



Evaluation of the WA nurse-supported hepatitis C shared care program

Lobo R¹, Mascarenhas L², Bevan J³, Worthington D³, Mak DB^{3,4}.

¹Western Australian Centre for Health Promotion Research, Curtin University, Western Australia (WA)

²Formerly Sexual Health and Blood-borne Virus Program, Communicable Disease Control Directorate, Department of Health, Western Australia

³Sexual Health and Blood-borne Virus Program, Communicable Disease Control Directorate, Department of Health, Western Australia

⁴School of Medicine, University of Notre Dame, Fremantle, Western Australia

Background

1,078 hepatitis C notifications in WA in 2012 (44.1 per 100,000 population)

Numbers accessing treatment are low

Nurse-supported programs have evolved over the past 10 years in three WA regions – South West, Great Southern and Kimberley

First evaluation of these programs across the three regions

Methods

Data collected May – August 2013

Mixed Methods:

Desktop review (e.g. epidemiological data, reports)

Key informant interviews (e.g. nurses, Physicians)

Patient satisfaction questionnaire

Analysis

Key informant interviews – thematic analysis

Patient satisfaction questionnaire – quantitative analysis

Evaluation questions

How does the program work?

Are patients receiving care when they need it?

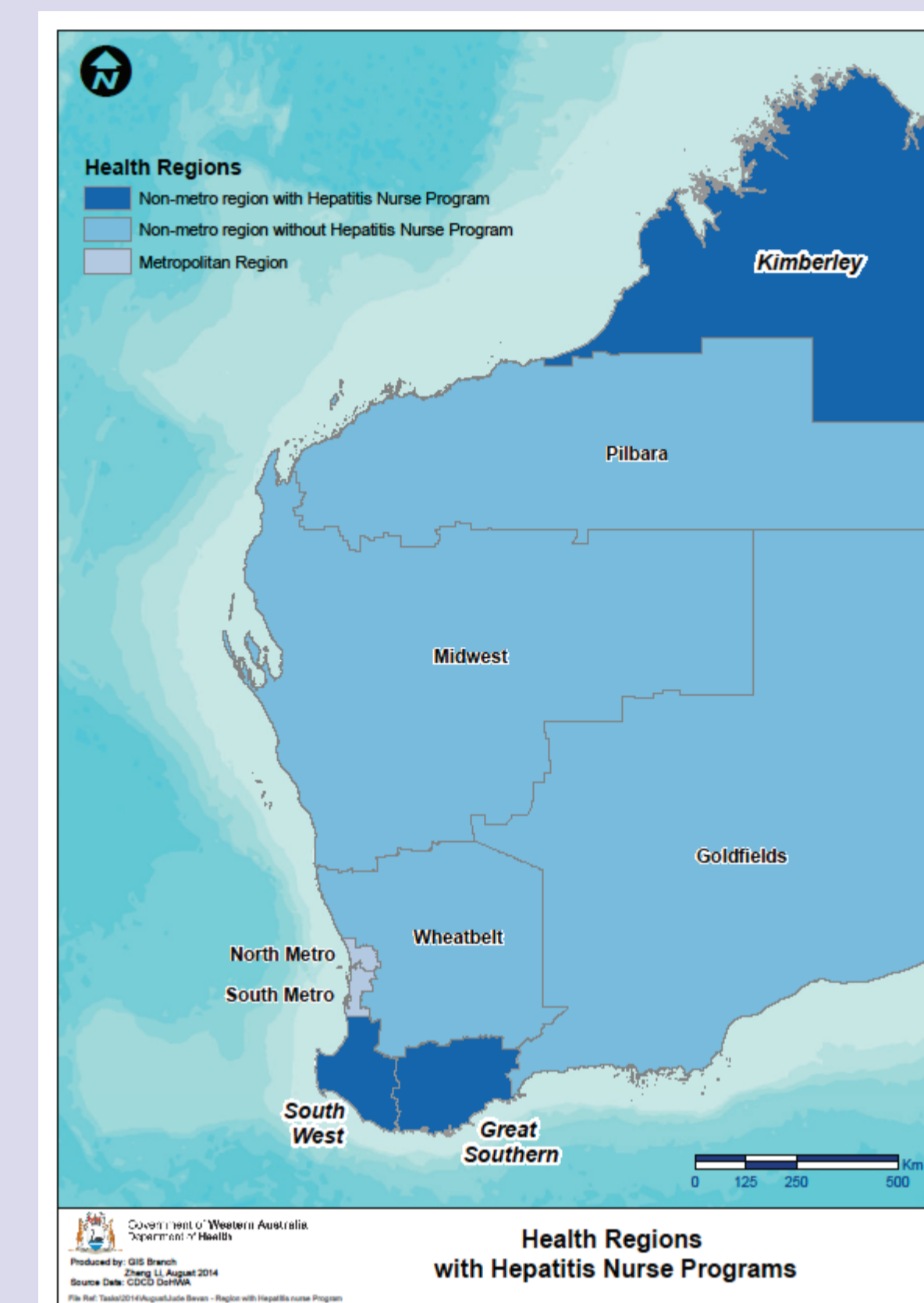
What are the perceived benefits?

What are the challenges/enablers?

What happens in regions without a program?

What are the critical features of the program?

What elements are crucial to its success?



Results - Key informants (health care providers)

Respondents

16 health care providers invited to participate, 3 declined, 2 did not respond

Benefits of nurse-supported care (regions with a program)

Shorter waiting times

Longer appointment times

Better rapport with patients

98-100% treatment completion

Being a general physician it's been just a lot easier for me. By the time I see them patients are usually pretty well up to date what to expect [with treatment] and what the eventual benefits, what the side effects are.
(Comment from Physician – region with nurse)

Key features of the program

Patient-centred care

Dedicated hepatitis nurse located regionally

Specialist physicians with S100 prescriber qualifications

Collaboration with GPs

Telehealth

Excellent communications

Low staff turnover

Having a Hep C nurse would certainly make it more likely that we could treat more people (Comment from Physician – region without a nurse)

Elements crucial to the success of the program

Nurse supported by access to regional physicians, and training and CPD

Telehealth links to liver clinics

GP support

Standardised protocols

Training for GPs and regional physicians

Funding

Challenges

- Intake limited by nurse capacity.
- High regional GP turnover.
- No dedicated time for the nurse to meet with the regional physician.
- Aboriginal patients under-represented.

Results – Patients

Respondents

22/47 responses (47% response rate) – 2 responses ineligible for analysis

65% male

All non-Aboriginal

80% born in Australia

Age distribution: 36-45 yr (n = 5), 46-55 yr (n = 7), 56-65 yr (n = 8)

Patient perspectives of nurse role

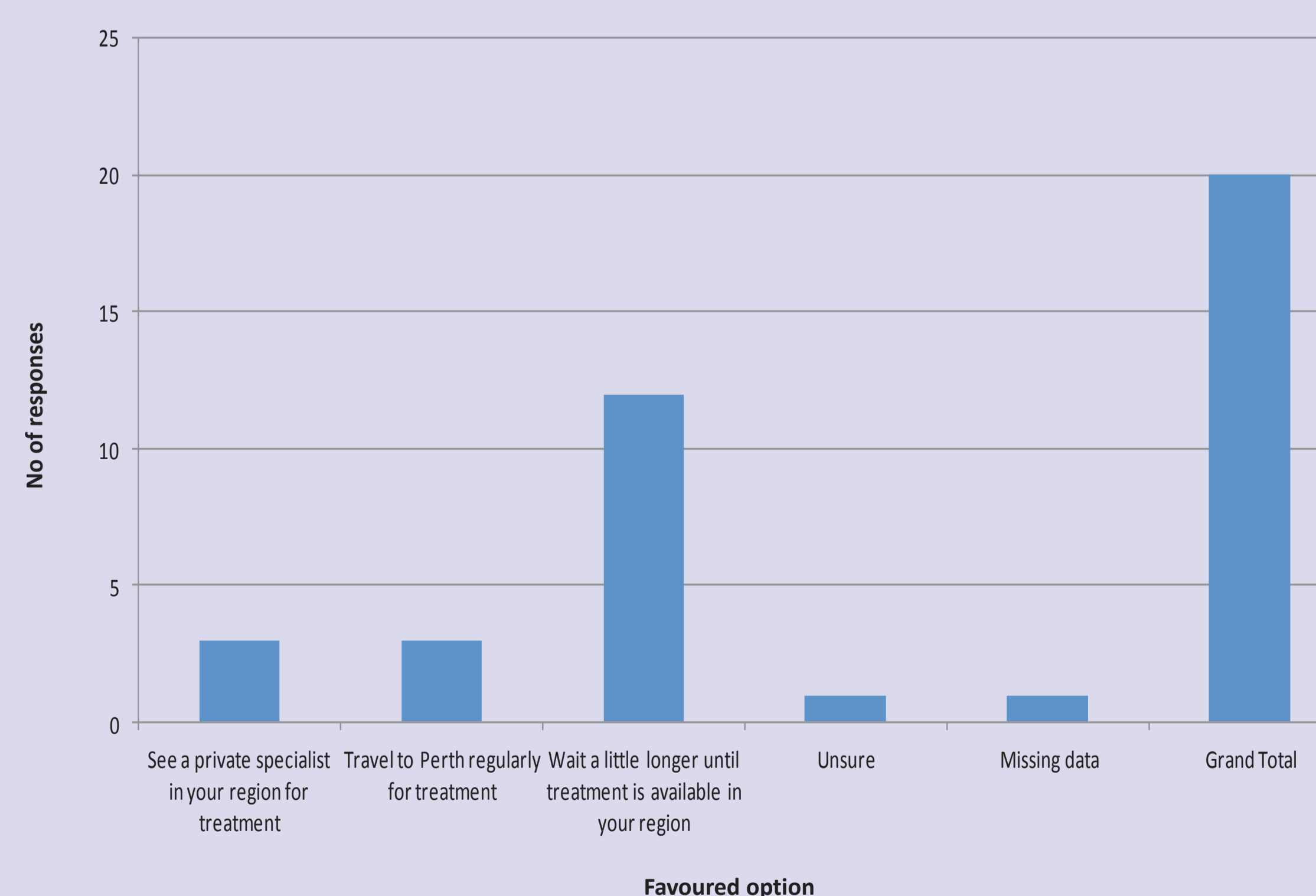
Patients surveyed reported the nurse (or nurse and other) was the main person for:

- first point of contact (17/20 responses)
- explaining treatment (16/20 responses)
- scheduling appointments (12/19 responses)
- giving test results (17/20 responses).

Patients generally satisfied with care provided by nurse (e.g. information provided, support received and overall experience).

Patient responses to question:

'What would you do if the nurse-supported program did not exist?'



Recommendations

- Investigate requirements and feasibility of nurse-supported hepatitis C shared care services in other regions.
- Investigate barriers to accessing treatment for Aboriginal people.
- Increase participation of GPs in existing regional nurse-supported hepatitis C shared care services.
- Investigate options for expanding telehealth services to enable local hepatitis C treatment and care and reduce waiting times for tertiary clinic appointments.
- Maintain existing regional nurse-supported hepatitis C shared care programs.