

"From Treatment to Peer Worker"

Redfern AMS Outreach Liver Clinic
A nurse-led peer supported model of care

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Topics

- ♦ **Background**
- ♦ **Model of care**
- ♦ **Outcomes**
- ♦ **Challenges**
- ♦ **A peer-based perspective**

Background

- ♦ Hepatitis is a significant burden of ill-health for Aboriginal people
- ♦ Likely the rates of HCV not fully understood and under reported
- ♦ Numbers of Aboriginal people on treatment are low

Background

- ♦ Relevant NSW & National Strategies and Implementation Plans long recognised:
 - ♦ Aboriginal people as priority populations for HCV programs
 - ♦ The need to work with Aboriginal communities, peoples and organisations to achieve the respective goals of these strategies and plans

Background

- ♦ **Initially a TSI nursing cadet placed at Redfern AMS/D&A Service 2009**
- ♦ **Client interest and service acceptance led to more comprehensive services offered: (Weekly CNC with portable fibrosan, supported by monthly Registrar & dietician)**
- ♦ **Evolved to include a peer based mode of service delivery in January 2013 6 hrs/wk via RPAH/SLHD**

Peer incorporated Model of Care

- ♦ **Currently 8hrs/week through RPAH Liver Unit/SLHD**
- ♦ **Works with CNC/clinic team at Redfern AMS to increase client awareness, engagement and facilitate clinic attendance**
- ♦ **Offers information and support to people on or considering hepatitis C treatment**

Peer incorporated Model of Care

- ♦ **Involved in SLHD HP activities & events**
 - ♦ **Community/fibroscan events, HAW/Koori radio, resource development (Flyer, brochure, DVD)**
 - ♦ **Medicare local**

Peer incorporated Model of Care

- ♦ **Support HCW engagement with Aboriginal people**
- ♦ **Clinical support via CNC/medical/allied health staff**

Model of Care

- ♦ **CNC/Nurse-led**
- ♦ **Includes medical, dietician & peer support. Monthly portable fibroscan**
- ♦ **Drop-in/self referral/appt service. Referrals from AMS GP's & prescribers.**
- ♦ **Information, testing, treatment, care and support for people with liver disease**

Model of Care

- ♦ **Establish workable relationships with AMS staff across all levels**
- ♦ **Educational role/sessions with AMS staff**
- ♦ **Link to tertiary Liver services. RPAH Protocol supported**

Outcomes

Average clients seen each week = 0-6
 Feedback from clients and AMS staff generally has been positive:
 Clients returning, verbal feedback has been excellent

Treated patients initiated N= 8			
M/F	6/2	Cirrhotic (1xTriple therapy P/R/Tel)	2 (CUPIC)
Gt 1	3	SVR	3
Gt3	5	End of Rx On Rx response	2 2 (1 pending)

Challenges

- ♦ **Complex group with multiple co morbidities incl mental health, cardiovascular, housing and social factors**
 - ♦ **Cirrhotics = 12 - HCC surveillance**
 - ♦ **Endoscopies = 5**
 - ♦ **HCC referrals to RPA = 2**
- ♦ **Less disease = ? wait = incr Nos "warehoused" = those treated now likely to be sicker.**
- ♦ **Risks involved with current HCV therapy in cirrhotic patients in outreach settings**

Challenges

- ◆ No "roadmap"
- ◆ ETHOS/NUAA Peer Program appears to demonstrate effectiveness of peer based support models in ORT settings
- ◆ Need for further evaluation particularly qualitative and ongoing support to sustain this model
- ◆ Ground breaking therapies in the next few years will dramatically alter the treatment landscape
 - ◆ ? Implications for service delivery