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

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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

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

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?’

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

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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?

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.

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Study supported by the WA Department of Health and WA Department of Education and Training

Telehealth services to enable local hepatitis C treatment and care

Key informant interviews

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