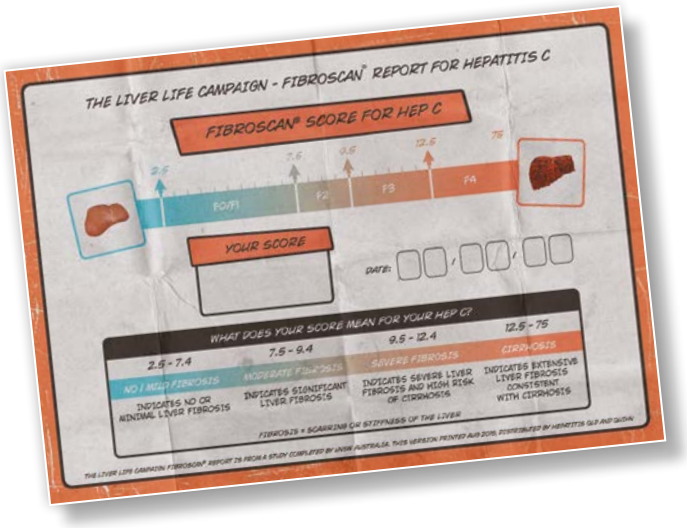
Used with permission of the Gastroenterological Society of Australia (GESA).

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.
https://www.gesa.org.au/resources/hepatitis-c-treatment/
or
https://www.ntphn.org.au/healthpathways

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.

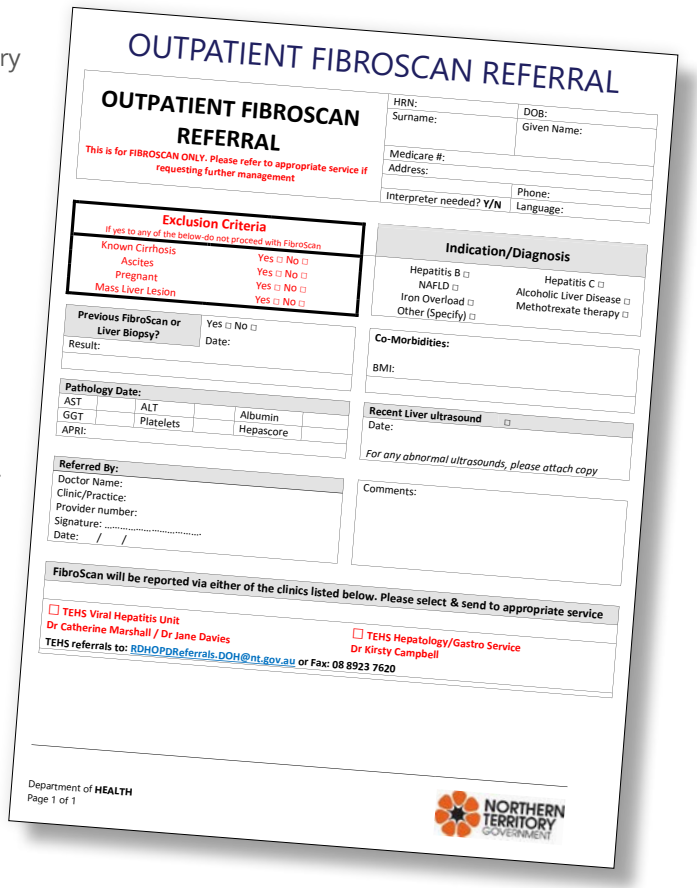
The FibroScan® report pad for hepatitis C can help you explain the result to your client. You can access a PDF version here: **www.hep.org.au**

Access to FibroScan® can be facilitated through tertiary hospital services, including via community outreach integrated hepatitis nurses, or specialist liver clinics.

EC Partnership can also help you get access to a FibroScan® for your patients - contact the EC Nurse Coordinator for assistance.

You can also refer your patient to have a FibroScan® at a hospital liver clinic by using this generic referral form and faxing it to the appropriate hospital. You may want to call ahead to ask how long the waitlist is.

The FibroScan referral form is available as a template on the NT PHN Health Pathways website: **https://www.ntphn.org.au/healthpathways**



OUTPATIENT FIBROSCAN REFERRAL

OUTPATIENT FIBROSCAN REFERRAL

This is for FIBROSCAN ONLY. Please refer to appropriate service if requesting further management

HRN: DOB:
Surname: Given Name:
Medicare #:
Address:
Interpreter needed? Y/N Phone: Language:

Exclusion Criteria
If yes to any of the below-do not proceed with FibroScan

Known Cirrhosis	Yes ☐ No ☐
Ascites	Yes ☐ No ☐
Pregnant	Yes ☐ No ☐
Mass Liver Lesion	Yes ☐ No ☐

Indication/Diagnosis
Hepatitis B ☐ Hepatitis C ☐
NAFLD ☐ Alcoholic Liver Disease ☐
Iron Overload ☐ Methotrexate therapy ☐
Other (Specify) ☐

Previous FibroScan or Liver Biopsy? Yes ☐ No ☐ Date:
Result:

Co-Morbidities:
BMI:

Pathology Date:
AST ALT Albumin
GGT Platelets Hepascore
APRI:

Recent Liver ultrasound ☐
Date:
For any abnormal ultrasounds, please attach copy

Referred By:
Doctor Name:
Clinic/Practice:
Provider number:
Signature: .....
Date: / /

Comments:

FibroScan will be reported via either of the clinics listed below. Please select & send to appropriate service

☐ TEHS Viral Hepatitis Unit
Dr Catherine Marshall / Dr Jane Davies

☐ TEHS Hepatology/Gastro Service
Dr Kirsty Campbell

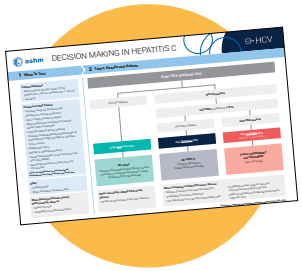
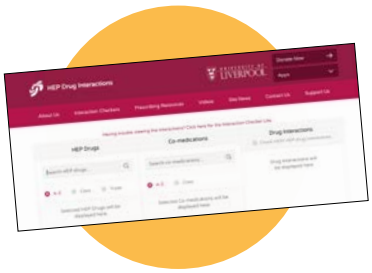
TEHS referrals to: RDHOPDReferrals.DOH@nt.gov.au or Fax: 08 8923 7620

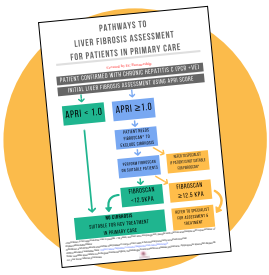
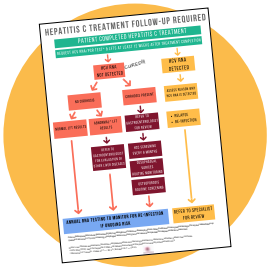
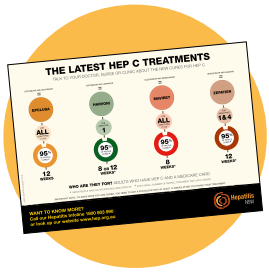
Department of **HEALTH**
Page 1 of 1

NORTHERN TERRITORY GOVERNMENT

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	*Material*	*Produced by & order information*
pdf 	Decision Making in Hepatitis C	**ASHM** Available online **https://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 **https://www.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**
Chart  	Current hep C treatments chart	**Hepatitis NSW** Available online **https://www.hep.org.au/product/hepatitis-c-treatment-chart/**

How to get specialist support

You can get specialist support using the *Primary Care Consultation Request forms*. These forms can help you get advice about a specific patient, or to refer your patient to see a specialist. The forms also make sure you supply the key information a specialist needs to review your patient. Specialist support can be sought through the form for inexperienced providers requiring consultation with a specialist to fulfill PBS requirements or for seeking advice for treating complicated patients.

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

[13] Adapted from GESA Australian recommendations for the management of hepatitis C virus: a consensus statement (August 2017)

HealthPathways

HealthPathways is a free, web-based portal with relevant and evidence-based information on the assessment and management of common clinical conditions, including referral guidance that has been developed by Primary Health Networks (PHNs) in consultation with relevant clinical providers.

The hepatitis C page on the HealthPathways portal gives you a detailed overview of chronic hepatitis C management, along with local referral options and links to Primary Care Consultation Request forms.

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

Northern Territory PHN

www.ntphn.org.au/healthpathways

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
Hepatitis C in Drug and Alcohol Settings	ASHM	lms.ashm.org.au/	80 minutes (4 modules of 20 minutes)	40 Category 1 points under the RACGP QI & CPD **only if combined with face to face workshop**
Managing hepatitis C in primary care	NPS Medicinewise	https://www.nps.org.au/	60 minutes	2 RACGP or ACCRM points

Face-to-face Learning

Organisation	Description of training	Find out more
Royal Darwin Hospital	Contact the Viral Hepatitis Nurse at the Royal Darwin Hospital to arrange hepatitis C training at GP services.	**Contact:** Viral Hepatitis Nurse Royal Darwin Hospital Phone: 08 8944 1381 Fax: 08 8942 6597 Email: viralhepcnc.ths@nt.gov.au
Clinic 34 (Alice Springs)	Contact the Viral Hepatitis Nurse at Clinic 34 to arrange hepatitis C training at GP services.	**Contact:** Viral Hepatitis Nurse Clinic 34, Alice Springs Phone: 08 8951 7525 Fax: 08 8951 7555 Email: hepatitisC34ASP.DoH@nt.gov.au
NTAHC	NTAHC has a range of education programs for health or community workers, schools, general community members, rehabs and other drug treatment services and related workforce training.	**Website:** ntahc.org.au info@ntahc.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)

Maximising MBS billing to support hepatitis C care

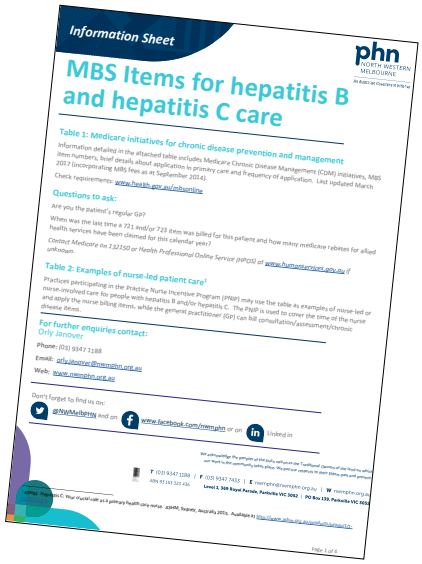
Some doctors are concerned about the time (and the money) needed to treat hepatitis C. But it's easy, doesn't take much time, and there are multiple billing options available.

Hepatitis C and related liver health management can be considered a chronic disease for MBS billing purposes. Many of your patients with hepatitis C could benefit from a structured yet flexible approach to managing their hepatitis C and related liver health.

Visit **mbsonline.gov.au** to search for the details of item numbers and confirm eligibility criteria.

MBS items for hepatitis B and hepatitis C care – Information Sheet

North Western Melbourne PHN has produced an Information Sheet on *MBS Items for hepatitis B and hepatitis C care*. This document gives you an overview of the billing options available to practices managing hepatitis C, including MBS items specific to nurses and examples of various scenarios. We've included this four-page document in the Appendix booklet, or you can download it at **https://nwmphn.org.au/wp-content/uploads/2018/05/HCV-and-CHB-MBS-Billing-Items-18.9.17.pdf**

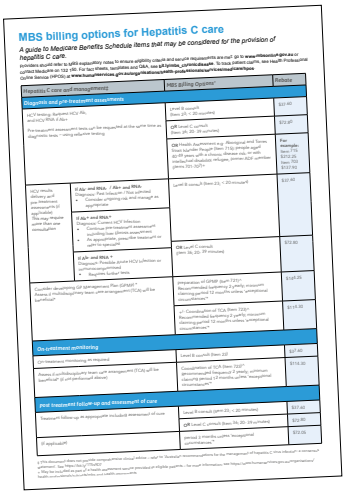

Information Sheet

MBS Items for hepatitis B and hepatitis C care

Table 1: Medicare initiatives for chronic disease prevention and management

Table 2: Examples of nurse-led patient care†

For further enquiries contact:


MBS billing options for Hepatitis C care

MBS items for hepatitis C care – timeline

We've put together a list of the potential MBS items, and aligned them with key time points, to make it easier for you to plan the hepatitis C care you provide. You'll find this in the Appendix booklet.

GP Management Plan and Team Care Arrangement Templates

We've created tailored templates for hepatitis C care planning, with examples of who to consider including in Team Care Arrangements, and when to schedule reviews. You can download these templates specific to your patient management system from our website: **ecpartnership.org.au/toolkit**

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

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!	
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 , or yearly screening if ongoing risk.

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: https://www.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 websit. Our EC nurses will help you do the first one, and also set up processes for future audits.

ACCESS

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.”

paul ramsay FOUNDATION

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:
ecpartnership@burnet.edu.au