Improving quality of care for people living with hepatitis B in primary care: preliminary data from the Integrated Hepatitis B Service

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Nothing to declare

Integrated Hepatitis B Service

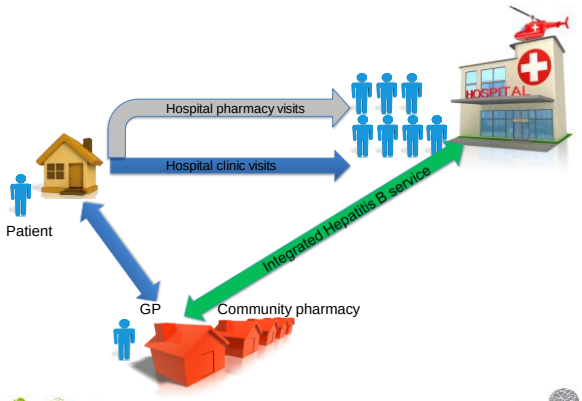
- Pilot project established in April 2012
- Hepatitis B Clinical Nurse Consultants coordinate the service – 0.8EFT

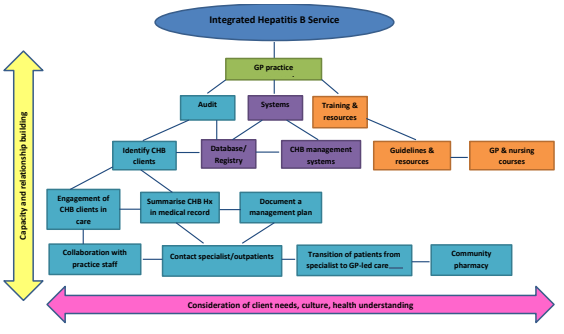
Aim:

- Develop capacity in the primary care sector to manage patients with chronic hepatitis B (CHB)
- Develop clinical pathways and linkages between primary and tertiary care
- Facilitate community-based treatment
- Encourage testing of priority populations
- Encourage HBV vaccination where appropriate

Activities

- Engaged 5 primary care practices in 2 years
  - 3 community health centres
  - 2 private GP practices
- Audited over 830 patient files
- Identified 323 patients with CHB that require care
- Collaborated with over 45 primary care professionals across all sites





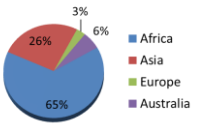
Prepared by Nicole Allard

Outcome data – Practice A and B

- For the purpose of this presentation I will present audit data from 2 clinics where the data collection is complete
- Baseline data collected from late September 2012 will be compared to follow up audit data collected 18 months after implementation

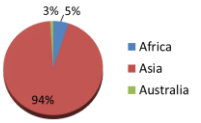
Demographics – Country of birth

Practice A: n = 117



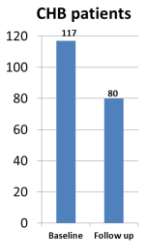
Median Age: 35
Male: 62%
Females: 38%

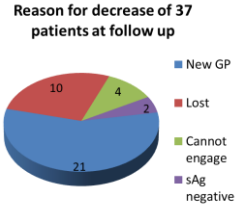
Practice B: n = 99



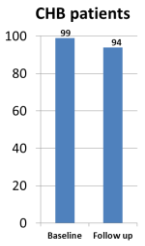
Median Age: 36
Male: 68%
Females: 42%

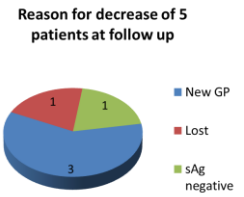
Number of CHB patients – Practice A





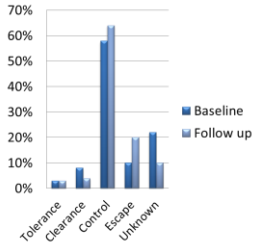
Number of CHB patients – Practice B



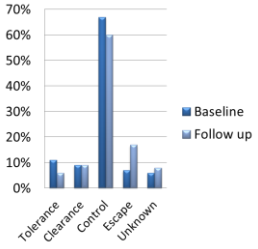


Phases of CHB

Practice A

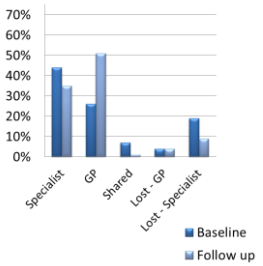


Practice B

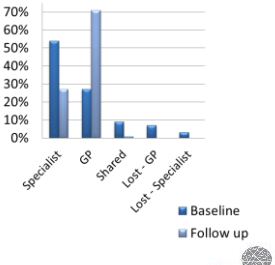


Management of patients with CHB

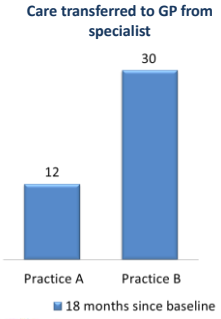
Practice A

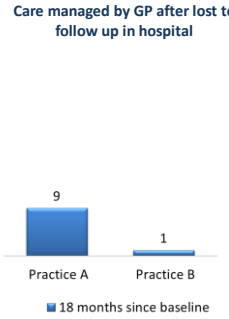


Practice B

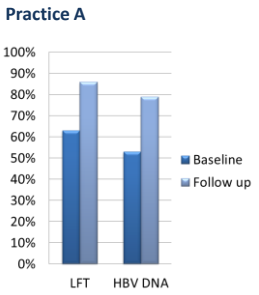


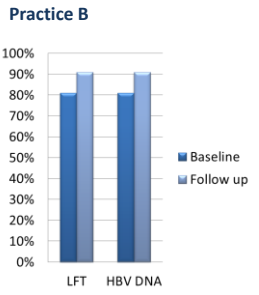
Patient care transition to GP-led care



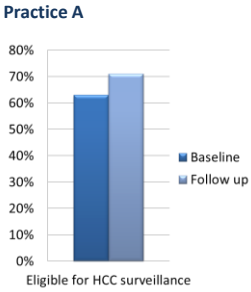


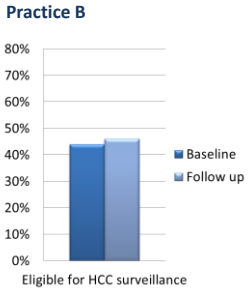
CHB monitoring - GP managed patients



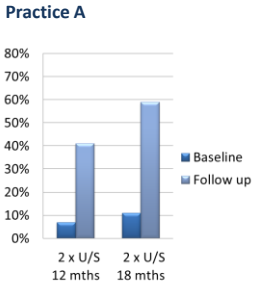


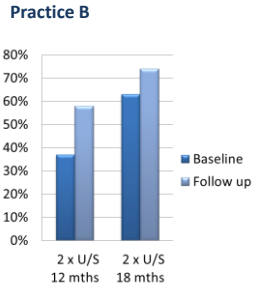
HCC surveillance eligibility – GP managed patients





HCC surveillance – GP managed patients





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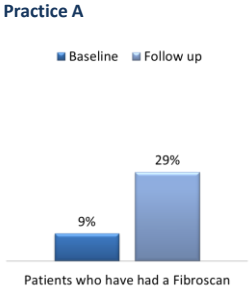
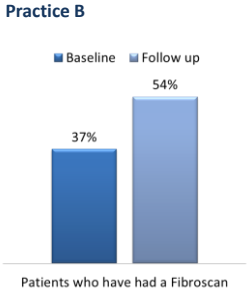
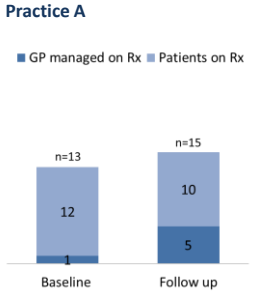
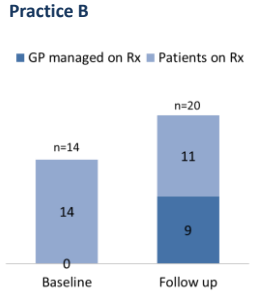




Total number of patients with CHB on treatment





Summary

- Guideline-based CHB management is achievable in the primary care sector
- Anecdotally people with CHB who have transitioned to GP-led care find primary care management acceptable
- Audit data at 18 months follow up from both practices demonstrates:
  - > 60% of people living with CHB are in immune control
  - > 50% of the GP practice CHB caseload is being managed by GPs
  - > 80% of patients in GP-led care are receiving timely LFTs and HBV DNA
  - A notable improvement in HCC surveillance
  - GP management of patients on treatment using private hospital provider numbers and community pharmacies

In closing……

- CHB management is complex – therefore it requires a complex intervention
- There is no such thing as **a** "Model of Care"
- The Integrated Hepatitis B Service is *responsive to this complexity addressing:*
  - Diversity of affected communities within practices
  - Needs of people with CHB
  - Skill level of practitioners
  - Resources available

Acknowledgements

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