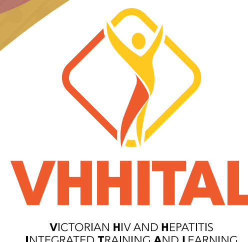
Eliminate Hepatitis C

Quality Improvement in general practice

For Primary Health Networks



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Acknowledgements

North Western Melbourne Primary Health Network (NWMPHN) acknowledges the peoples of the Kulin nation as the Traditional Custodians of the land on which our work in the community takes place.
We pay our respects to their Elders past and present.

We also recognise, respect and affirm the central role played in our work by people with lived experience, their families and/or carers.

In partnership:

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Please note appedix B - E are downloads.

1. About this toolkit

A Quality Improvement partnership project

North Western Melbourne Primary Health Network (NWMPHN) and the Victorian HIV and Hepatitis Integrated Training and Learning (VHHITAL) have designed a Quality Improvement (QI) project to help address the burden of hepatitis C. It aims to leverage the powerful impact of early access to direct-acting antivirals on better health outcomes in our community.

This QI project has been developed in partnership with South Eastern Melbourne Primary Health Network (SEMPHN) and EC Australia, and funded by the Burnet Institute and Paul Ramsay Foundation.

Developed by PHNs for PHNs

NWMPHN and VHHITAL developed this toolkit to assist primary health networks (PHNs) to support general practice in a structured and facilitated QI project on hepatitis C screening and treatment for at-risk patients.

It is a guide to the steps required to support general practices to participate in the project, and is based on previous hepatitis C QI projects implemented by NWMPHN in 2019-2020 and SEMPHN in 2021-2022.

It can be used wholly or in part, or modified, to develop a program that suits each PHN's broader organisational goals and objectives. It can be customised and localised to meet the needs of targeted priority populations, such as Aboriginal and Torres Strait Islander people or culturally and linguistically diverse groups.

2. Hepatitis C: the global and national response

Unless otherwise specified, all information on hepatitis C aetiology, progression, distribution and treatment strategy is drawn from the Australian Government Department of Health Fifth National Hepatitis C Strategy 2018-2022.

Hepatitis C is a potentially life-threatening blood-borne virus that primarily affects the liver, causing inflammation which can lead to liver disease and cancer.

Each year, around 630 Australians die from hepatitis C-related causes, and nearly 90,000 have been treated with effective, well-tolerated direct-acting antivirals. The challenge is finding, testing and linking to care the estimated 120,000 Australians who are living with undiagnosed chronic hepatitis C infection.

There is no vaccine to protect against infection with the hepatitis C virus. Treatment with direct-acting antivirals (DAAs) results in a cure for well over 90% of people with chronic hepatitis C. Access to DAAs is unrestricted and PBS-subsidised. People with liver complications and people not cured following treatment require ongoing care and monitoring.

This diagram considers priority populations, and health and community settings, where targeted actions can be taken to reach at-risk people in our community.

In 2016, the Australian Government endorsed the World Health Organisation global health sector strategy on viral hepatitis 2016–2021, which set the overarching goal of eliminating viral hepatitis as a major public health threat by 2030.

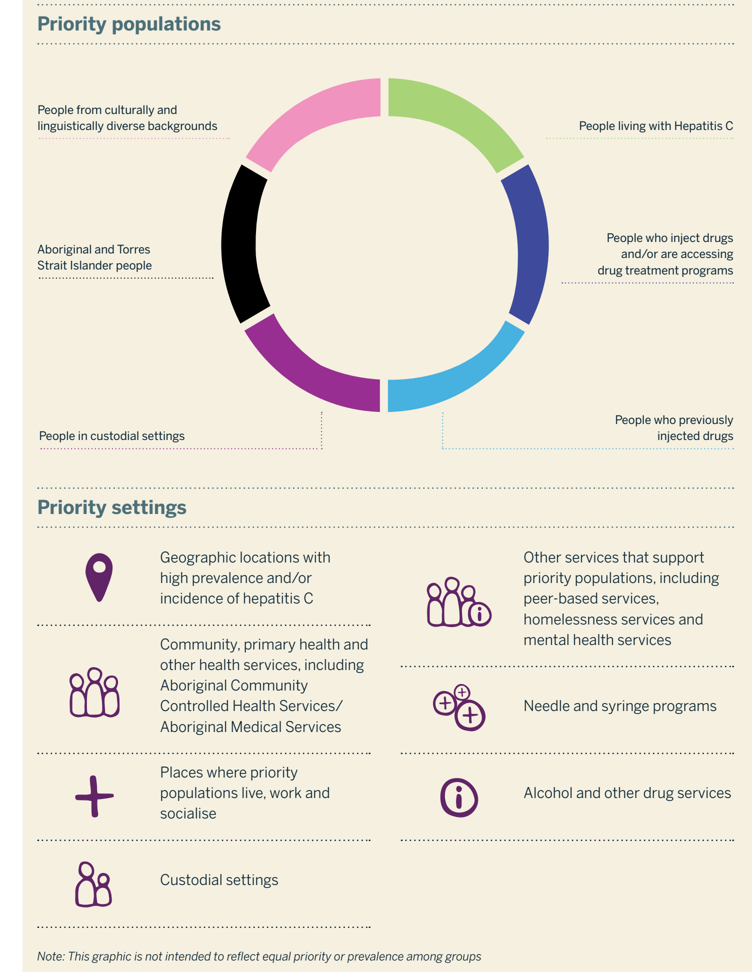
This target includes an 80 per cent reduction in new hepatitis C infections and a 65 per cent reduction in hepatitis C associated deaths from liver disease.

Australia can be one of the first countries to achieve these elimination targets. A key reason for this is that new direct-acting antiviral (DAA) medications were made available on the PBS in March 2016 to all people living with hepatitis C, regardless of the disease stage.

The Australian Government's Fifth National Hepatitis C Strategy 2018–2022 highlights action to address illness and death due to the disease. Meeting international obligations and targets is a critical part of this strategy.

The Eliminate hepatitis C Australia Partnership, known as the EC Partnership, led by the Burnet Institute, is a four-year project formed in 2018 to bring together researchers, implementation scientists, government, health services and community organisations to ensure Australia sustains high numbers of people accessing timely hepatitis C treatment. It facilitates a nationally coordinated response to the 2030 elimination target.

Figure 4:
Priority populations for the Fifth National Hepatitis C Strategy 2018–2022



Fifth National Hepatitis C Strategy, 2018 – 2022, Australian Government, Department of Health

3. Quality Improvement to enhance hepatitis C diagnosis and management in general practice

Participating in a targeted QI project provides a way for general practices to be supported in developing solutions to low levels of hepatitis C screening.

Throughout these projects general practices are encouraged to find local solutions to achieve their objectives. They are supported to trial ideas, measure outcomes and reflect on what is or isn't working. Sharing these experiences is strongly encouraged.

The hepatitis C QI project targets the promotion of early screening to at-risk community members, and then focuses on ensuring best treatment options are available in the general practice setting. It aims to build sustainable practice, increase capability, boost teamwork and embed knowledge.

Model for Improvement

The Model for Improvement (MFI) is an approach for developing, testing, and implementing changes in primary care. It involves choosing specific and measurable goals, selecting objective measures of improvement that can be tracked over time, and identifying key change ideas. The approach is divided into manageable steps, which are tested to determine whether improvement is being achieved. The MFI is a two-part process comprising the 'Thinking Part' and the 'Doing Part'. It works in cycles – styled as Plan, Do, Study, and Act (PDSA).

The MFI seeks to achieve the outcomes outlined in the Quadruple Aim for quality improvement:

- improved patient experience
- improved provider experience
- population health improvements
- sustainable cost

Visit NWMPHN Quality Improvement projects for more examples.

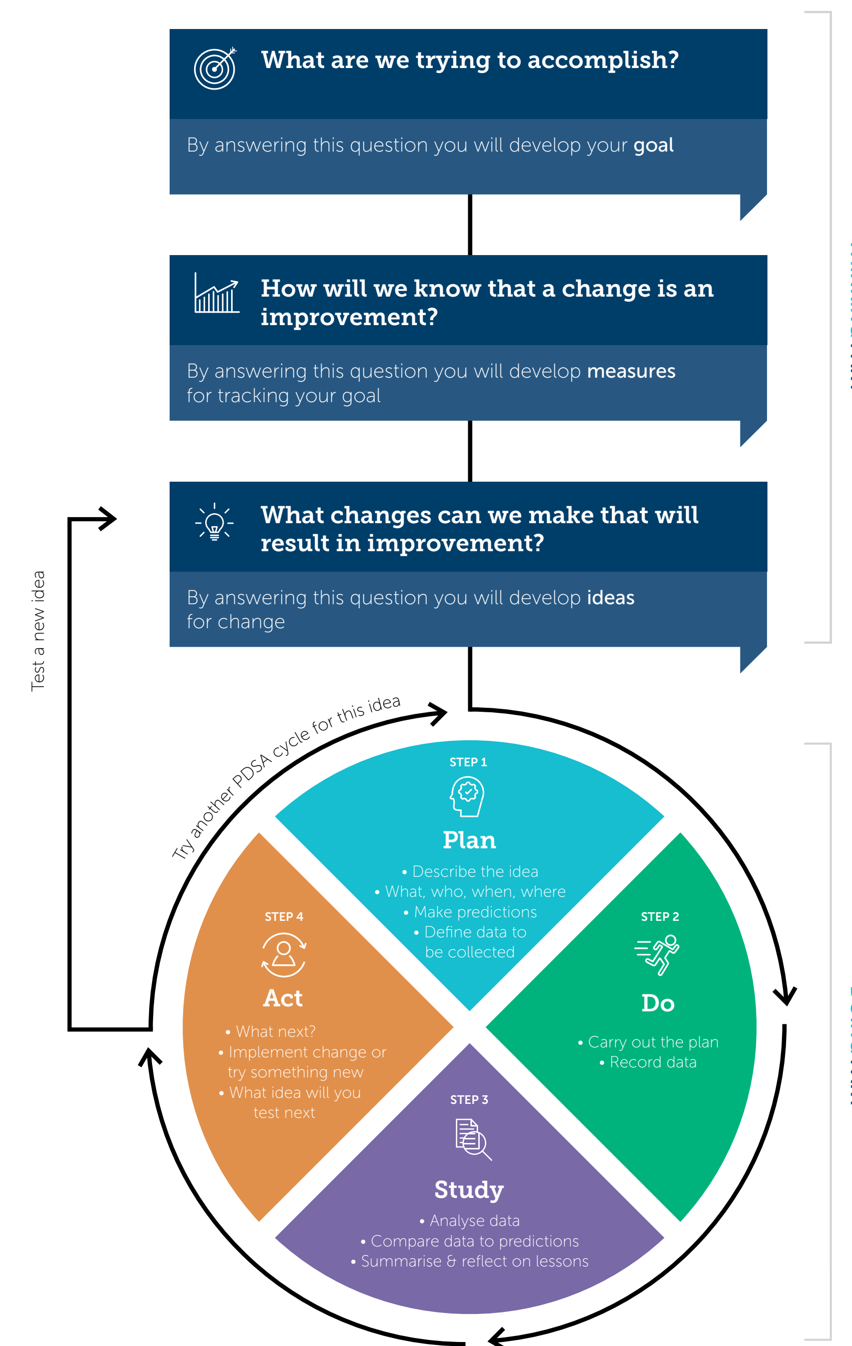
630
people die each year from hep C

90K
people recieve treatment

120K
people are undiagnosed

Source: Australian Government Department of Health Fifth National Hepatitis C Strategy 2018-2022.

NWMPHNs Model for Improvement diagram



THE THINKING PART

This consists of three questions that are critical for guiding improvement work:

- Identifying the goal. What are we trying to accomplish?
- Identifying measures. How will we know that a change in an improvement?
- Identifying a change idea. What changes can we make that will result in improvement?

THE DOING PART

This part is made up of Plan, Do, Study, Act cycles that will help to trial and implement change.

Not every change will lead to an improvement. Making small incremental changes, allows for the opportunity to test the change on a small scale and learn about the risks and benefits before implementing the change more widely. A number of PDSA cycles may be required to achieve an improvement goal.

4. Planning your Quality Improvement project

Set up your team

Establish a core project team, including:

- A clinical subject matter expert (SME) to advise on project development, implementation and evaluation
- A project lead to coordinate and manage the project, including coach general practices through QI project delivery
- A workforce development subject matter expert to facilitate and coordinate education and training workshops
- A HealthPathways or integration subject matter expert to support a system integration approach to QI project delivery.

Determine clinical partners

For Victorian PHNs, consider engaging with the Victorian HIV and Hepatitis Integrated Learning program (VHHITAL) to support education and training workshops. VHHITAL can work with local subject matter experts including clinicians and integrated hepatitis C nurses.

For PHNs in other states, consider a partner organisations for hepatitis training and learning programs, such as Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM).

Set the project goal

NWMPHN's QI project goal was to increase general practice involvement in screening, treatment, and management of patients with, or at risk of hepatitis C. The objectives were to:

- improve workforce capacity to screen, treat and manage patients with hepatitis C by implementing structured, whole-of-practice QI activities
- ensure the workforce has the skills, knowledge and attitudes needed to counter stigma that can impact negatively on screening, diagnosing and treating patients with hepatitis C virus.

PHNs need to decide on objectives and outcomes relevant for their region.

Determine measures of success

It's important to have clear measures that track progress towards achieving the project objectives. Determine the measures early in your planning phase. Measures, including quantitative and qualitative data, will also support the evaluation of the project, and impact, at the PHN level.

Quantitative measures

Establish a baseline:

Use a third-party data extraction tool such as PENCAT or POLAR to establish a baseline for patients in the practice who have a diagnosis of, or are at risk of, hepatitis C. Finding these patients and ensuring evidence-based care is accessible and delivered is the crux of the Hepatitis C QI project.

Data collection for general practices to identify at risk patients:

Establishing patient numbers is also important as a baseline measure that practices can use to track their improvement activities. View links below.

Utilise your data extraction tool to identify patients.

- CAT Recipes
- Identify patients with hepatitis C using CAT4
- POLAR Walkthroughs (see appendix A)
  - POLAR walkthrough - How to use Filters and Searches
  - POLAR walkthrough - Identify Culturally Diverse Cohorts for Hep C project
  - POLAR walkthrough – Search Diagnosis for Hep C project

Develop Hep C data reports for participating practices:

Your PHN may develop data reports that help capture hepatitis C measures at practice and regional levels. These can be provided to practices at regular intervals to help them track improvement activities through the activity periods. See page 14 for an example.

Qualitative measures

Consider developing pre-project and post-project surveys to help measure the impact of the clinical educational components of the project and the quality improvement activities undertaken by the practice team.

See appendices B and C for examples of pre and post project participation surveys.

Determine the structure of the project

NWMPHN's Hepatitis C QI Project ran over 6 months and consisted of an orientation meeting followed by three learning workshops. The workshops were interspersed with activity periods using PDSA cycles, in which participating practice teams implemented their change ideas, reviewed the outcomes and data, and continued to refine and implement changes at the practice level.

Also, when determining the structure of your project consider longer term data collection to assess sustainability of the change and improvements achieved during the project period.

Orientation

Host an orientation session with the general practice team. This introductory meeting can be done with individual general practice teams or as a group with all participating practices. It provides an overview of the project, and outlines the requirements, expectations, and benefits.

Facilitated learning workshops

Host a series of facilitated learning workshops. Facilitated learning workshops are designed to provide general practices with evidence-based information and include an educational overview of hepatitis C by a GP and a clinical blood born virus expert.

The workshops also provide protected 'team time' sessions, in which general practices can formulate plans for action, gain up-to-date clinical guidelines, hear change ideas, and generate new ideas to test and translate into improvements.

They allow general practices to:

- cultivate a connected self-sustaining network that leverages experience and skills, and can contribute to developing communities of practice
- showcase innovation to motivate and promote sustainable improvement ideas
- benchmark data and progress
- share successes and lessons to adopt innovative improvements from their peers
- participate in continuing professional development (CPD).

Checklist for planning facilitated learning workshops:

- [x] Set dates for Workshops 1, 2 and 3
- [x] Select QI speakers and subject matter experts
- [x] Determine workshop content, learning objectives, with subject matter expert speaker and clinical advisor (if applicable)
- [x] Consider submitting learning workshops for RACGP CPD accreditation
- [x] Develop learning outcomes details, and agendas for each workshop
- [x] Develop evaluation forms for each workshop to measure against your learning outcomes
- [x] Ensure future workshops are informed by previous workshop evaluation

Activity periods

Activity periods occur between and after the learning workshops. They enable general practice teams to test their improvement ideas through PDSA cycles (See an example in appendix E) and measure progress through ongoing monthly data collection, reflection, and feedback. A vital component is the proactive practice assistance provided by the PHN project lead. Consider early in the project orientation phase scheduling regular support and coaching meetings with the practice team.

The PDSA cycles underpin activities at the practice level and are aimed at positively changing systems and workflows to better identify patients at risk, and to better manage patients with hepatitis C infection.

The PHN project lead can be most effective in sharing PDSA ideas and supporting the practice to implement and study changes. Working through each cycle allows the practice to trial ideas and to target activities to drive improvements. Ideally a series of small PDSAs is needed. NMWPHN used 6 PDSAs over the project life, where each facilitated workshop was followed by two cycles. Planning cycles between workshops allows for practices to share their improvement ideas and experiences, and to learn from and support each other.

Recruiting general practices

To recruit practices, develop an information sheet to promote an expression of interest (EOI) to general practices. See below for an example of a promotional email, and appendix D for an EOI template.

Dear Colleagues,

Your practice is in a high-risk area for hepatitis C.

Your local government area has one of the highest rates of the disease in our region. [Make sure you include a reference here.]

Despite this, there is a low uptake of treatment. The good news? Hepatitis C is curable – and general practice can lead the way.

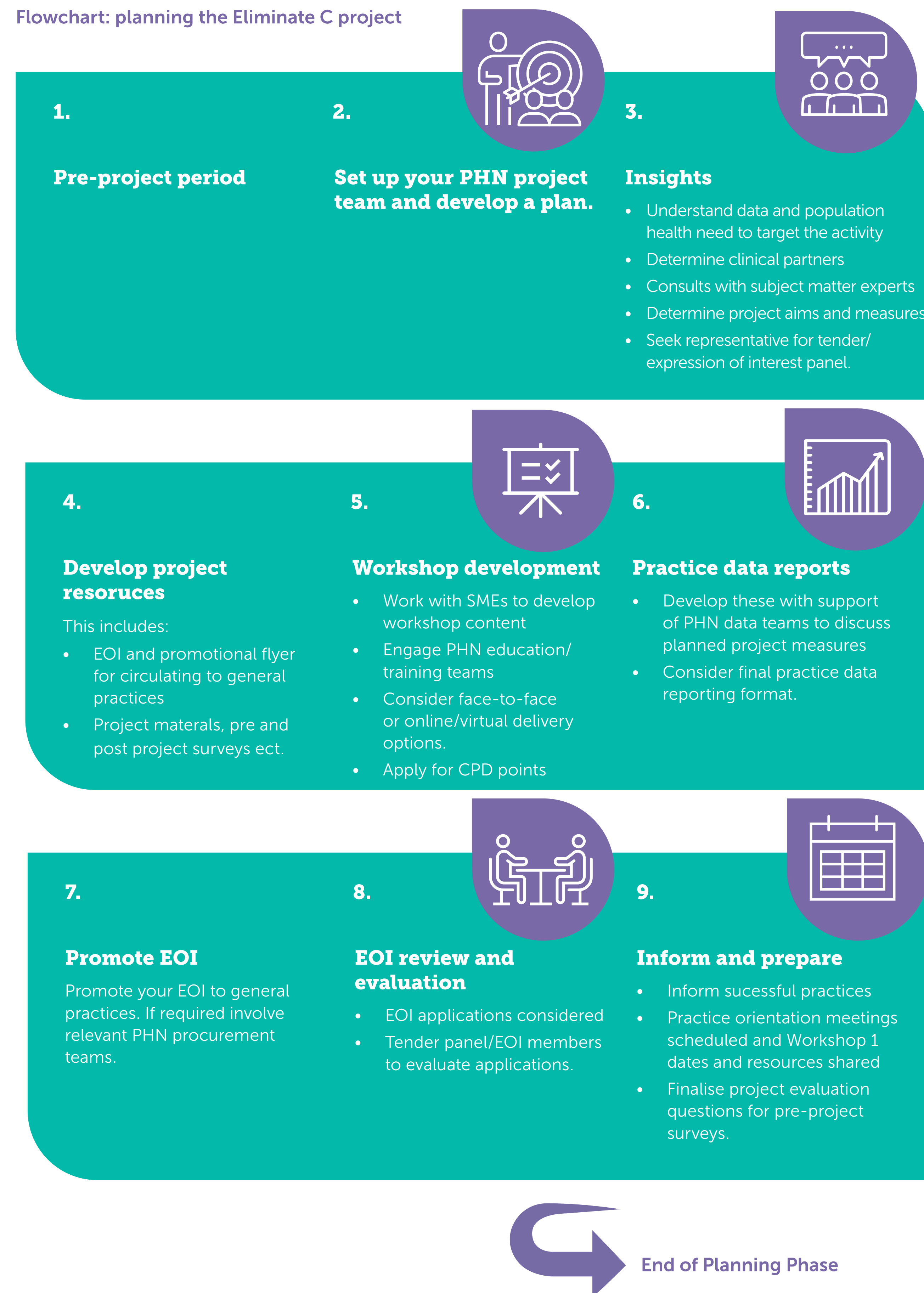
This Quality Improvement activity will help you meet the requirements for the Practice Incentives Program Quality Improvement (PIP QI) Incentive.

What's in it for your practice?

- RACGP-accredited CPD activity
- Facilitated learning workshops with subject matter experts
- Develop relationships and receive practice visits from integrated hepatitis C nurses who can provide your practice ongoing guidance and support following the program
- Project lead to provide in-practice quality improvement support
- Practice support toolkit
- Opportunity to share, network and connect with other practices involved in the project
- Monthly PEN data reports to track your progress
- Structured QI activity to contribute to PIP QI requirements

Applications close ________________.
Go to__________________ to apply.

Flowchart: planning the Eliminate C project



5. Implementing the QI Project with general practices

Once you have received EOIs and selected the participating general practices, begin project support and engagement by arranging orientation meetings with each team. Support the practice to collect baseline data for quantitative and qualitative measures, establishing the starting conditions.

Set dates for the facilitated learning workshops. Decide on delivery format: in person, online, or hybrid. Consider recording for later reference.

Here are the suggested agendas:

Workshop 1

Facilitated by SME or GP with QI expertise

- Overview of the project
- Topic-specific overview and content – delivered by clinical SME
- Quality Improvement: defining the practice team and introducing the PDSA concept

Workshop 2

Facilitated by SME

- Case-based discussion – practices bring case studies to share with the group and discuss with peers and specialists
- SMEs share advice on clinical care through case study discussion
- Advice on progress of PDSAs

Workshop 3

Facilitated by SME or GP with QI expertise

- Provide the practices opportunity to share what they have done/achieved
- Demonstration and detail from each practice on changes made
- Plans for embedding practice improvements sustainability in practice
- Share lessons learnt and reflections

Flowchart: workshops and other activities

1. Project period

2. General practice orientation meeting

- Discuss and document baseline data measures and project activities
- Complete pre-project survey.

3. Workshop 1

- Practices are introduced to topic and QI methodology
- Commence PDSA cycles.

4. PHN support and celebrate success

- PHN engagement to support QI activities. From month 1 to 3 practices to complete 3 PDSA cycles
- Discuss data, celebrating improvements and new activities
- Discuss practices presenting their projects at workshop 2.

5. Workshop 2

- Practices present their progress and improvement activities, discuss barriers and enablers to participation.

6. PHN support and report

- PHN engagement to support QI activities. From month 3 to 6, practices to complete 3 PDSA cycles
- Discuss practices presenting at final workshop and preparation of final report.

7. Workshop 3

- Final workshop held - focus on sustainability of QI in practice
- Practices share successes and celebrate achievements.

8. Post Project survey

Practice complete post-project survey.

End of activities

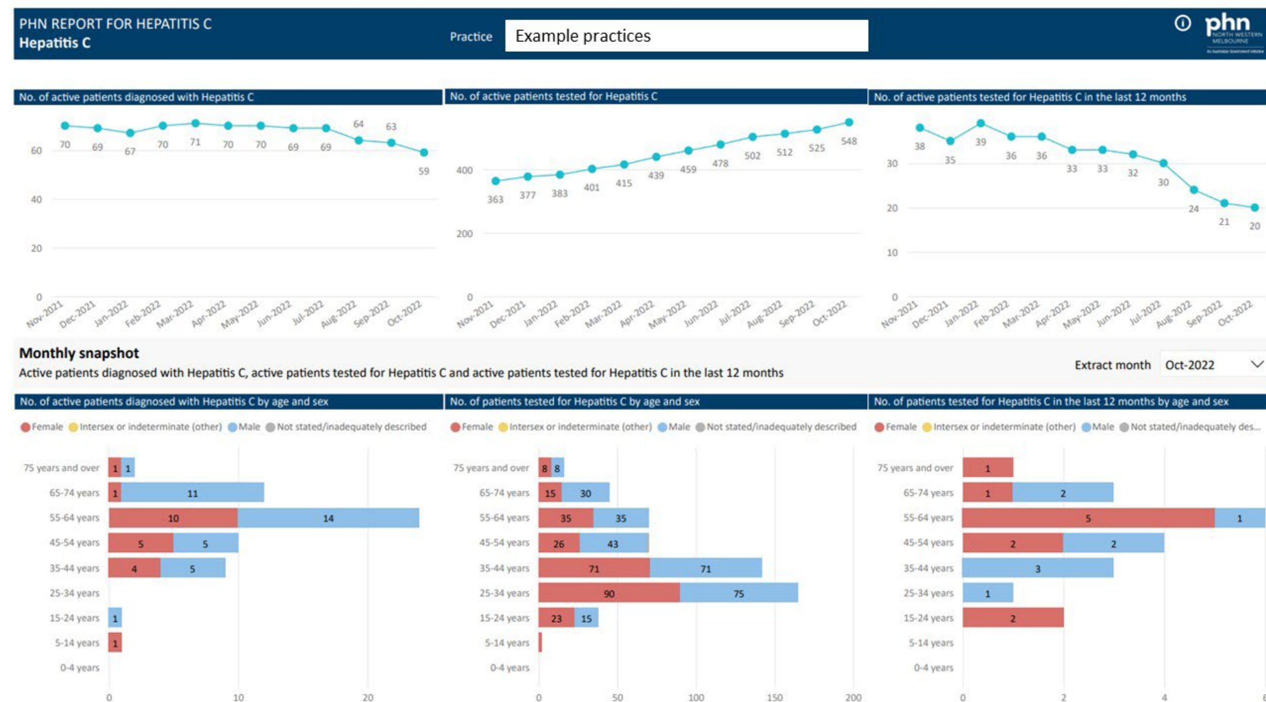
PHN support

PHN support is fundamental to engaging general practices in between each learning workshop. The project lead supports practices to adopt and implement lessons and improvement ideas.

PHN practice support includes:

- discussing data measures. (See an example of PHN developed Practice Data Report)
- support with data analysis
- QI coaching to assist practice staff to complete PDSAs
- celebrating improvements and achievements
- discussing challenges and barriers
- providing feedback and insights
- embedding successful improvement activities into practice systems and workflows for sustainability and continuous improvement.

Example PHN practice data report



Toolkits and resources for project implementation

The EC Partnership has produced a comprehensive toolkit for Victoria that contains useful resources to promote hepatitis C testing, management and treatment. It takes a holistic approach, supporting providers, practices and patients, and aims to engage people in good quality hepatitis C care to prevent further liver damage and reduce transmission.

The toolkit aims to support primary care practices to achieve elimination of hepatitis C by:

- increasing uptake of hepatitis C testing and treatment
- increasing the quality and coordination of hepatitis C care
- reducing liver disease and deaths
- reducing transmission
- measuring and monitoring success.

Also useful is the associated EC Partnership Toolkit Appendix Booklet, which contains useful resources. Toolkits are also available for other states and territories. The EC Partnership also provides software support guides.

These resources will help practices with:

Best Practice:

- Adding recall and reminder actions
- Clinic case finding search
- Setting up pathology favourites
- Setting up progress note shortcuts
- Setting up, importing and using care plan templates.

Medical Director

- Adding recall and reminder actions
- Clinic case finding search
- Importing and using GP Management Plan and Team Care Arrangement templates
- Setting up progress note shortcuts

QI Methodology

Finding and recalling patients will allow the practice to use the QI methodology and PDSA cycles to test, evaluate and embed changes. The NWMPHN Quality Improvement Guide and Tools provides a PDSA Project Planner and an empty PDSA template that can be adapted and shared with practices.

HealthPathways and care pathways

HealthPathways programs are developed by primary health networks across Australia for their region. HealthPathways and care pathways are clinical management and referral resources designed for use during consultations. It gives clinicians a single website to access clinical referral pathways and resources.

HealthPathways and care pathways provide up-to-date best practice guidelines, advice and links to help guide clinicians with treatment and referral support for patients with or at risk of hepatitis C.

Each pathway provides clear and concise guidance for assessing and managing a patient with a particular symptom or condition. Pathways also include information about making referrals to services in the local health system.

See vtphna.org.au/care-pathways-and-referral in Victoria and Tasmania

5. Evaluating the QI Project

Practice data reports and measuring progress

In addition to providing practice data reports at regular intervals throughout the project to help track improvement activities, practices can complete a Final Practice Report which provides a tangible, consolidated report demonstrating the value of the QI activities. This can also measure the support they receive from the PHN and contributes to the requirements for Practice Incentives Program Quality Improvement (PIP QI) payment eligibility.

Final Practice Reports should include a summary of all activities completed, successes and hurdles, and strategies for embedding sustainable changes should also be included.

Undertake an analysis of the pre-project and post-project surveys to measure the impact of the clinical educational components of the project, as well as the quality improvement activities undertaken by the practice team.

PHN project evaluation

PHNs may undertake a high-level project summary that captures the outcomes and project in its entirety. It may include:

- Project overview
- What were the measures?
- How was data collected?
- Individual practices and how they improved or changed over the project period, and how this compares to other practices in the region
- Pre and post survey data
- Workshop feedback
- Key lessons
- Case studies
- Recommendations

Consider the benefit of sharing lessons and showcasing leadership in your region. PHNs can develop media to capture practice achievements. This can also be used to support ongoing improvement and innovation, and to share outcomes with other PHN teams and general practices.

Sustainability

Embedding sustainable improvements for identifying and treating patients with hepatitis C is an important component of the project. Activities that can help ensure sustainable changes are achieved include:

- Issuing 6-month project data reports which capture changes to the number of patients screened for, and diagnosed with, hepatitis C at the practice level
- Discussing and sharing improvement ideas and activities that have translated into the routine care and management of patients at risk of, or diagnosed with, hepatitis C
- Encouraging all practices in the region to make hepatitis screening and management a part of routine care
- Establishing a community of practice in which clinicians share and support each other to eliminate viral hepatitis as a major public health threat.

Flowchart: Evaluation

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