

Collaborative approach in primary care increases access to hepatitis C treatment in a regional area

Implementation of a remote consultation pathway facilitates interaction between general practitioners and tertiary healthcare services to improve hepatitis C service delivery.

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Full publication: Wade A, McCormack A, Roder C, McDonald K, Davies M, Scott N, Wardrop M, Athan E, Hellard M. Aiming for elimination: Outcomes of a consultation pathway supporting regional general practitioners to prescribe direct-acting antiviral therapy for hepatitis C. *Journal of Viral Hepatitis*; 2018;25:1089-1098.

THE ISSUE

Chronic hepatitis C infection can lead to significant morbidity and mortality due to liver cirrhosis and liver cancer. In March 2016, direct-acting antiviral (DAA) therapy, a highly effective treatment for chronic hepatitis C infection, was listed on the Pharmaceutical Benefits Scheme (PBS). The PBS enabled general practitioners (GPs) to prescribe DAAs but consultation with a specialist was required if GPs were inexperienced in the management of hepatitis C.

WHAT OUR WORK FOUND

Key stakeholders from primary and tertiary healthcare services in the Barwon South Western region, Victoria, Australia, developed a remote consultation pathway (RCP) so that specialists could support GPs to prescribe DAAs. The RCP was launched in June 2016 and utilised peer led teaching. This study evaluated Barwon South Western's hepatitis C treatment patterns in the 12 months following the implementation of the RCP. Key findings include:

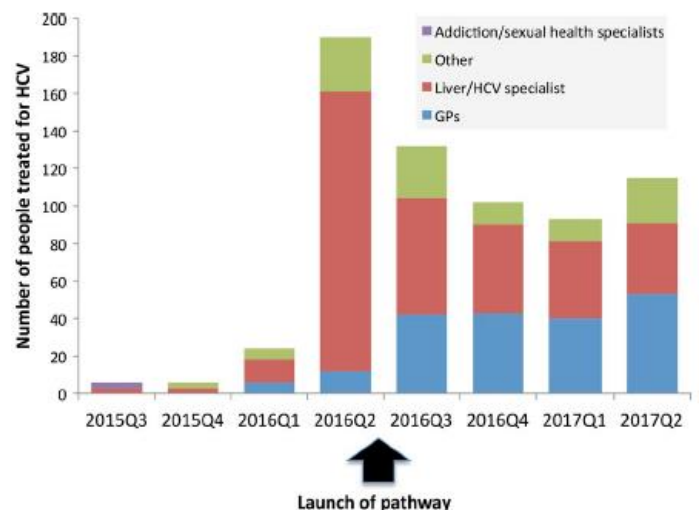
- In the 3 months before the RCP launch, GPs started 12 patients on DAAs and in the 3 months after the RCP launch, GPs started 42 patients on DAAs; this increased rate was sustained throughout the study period (see graph).
- 169 people had a “remote consultation” with specialists; 114 received approval for their GP to prescribe DAAs in primary care, 48 needed to see the specialist in a tertiary hospital.
- Of 114 patients approved for GP DAA treatment, 95 started DAAs. At the time of this work, 62 (65%) had reached the time point to assess hepatitis C cure and 33 (35%) were confirmed as cured.

CONCLUSION

The remote consultation pathway effectively connects GPs and specialist clinics to facilitate the treatment of hepatitis C and supports clinical mentoring of GPs in hepatitis C management.

POLICY IMPLICATIONS

- Collaborative development and implementation of an RCP effectively engages GPs in the treatment of hepatitis C.
- Tertiary health services can support GPs to prescribe DAA treatment and cure hepatitis C.
- Additional support may be required to improve follow-up of DAA treatment in primary care.



Number of people treated for hepatitis C (HCV) by provider type (Q = quarter)

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