Hepatitis C Treatment & Management Program (TMP)

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Treatment and Management Program

- A comprehensive Hepatitis C Treatment program targeted for People Who Inject Drugs (PWID)
- Funded by QLD Health via Communicable Diseases Branch (CDB)
- Started as a collaborative partnership between QuIHN & Hepatitis Qld
- Research partnership between QuIHN and University of Qld research Dept. QADREC
QuHNe Services: At A Glance

**HARM REDUCTION**
- Needle & Syringe Programs
- Peer Education Programs/Workforce development
- State wide Information Service
- Health Promotion campaigns & partnerships

**DEMAND REDUCTION**
- Out Patient Rehabilitation Programs for illicit drugs
- Out Patient Rehabilitation Programs for Alcohol
- Specialist Dual Diagnosis Programs

**PRIMARY CARE**
- Better Access General Practice (GP) Clinics. (BNE & GC)
- Outreach Nursing Services to vulnerable communities
QuHN’s TMP: QLD Regions
TMP: Governance

- Expert Advisory Panel (EAP) established October 2015
- Reps from across sector Inc.
  - Qld Health
  - QuIHN – Case Managers, Clinical Nurse, General Manager, Program Manager, Project Officer
  - Hepatitis Queensland
  - Corrections
  - Senior Hepatology Consultant
  - University of Queensland (QADREC)
TMP: No Wrong Door

QuikHN – No Wrong Door for Hepatitis C Treatment – Treatment Management Program

Client accesses TMP through Better Access Clinic (Bi/Weekly)
Client accesses TMP through referral to TIDE (NPS, OST, Rehabilitation, AOD services)
Client accesses TMP through external GP
Client accesses TMP through outreach clinics (e.g. Valley Integrated MH, Southport, Palm Island)

TIDE INITIAL SCREEN
HCV negative clients: information and education on transmission & infection risks

Cirrhotic &/or clinically complex client Referred to Specialist for treatment – either public Tertiary Centre or private Specialist dependent on complexity & needs

Client Work-Up: Nurse Practitioner Clinic
Client Work-Up: External GP

Community (GP & NP) Prescribing: Specialist review completed

On treatment monitoring by Treatment Provider
Post treatment monitoring by Treatment Provider
Finish/cessation treatment

SVR: Determine any ongoing monitoring with GP/Specialist
No response to HCV treatment: referral to Specialist for treatment options

TREATMENT PHASE
TIDE Case Management Support through HCV treatment - (Case conferencing across TMP all region teams monthly)

Level 1: Minimal support required by TIDE staff. (Waitlist to access treatment clinic: Week 1: phone call, Week 2: Phone call reminder, Week 3: Phone call reminder next treatment script)
End of treatment: Phone call for PCR testing
12 week post treatment: Phone call/face-to-face re SVR/ nonresponse to treatment
**No cap on number of clients accessing

Level 2: More care support required including weekly contact during treatment, referrals to external services, assistance to access GP or clinic, monitoring of compliance and side effects of treatment
Level 1 support + Weekly phone call/face-to-face contact
Monthly review case management plan
referral support as required
**Cap on number of clients/case manager

Level 3: Intensive support required. Client may be in crisis requiring high level support throughout treatment for compliance and achieving treatment success.
Level 2 support + Support through crisis or intensive intervention through referral and face to face support as often as required.

Evaluation follow-up (6 to 8 months post EOT)
TMP: 4 Key Strategies for flexibility

- **GP Clinics**
  - Shared Care Services delivered through QuIHN’s Better Access General Practice (G.P) Clinics & external G.P. clinics willing to provide treatment via a shared care model

- QuIHN Brisbane and Gold Coast – internal referral from NSP*

- Townsville & Sunshine Coast – Partnerships established with external G.P. clinics

- Links to Hepatology Specialists

- Learning & Mentoring
TMP: 4 Key Strategies for flexibility

- **Case Management**
- Treatment In an Injecting Drug Environment (TIDE)
  - Experienced harm reduction staff able to quickly build rapport with clients
- Professional development and mentoring
- 3 levels of support from minimal required to crisis management to engage, motivate, assist with compliance of treatment regimes
- Utilising existing and building new partnerships to advocate for and enable pathway through treatment for clients
- The back-bone of TMP
TMP: 4 Key Strategies for flexibility

- Nurse–Practitioner Led Viral Hepatitis Management Clinic
- Outreach clinic to community based mental health service by NP & Harm Reduction Worker
- Work in collaboration with client, clients MH support & treatment team
- Process begins with establishment of chronicity of infection
- Dedicated referral pathway for this cohort to facilitate care
- Supporting client’s access to Primary Health Care services
 TMP: 4 Key Strategies for flexibility

- **Brokered specialist care** for clinical HCV treatment including:
  - Mentoring for Better Access Clinic GPs
  - Review and consultation for scripts
  - Referral to Specialists for medically complex clients
  - Specialists willing to work with client group
  - Ease the burden on the public tertiary system
## TMP Results & Outcomes: Progress to date

- **January 2016 to September 2016:**

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<tbody>
<tr>
<td>Clients seeking treatment</td>
<td>304</td>
</tr>
<tr>
<td>Clients starting treatment</td>
<td>149</td>
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<tr>
<td>Clients completed treatment</td>
<td>82</td>
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TMP: Treatment As Prevention – In Action

Referral pathways into TMP

- QuIHN NSP: 24%
- QuIHN’S Better Access Medical Clinic: 8%
- Other QuIHN Services: 14%
- Friend/Family/Self/Word of mouth: 10%
- Rehabilitation Services: 25%
- AODS/OST: 8%
- External Medical Services: 5%
- Other: 2%
- Not listed: 4%
TMP: Research & Evaluation

- Partnership with University of Queensland (QADREC)
- On-line Survey
- Respondent Driven Sampling (RDS) designed to access hidden population of people who inject drugs into treatment services
- Evaluation of model as a way forward for future community treatment
- Evaluation of efficacy of treatment amongst people who inject drugs
TMP: To The Future

- Flexibility in model
- Outcomes from Treatment for PWID
- Outcomes from RDS as a way for motivating/encouraging people into treatment
- Correctional services
- Complex clients
- Partnerships with external organisations
Client Feedback

“It is like (the TIDE program worker) is going out of his way. It is like he cares who you are rather than just about the disease. It is a different atmosphere here. I get treated equally rather than as another dude in the system with no hope for me”

Man, aged 30
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