Supporting Patients with Chronic Hepatitis B: improving the patient experience through a shared model of care.

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Acknowledgements

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Trends in overall Cancer Mortality: NSW

- HCC most common type of Liver Ca
- Increasing incidence of HCC means mortality rates are also increasing
- >85% 5 year mortality

HCC and Hepatitis B - our local problem

Incidence of liver cancer, in NSW males, 1998-2002
# HCC and Hepatitis B

Table 7: Number and proportion of people receiving guideline-based care for CHB, 2013

<table>
<thead>
<tr>
<th>State or Territory</th>
<th>Population, 2011</th>
<th>Number of people living with CHB, 2011</th>
<th>Number receiving care, 2013</th>
<th>Proportion of people in care (%)</th>
<th>Number still requiring care, 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT</td>
<td>357,219</td>
<td>3,603</td>
<td>493</td>
<td>13.7%</td>
<td>3,110</td>
</tr>
<tr>
<td>NSW</td>
<td>6,917,655</td>
<td>77,076</td>
<td>14,237</td>
<td>18.5%</td>
<td>62,839</td>
</tr>
<tr>
<td>NT</td>
<td>211,943</td>
<td>3,556</td>
<td>568</td>
<td>16.0%</td>
<td>2,988</td>
</tr>
<tr>
<td>QLD</td>
<td>4,332,737</td>
<td>37,427</td>
<td>2580</td>
<td>6.9%</td>
<td>34,847</td>
</tr>
<tr>
<td>SA</td>
<td>1,596,570</td>
<td>14,442</td>
<td>630</td>
<td>4.4%</td>
<td>13,812</td>
</tr>
<tr>
<td>TAS</td>
<td>495,352</td>
<td>3,513</td>
<td>95</td>
<td>2.7%</td>
<td>3,418</td>
</tr>
<tr>
<td>VIC</td>
<td>5,354,042</td>
<td>56,836</td>
<td>10,819</td>
<td>19.0%</td>
<td>46,017</td>
</tr>
<tr>
<td>WA</td>
<td>2,239,170</td>
<td>22,055</td>
<td>1278</td>
<td>5.8%</td>
<td>20,777</td>
</tr>
<tr>
<td><strong>AUSTRALIA</strong></td>
<td><strong>21,507,719</strong></td>
<td><strong>218,567</strong></td>
<td><strong>30,700</strong></td>
<td><strong>14.0%</strong></td>
<td><strong>187,808</strong></td>
</tr>
</tbody>
</table>

Totals may not add up due to inclusion of those without a State or Territory of residence

Source: HEPATITIS B MAPPING PROJECT NATIONAL REPORT 2012/13
HCC and Hepatitis B

• HCC is largely preventable
• Barriers exist in the diagnostic and treatment continuum
• Knowledge gaps amongst GP’s- first point of call for patients with CHB
• Increasing burden on Specialist services
What are we trying to achieve?

• Provide high quality, supportive service to local GP’s
• Increase knowledge to increase effective care
• Increase support to patients
• Increase antiviral therapy uptake
• **Decrease burden of liver disease and liver cancer**
Shared Care Model

HOTTeR West Clinical Interactions

Specialist > GP
- Risk assessment
- Antiviral Rx initiation & F/U
- HCC management
- MDT

Hepatology nurse
- GP-specialist linkage
- GP & patient education
- Follow up coordination

GP > specialist
- Lifestyle modification
- CHB screening
- Routine F/U
- MDT support
Patient’s with CHB enrolled into the program by GP using the program specific referral form

\[(\text{HBsAg } +\text{ve} \& \text{anti-HBc } +\text{ve})\]

Related patient investigations (pathology, ultrasound, family history) discussed by CNS with Professor George. Triage to either GP care or for review in Liver clinic

**Complex CHB**
Patient reviewed by Specialist in Liver clinic. Once results are stable patient is sent back to GP care.

\[(\text{HBV DNA } >2000 \text{ IU/ml}, \text{ ALT } >30 \text{IU/ml Male } >19 \text{IU/ml Female})\]

**Non Complex CHB**
Recommended care discussed with GP. CNS will support the ongoing GP based CHB monitoring.

\[(\text{HBV DNA } <2000 \text{ IU/ml}, \text{ ALT } <30 \text{IU/ml Male } <19 \text{IU/ml Female})\]

**Fibroscan**
Community based clinic

\[(\text{ALT } >40 \text{IU/ml, liver ultrasound suggestive of fibrosis})\]

If Results indicate need for specialist review

Specialist

Hepatology Nurse

Hepatology Nurse
The numbers so far....

March 2015

250 CHB patient

5 GP clinics

100 patients FibroScanned

30+ patients started AVT
Increasing knowledge

• Hepatitis B and HCC educational session for GPs and practice nurses

• Patient group education sessions: 20 participants in each. Topics covering CHB, treatment, taking charge of your care, HCC, healthy living
Collaborating for community engagement

Jade Fan Project joins forces for hepatitis

Jade Fan Project members at a hepatitis awareness stall in Auburn Central Forecourt.

Jade Fan Project is a partnership between WSLHD HIV and Related Programs (HARP) Unit, Stott Liver Centre, Westmead and Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine.

During Hepatitis Awareness Week, the Project ran a education session on hepatitis B to general practitioners and practice nurses.

Speakers included Dr Nhi Phung, Senior Staff Specialist – Gastroenterology & Hepatology Westmead Hospital and Dr Michael Burke – Kildare Medical Centre.

A health promotion hepatitis awareness stall was established in Auburn, where resources on hepatitis in local languages and culturally specific fans were offered to communities.
In-language resources

Welcome

The HOTTer West Liver Wellness program aims to support patients and their general practitioners manage chronic hepatitis B.

1. Regular check-ups by your doctor, with support from a clinical nurse specialist and liver specialist
   - Regular blood tests to monitor your liver
   - Tests to check for liver damage and liver cancer

2. Return to the care of your family doctor when your hepatitis B is under control
   - Review by liver specialist at Westmead Hospital
   - Your doctor may refer you to the liver specialist if your test results require further evaluation

3. You will have access to the following support and resources:
   - Hepatitis B information pack
   - Education sessions on living well with hepatitis B
   - A reminder letter to ensure you see your doctor regularly
   - Counselling and support
   - For more information contact: The Project Officer, on 02 9354 1630 (English and Chinese speaking)
   - Information phone line, English and Chinese speaking 02 9354 1630
In-language resources

FibroScan

Your doctor has requested that you have a FibroScan performed. This leaflet explains what the test involves and how to prepare for it.

What is a FibroScan?
A FibroScan is a simple test that we use to find out how much liver scarring you have. Fibrosis is a build-up of stiff scar tissue (a collection of cells that make up a part of the body) in your liver.

A FibroScan is similar to having an ultrasound scan. However, instead of using high-frequency sound waves to create a picture like an ultrasound, FibroScan uses a series of short, pulsed, low-frequency sound waves to measure liver stiffness. We see the result as a number, or score, rather than a picture, which tells us how much liver scarring you have.

What happens during the scan?
Your scan will be carried out by the clinical nurse specialist who will explain the procedure and answer any questions you may have. You will be asked to lie on your back with your right arm raised above your head. A gel will be applied to your skin on the right-hand side. A small handheld sensor is then pressed on the surface of your skin. The gel allows pulsed sound waves to pass through the liver more easily. The gel is wiped off at the end of the procedure.

Do I need to prepare for the scan?
Please ensure you do not have anything to eat for 2 hours before your appointment, unless you have diabetes or your GP has asked you not to fast. You should also take any prescribed medication as you normally do. You may have a sip of water.

What are the benefits of a FibroScan?
- The scan will give your doctor more information about your liver condition and help them plan the best treatment for you.
- The test can be done quickly and easily by the Nurse Specialist at your doctors surgery.
- You will not need any injections or anesthetics.
- You will be able to return home or to work straight afterwards.

How long will the scan take?
It takes about 15 minutes, but please allow 30-45 minutes for your appointment.

Do I need to give consent?
You do not need to sign anything, but your GP will discuss the test with you prior to your appointment and gain verbal consent. This is a legal requirement. When you attend your appointment the nurse specialist will discuss the procedure with you again. If at any time you change your mind about having the scan please let us know.

Are there any risks?
A FibroScan has no side effects and after having the procedure you are able to drive, return to work and carry out your normal daily activities. But we recommend that you do not drive if you are pregnant or if you have a heart pacemaker. It can also be difficult to get an accurate fibrosis score using the FibroScan for people with a waist measurement over 100cm.

Can I bring a friend or relative?
Yes, you are welcome to bring a friend or relative.

How and when do I get my result?
The nurse specialist won’t be able to discuss your result with you at your appointment because it needs to be discussed by the liver specialist. Your GP will give you the result at your next appointment.

Fibroscan patient information:
available in English and Chinese
Increasing knowledge
On going support

- Development of a website: Patient section and health professional section, access to relevant program information, CHB and HCC resources. Multiple languages.
Implications

- Shared care model has improved the management of these 250 patients
- Timely referrals for more complex cases
- Tracking of results
- Appropriate HCC surveillance
- Successful initiation and ongoing management of antiviral therapy
- Increased general knowledge and confidence amongst GP’s involved
And finally...

• Community consultation
• In language resources and delivery of care
• Ongoing educational opportunities
• Care delivery in a familiar environment
• Ongoing review
• Time, patience and persistence
Would you like to know more?

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