

***Practice level Support session
Increase proportion of screening for those patients
with hepatitis b or hepatitis c risk factors (liver
cancer screening)***

Presented by Gabrielle Bennett, St Vincents Hospital Melbourne



Acknowledgement

“I would like to acknowledge the traditional custodians of the land on which we are meeting from today and pay my respects to the Elders past present and those emerging”

Our Project Partners



VCS Foundation



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VICTORIAN HIV AND HEPATITIS
INTEGRATED TRAINING AND LEARNING

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An Australian Government Initiative



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Learning Objectives

- 1. Describe the enablers for creating a culturally safe and inclusive environment to support an increase in hepatitis B and hepatitis c screening**
- 2. Describe effective strategies to increase hepatitis B and hepatitis C screening**
- 3. Define the roles and responsibilities of your general practice team to achieve a whole of practice approach to increase screening of patients with hepatitis B or hepatitis C risk factors (Liver cancer screening)**
- 4. Identify where you can access evidence-based information, resources and further training to support your practice to increase screening of patients with hepatitis B or hepatitis C risk factors.**

Most liver cancer is preventable

Primary prevention

- Vaccination to prevent hepatitis B (here and overseas)
- Harm and stigma reduction to prevent hepatitis C and B infection

Secondary prevention

- Diagnose and treat people with chronic hepatitis B. Antiviral therapy for some
- Diagnose and cure people with chronic hepatitis C before they get cirrhosis

Mortality from liver cancer can be reduced

- Liver cancer surveillance

Learning Objective 1

Describe the enablers for creating a culturally safe and inclusive environment to support an increase in hepatitis B and hepatitis c screening

How does creating a culturally safe and inclusive practice increase hepatitis B and hepatitis C screening uptake?

- For the 222,559 Australians living with chronic hepatitis B (CHB) 27% remain undiagnosed. 77% are not in care
- We have treated & cured about 47% of people with hepatitis C (HCV)

Understanding the barriers and enablers to creating a culturally safe space can help you make improvements at your practice and encourage at risk patients to screen

Source: MacLachlan et al, Mapping Report, 2020

Cultural safety and inclusion

- What is culture?



- How does our “culture” influence our interactions and communication?

Culture influences our health beliefs and behaviour

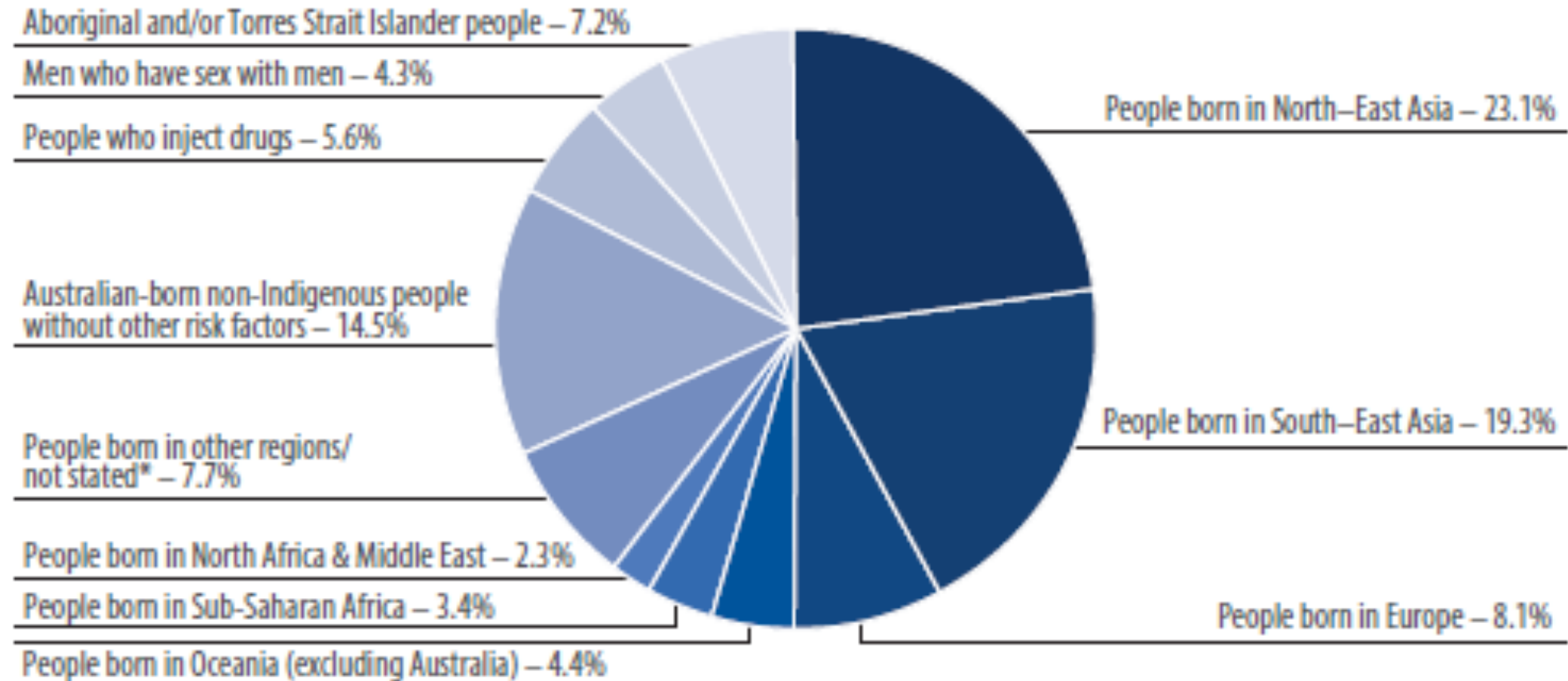
- How we share information, and...
- Receive information
- Interpret a diagnosis
- Respond to treatment
- Access support
- Both for the health care worker and the patient.

How can we minimise misunderstandings?



How does culture and inclusion relate to CHB?

Figure A.3: People living with CHB in Australia, by priority population, 2020



Story from Alan

- Alan's story – Hepatitis B Foundation, USA
- <https://www.hepb.org/research-and-programs/patient-story-telling-project/alans-story/>



How does culture and inclusion relate to hepatitis C?

“The criminalisation of drug use, social discrimination and stigma, and lack of access to health services mean that people who inject drugs are at high risk of acquiring HIV and hepatitis C” - Kirby Institute, 2021

In 2018, more than two-thirds of respondents reported any negative treatment by health workers (71%)



People who inject or have a history of injecting make up 90% of new hepatitis C diagnoses.

Its your right

Video by Eliminate Hepatitis C, 3 mins

[https://www.youtube.com/watch?v=I43C5JU
Xnm0& t=12s](https://www.youtube.com/watch?v=I43C5JU
Xnm0& t=12s)

Challenges for cultural safety and inclusion – the clients

- Navigating the complex health system
- Stigma and discrimination
- Language barrier
- Religious beliefs and cultural diversity
- Social-economic disadvantages (competing priority needs)
- Negative past experiences in health services
- Poor health literacy.

Challenges for cultural safety and inclusion – health services

- Time and inadequate financial support
- Unclear referral pathways
- Limited feedback from specialists
- Fear of Medicare auditing
- Lack knowledge of working with interpreters
- Lack knowledge of cultural practices and health beliefs
- Lack knowledge of health literacy principles.

Ref: ANZ J Public Health, October 2013 Volume 37, Issue 5, pages 405–410

Principles of inclusive healthcare practice

The primary health care workforce works to provide person-centred quality health care and create safe and respectful environments that protect the dignity, identity and well-being of every person using health services

Service delivery standards

The standards represents a single set of service quality standards for organisations delivering services to clients, summarised as:

- **Empowerment:** People's rights are promoted and upheld
- **Access and Engagement:** People's right to access transparent, equitable and integrated services is promoted and upheld
- **Wellbeing:** People's right to wellbeing and safety is promoted and upheld
- **Participation:** People's right to choice, decision making and to actively participate as a valued member of their chosen community is promoted and upheld.

Principles of inclusive healthcare

“...quality healthcare that creates a safe and respectful environment...”

Service delivery standards

Empowerment

Access and engagement

Wellbeing

Participation

Inclusive practice enablers

Safe and welcoming environments

- Ensure all staff trained to greet and respond in an inclusive manner
- Inclusive posters and flyers in waiting rooms, eg. Cultural symbols, NSP info, Harm Reduction Victoria posters

Language & communication

- Inclusive forms & information re. gender, titles, names, languages. Option to request interpreter.
- Ensure all staff understand importance of using plain language (not medical jargon)
- [Drop the jargon](#) and utilise [the teach-back toolkit](#), [Language Matters and Power of Words](#). Offer harm reduction information

Inclusive practice enablers

Maintain discretion and confidentiality

- Client records not accessed inappropriately or shared in public settings
- Be aware of “ALERT” stickers that can stigmatise people

Refer to inclusive health services/specialists

- e.g. Dentist, physio
- Consider need for “supported” referral.

Trauma informed care

- Recognises hi prevalence of trauma & avoids potential triggers to re-traumatise



Check-ups for hepatitis B

This pamphlet helps to explain chronic hepatitis B, check-ups and test results.

Chronic hepatitis B and your health

You have chronic hepatitis B. It is most likely you got hepatitis B in childhood. You will probably have hepatitis B your whole life. You may feel well most of your life. The hepatitis B virus is most likely not causing damage to your liver now as it is sleeping. Your body's immune system is controlling the virus.

But the virus can change. In the future it may wake up and cause damage to your liver. You may need to start taking tablets. The tablets will help to control the virus, any liver damage and help to keep you healthy.

If your liver is damaged it will struggle to do its job to keep you healthy. You may be at greater risk of getting liver cancer.

You need to have regular check-ups your whole life. Test results tell us if the virus is changing or causing liver damage.

Check-ups

- Book in a check-up every 6-12 months
- You need a blood test every 6-12 months
- Have blood test every 6-12 months
- ...and you may need a liver ultrasound.
- Liver ultrasound scan - checks for liver cancer

... tells you and the doctor/nurse: when up and levels are increasing, present, or

قصة التهاب الكبد B

The hepatitis B story

Starting the conversation

"WE HAVE A FOCUS ON LIVER HEALTH AT THE MOMENT AND ARE OFFERING EVERYONE TESTING FOR HEP C"

THE MOST COMMON WAYS YOU CAN GET HEP C ARE:

- Injecting drugs
- Receiving blood products or organ transplant before 1990
- Time in prison
- Unsterile tattoos / piercings
- Needle stick injury
- Born overseas

"DO YOU THINK YOU MIGHT BE AT RISK AND WOULD YOU LIKE A TEST TO FIND OUT?"

"HAVE YOU BEEN TESTED BEFORE?"

pointment

Partnership

HARM REDUCTION

we look forward to seeing you again soon!

©Harm Reduction Victoria & EC Partnership 2019

treatment is not immunity.

you can still get hep c after you have had treatment.

prevention & regular testing is still important.

★ hep c treatment things have changed.

if you have cleared your hep c, you still need to protect yourself.



a tablet a day makes hep c go away.

hep c treatment involves taking 1-3 tablets each day for 8-12 weeks.

★ hep c treatment things have changed.

Learning Objective 2

Describe effective strategies to increase hepatitis B and hepatitis C screening

1. Identifying patients to follow up

The following criteria can help you identify patients to engage in hepatitis B & C care:

- Patients at risk of hepatitis B/C who need to be tested
- Patients who have been tested (and possibly diagnosed) but are not yet on treatment or monitored 6/12 (HBV)
- Patients who require a SVR12 test to determine the outcome of HCV treatment
- Patients who require ongoing care after achieving SVR12, eg. cirrhosis.

Patient Management System Searches

Patients to engage in hepatitis C care:

- Patients at risk of hepatitis C who need to be screened
- Patients who have been tested (and possibly diagnosed) but are not yet on treatment.

We recommend starting with Search #1, and if you have more than 100 patients identified this way, work with those results before moving on to Search #2 and Search #3.

Search #1	Patients who have visited the clinic in the last three months and are on OST with hepatitis C listed as a condition
Search #2	Patients who have visited the clinic in the last two years and have hepatitis C listed as a condition
Search #3	Patients who have visited the clinic in the last two years and are on OST

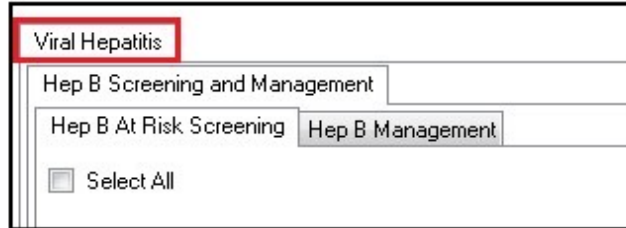
Patients to follow up for SVR12 test to determine the outcome of treatment

Search #4	Patients who are on/have been on treatment for hepatitis C and require an appointment to see if they have been cured. A cure is determined as a sustained virological response at 12 weeks (SVR12) after treatment.
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Patients to follow up for ongoing care after being cured of hepatitis C

Search #5	Patients who have been treated and cured of hepatitis C and require ongoing monitoring for their cirrhosis, including HCC screening.
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2a. Conduct an audit to identify clients with risk factors for hepatitis B



There are **2 main tabs** within the module that displays the graphs:

1. Hep B At Risk Screening

- The Screening graph includes patients without a current Hep B diagnosis but with one or more risk factors making them eligible for screening. The graph displays the number of patients that have been screened, not screened, and vaccinated.
- Risk factors:
 - Ethnicity
 - Country of Origin
 - Indigenous
 - Pregnant
 - Liver Disease or Elevated ALT (M>30, F>19)
 - Intravenous Drug Use
 - Male and Homosexual/Bisexual
 - Dialysis
 - HIV and or/or Hep C diagnosis
 - Gonorrhoea and/or Syphilis diagnosis

2b. Conduct an audit to identify who has been diagnosed with hep C – Pen CS recipe

[Pages](#) / [CAT RECIPES](#) / [Identify Patients at Risk](#)

Identify Patients with Hepatitis C

[Click here to export this guide to PDF](#)

Recipe Name	Identify Patients with Hepatitis C
Rationale	As there is now a cure available for hepatitis C it is useful for practices to identify those patients diagnosed with hepatitis C to recall and treat them.
Target	Patients with hepatitis C who have not been treated yet
CAT Starting Point	<ol style="list-style-type: none">1. CAT Open – CAT4 view (all reports) loaded2. Population extract loaded and extract pane "hidden"3. Optional Only ★: Filter Pane Open and under the 'General' tab, "Active Patients (3x < 2 years)" selected <i>*The decision to select either "Active" or "All" patient is left to the practice to make</i>

3. Recall and reminders such as SMS/ letters

- Research demonstrates that people look to GP or Practice Nurse as a trusted source of information. Your endorsement is a key motivator
- Send GP endorsed letters/SMS, recalls and reminders to eligible patients, then follow up with a phone call. Follow up may involve multiple contact attempts in varied methods.

Email or SMS using GoShare

Hepatitis B :

INFO SHEETS (29)

ANIMATIONS (13)

APPS & TOOLS (7)



12 Questions to ask your Doctor if you have been diagnosed with Hepatitis B (Arabic)

This information sheet has been designed to help you get the information you need from your GP.

To learn more, [click here](#).

Add to bundle +

Hepatitis C :

INFO SHEETS (14)

ANIMATIONS (13)

APPS & TOOLS (3)



LiverWell app

LiverWell is an easy to use mobile app to help people manage their liver health with:
Lifestyle tracker and recommendations
Assistance to diagnosis, treatment and management of hepatitis B and hepatitis C
Information about liver health and self-management.

To find out more, [visit this web page](#).

Tags: Hep B, Hep C, HBV, HCV

4. *Supporting opportunistic screening*

- Conversations with at risk patients about hepatitis screening can maximise opportunistic screening and increase uptake
- Add a note to client file to identify those with risk factors. This will help to prompt you to discuss hepatitis screening at the next visit
- Provide clients with education/websites/links about hepatitis.

Learning Objective 3

Define the roles and responsibilities of your general practice team to achieve a whole of practice approach to increase screening of patients with hepatitis B or hepatitis C risk factors (Liver cancer screening)

Whole of practice approach

- Engaged multidisciplinary teams are the foundation to meeting your targets
- A 'whole of practice' approach includes the GPs, Practice Manager, Practice Nurses and non-medical staff
- It is important to have a nominated person to drive community engagement, cultural competency and relationship building
- Have a clear plan in place with regular meetings to track progress.

Wallace et al., Facilitating hepatitis B clinical management in general practice. *A qualitative investigation*
AJGP VOL. 49, NO. 9, SEPTEMBER 2020

Whole of practice approach - questions to consider

- Do all members of your team know their roles and responsibilities?
- Do you display hepatitis screening and cure materials in your practice?
- Are all members of your team trained about how to 'ask the question' and are they recording the answer on all forms?
- Does your practice have visual cues to demonstrate it is a culturally safe space?



Whole of practice approach - roles and responsibilities of the Receptionist/Admin/ Practice Manager

Role	Practice Manager/Receptionist/ Admin Staff
<p>Create a culturally safe and inclusive practice</p>	<p>Restock resources Display brochures, flyers and posters Book interpreter Use welcoming and inclusive language Ask the question around Aboriginal and Torres Strait Islander cultural safety, plain and inclusive language Display an Aboriginal flag or artwork in the practice Develop partnerships with key priority community groups and record contact details</p>
<p>Audit to determine eligibility</p>	<p>Undertake screening audits via PENCs/Pol...</p>
<p>SMS, Letters (recall and reminder)</p>	<p>Send GP endorsed letters and/or SMS recall/reminder letters Establish, oversee and respond to recall/reminder systems Reminders- identifying risk factor status in patient's electronic record</p>
<p>Quality improvement practice plan and the Eliminate Hepatitis C partnership Burnet Practice Support Toolkit</p>	<p>Have a clear plan with whole of team input Document policy and procedures for hepatitis screening Eliminate Hep C Burnet Partnership Practice Support toolkit Monitor progress against hepatitis screening in at risk patients goals</p>
<p>Opportunistic screening</p>	<p>Promote screening within the practice</p>

- Use welcoming and inclusive language
- Ask the question regarding Aboriginal and CALD identification.
- Use cultural safety, plain and inclusive language

Whole of practice approach - roles and responsibilities of the Practice Nurse

Role	Practice Nurses
<p>Create a culturally safe and inclusive practice</p>	<p>Educate at risk patients about hepatitis screening and treatment Offer interpreter at appointment, if needed Follow up patients who don't attend GP appointments Use welcoming and inclusive language Ask the question around Aboriginal and CALD identification Record Aboriginal and CALD identification, country of birth and language spoken at home status on all relevant forms Develop partnerships with key priority community organisations</p>
<p>Audit to determine eligibility</p>	<p>Undertake screening audits via PENCs/Polar to identify at risk patients</p>
<p>SMS, Letters (recall and reminder)</p>	<p>Utilise practice software such as PENCs Respond to recall/reminder systems Have opportunistic discussions with at risk patients Ensure results are added to the clinical software</p>
<p>Quality improvement practice plan and the Eliminate Hepatitis C partnership Burnet Practice Support Toolkit</p>	<p>Actively promote and support hepatitis screening Participate in the Eliminate Hepatitis C partnership</p>
<p>Opportunistic screening</p>	<p>Opportunistic discussions around hepatitis screening with at risk patients Addressing barriers or potential barriers to screening</p>

- Respond to recall/reminder systems
- Have opportunistic discussions with at risk patients
- Ensure results are added to the clinical software

Whole of practice approach - roles and responsibilities of the GPs

Role	GP
<p>Create a culturally safe and inclusive practice</p>	<p>Educate at risk patients about hepatitis risk factors and screening Discuss hepatitis treatments. Offer interpreter at appointment, if needed Follow up patients who don't attend appointments Ask the question around Aboriginal and CALD status Record Aboriginal and CALD identification, country of birth and language spoken at home status on all relevant forms Develop partnerships with key priority community organisations</p>
<p>Audit to determine eligibility</p>	<p>Support and encourage screening audits via PENCs/Polar to identify at risk patients</p>
<p>SMS, Letters (recall and reminder)</p>	<p>Respond to recall/reminder systems Have opportunistic discussions with at risk patients Ensure results are added to the clinical software</p>
<p>Quality improvement practice plan and Eliminate Hepatitis C Partnership Burnet Practice Support Toolkit</p>	<p>Actively promote and support hepatitis screening Encourage and support participate in the Eliminate Hepatitis C Partnership Burnet Practice Support Toolkit</p>
<p>Opportunistic screening</p>	<p>Opportunistic discussions around hepatitis screening and treatment with at risk patients Addressing barriers or potential barriers to screening</p>

Discuss hepatitis risk factors, screening and treatment with patients at risk.
Offer interpreter at appointment, if needed

Learning Objective 4

Identify where you can access evidence-based information, resources and further training to support your practice to increase screening of patients with hepatitis B or hepatitis C risk factors.

Eliminate Hepatitis C Partnership (Burnet) Practice support toolkit

Contains practice support resources including:

- Maximising MBS billing (NWPHN Info sheet)
- Optimising the patient management system
- Identifying patients that need follow up
- Setting up processes for patient follow up
- Auditing your clinic's progress (and getting CPD points)
- **Many of these systems can be used to Hep B too!**

https://ecpartnership.org.au/system/resource/80/file/EC_Partnership_Toolkit.pdf

Optimising your patient management system

Eliminate C Practice Support Toolkit recommends shortcuts, templates & data entry processes for Medical Director, Best Practice and Zedmed. These will help you:

- Improve outcomes
- Improve the quality of Records
- Streamline your reporting
- Partake in Plan-Do-Study-Act activities which may contribute towards obtaining Quality Improvement incentive payments in the Practice Incentives Program
- Maximise MBS billing options available to you.



Chronic Hepatitis B

COVID-19 note

During the COVID-19 pandemic, see the [ASHM COVID-19 Taskforce Interim Recommendations Regarding COVID-19 and Adults Living with Chronic Hepatitis B](#)

Last updated: 17 December 2020

Red flags

- Immune suppression
- Pregnancy

Background

- [About chronic hepatitis B infection \(CHB\)](#)

Assessment

Hepatitis B screening

- Screen all individuals from [higher risk groups](#). This can usually be determined by patient's place of birth or lifestyle. 🇺🇸 🇦🇺
- In the absence of new risk factors, or suspected acute infection, testing is only needed once as it is childhood infection that leads to chronic infection.
- Screen initially with these 3 tests:
 - HBsAg (hepatitis B surface antigen)
 - anti-HBc (HBc or core antibody)
 - anti-HBs (also called HBs antibody)
- Interpret initial screening tests:
 - [HBsAg negative](#) do not have current CHB, but may need immunisation or retesting.
 - [HBsAg positive](#) have either acute or chronic HBV and require further tests.

Assessment of CHB patient

The goal in assessment is to determine the disease phase the patient is in, so that treatment can be targeted.

- Arrange [blood tests](#) to determine the disease phase.

Key links

- [APRI \(AST to Platelet Ratio Index\) Calculator](#)
- [University of Liverpool: Hepatitis Drug Interactions](#)

Back < >

Print Send Feedback



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Optimal Care Pathways



Donate

Shop

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[Read about our COVID-19 response](#)

We're here for you.

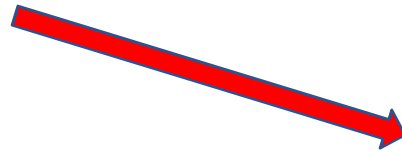
Talk to our nurses for information and support

[Read more](#)



Clinical OCPs

- [Aboriginal and Torres Strait Islander people with cancer and quick reference guide \[uploaded August 2018\]](#)
- [Acute myeloid leukaemia and quick reference guide \[uploaded June 2016\]](#)
- [Basal cell carcinoma or squamous cell carcinoma and quick reference guide \[uploaded December 2015\]](#)
- [Breast cancer and quick reference guide \[uploaded September 2015\]](#)
- [Cancer of unknown primary and quick reference guide \[uploaded January 2020\]](#)
- [Cervical cancer and quick reference guide \[uploaded January 2020\]](#)
- [Colorectal cancer and quick reference guide \[uploaded November 2014\]](#)
- [Endometrial cancer and quick reference guide \[uploaded May 2016\]](#)
- [Head and neck cancer and quick reference guide \[uploaded September 2015\]](#)
- [Hepatocellular carcinoma and quick reference guide \[upload November 2014\]](#)
- [High-grade glioma and quick reference guide \[uploaded August 2015\]](#)
- [Hodgkin lymphoma and diffuse large B-cell lymphoma and quick reference](#)



Cancer Screening Hub


www.cancerscreeninghub.org

Could you be at risk of hepatitis B and C?

1 in 18 Thai people are living with the hepatitis B or C virus. Both may not show any symptoms. If left untreated, hepatitis B and C can lead to liver damage and liver cancer.

Hepatitis B can be treated. Hepatitis C can be cured.

Protect yourself and your family. Ask your doctor for a hepatitis test today.



Testing and vaccination may be free. Low-cost treatment and cure are available.

To speak to someone in Thai call 13 14 50 and ask to speak to Cancer Council Victoria. www.cancervic.org.au/hep-thai



Cancer Council Victoria FactSheet

Hepatitis B and liver cancer

This fact sheet is about the hepatitis B virus and its link with liver cancer.

Almost 240,000 Australians have chronic hepatitis B. Many do not know they have it and may be at risk of liver cancer.

What is hepatitis B?

Hepatitis B, or 'hep B', is a virus. It affects the liver. It can cause:

- inflammation (swelling)
- scarring (also known as cirrhosis) and/or liver cancer.

What does chronic hepatitis B mean?

People who have had hepatitis B for more than six months have 'chronic hepatitis. Chronic means long-term. Most would have got it as babies or young children. Those with chronic hepatitis B may feel well. They may not have any signs of the infection. However, some people will go on to get scarring in the liver and/or liver cancer.

How do you get hepatitis B?

A vaccine will protect you against hepatitis B virus. The hepatitis B virus is carried in body fluids and blood. The virus spreads when these fluids get into the body of another person who is not vaccinated.

It can be spread:

- from mother to child during pregnancy or childbirth if the baby does not get a vaccine at birth
- through unprotected sex
- by sharing injecting drug equipment
- by unsterile medical procedures
- by infected blood going into the bloodstream in some other way, such as unsterile tattooing.

It cannot be spread by:

- sharing food, drinks and cutlery
- hugging and kissing
- shaking hands.

How do you find out if you have chronic hepatitis B?

Ask your doctor for a hepatitis B blood test. A blood test can tell you if you:

- have chronic hepatitis B
- need a vaccine to protect you
- have had a vaccine in the past and are protected.

Two in five people with chronic hepatitis B in Australia do not know they have it. Many people do not show any signs of it.

If you do not have hepatitis B, getting a vaccine will protect you against hepatitis B infection.

Who should be tested for hepatitis B?

1. People who were born in Asia, Pacific region, Africa, Central and South America, Eastern and Southern Europe, Caribbean and the Middle East. The health checks you need to migrate to Australia usually do not test for hepatitis B.
2. Aboriginal and Torres Strait Islander people.
3. It is important for family members of people with hepatitis B to be tested (even if they were born in Australia).

What is the link between hepatitis B and liver cancer?

The hepatitis B virus can cause liver cancer. Liver cancer is a growth in the liver. People with or without scarring can get liver cancer.

Up to one in four people with chronic hepatitis B will get scarring and/or liver cancer.

您的肝脏像您想象的那样健康吗？

您人之一，您家人之一，您身边的人是否健康？
您的肝脏是否健康？
您的肝脏是否健康？
您的肝脏是否健康？
您的肝脏是否健康？

现在就请医生给您做肝炎检测。



乙肝病毒携带者约占全球人口的1/3。
乙肝病毒携带者约占全球人口的1/3。
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www.cancervic.org.au/hep-thai

Ask your doctor for a hepatitis B test

Many people live with chronic hepatitis B in their organs and the liver. They don't know they have it. Chronic hepatitis B can lead to liver cancer and liver damage if left untreated. It is important to check for hepatitis B. Ask your doctor about testing today.



La bantā dhexkankango, malkashadka ahoy badbaadka kartayayk.

Many people live with chronic hepatitis B in their organs and the liver. They don't know they have it. Chronic hepatitis B can lead to liver cancer and liver damage if left untreated. It is important to check for hepatitis B. Ask your doctor about testing today.




هل كور بئانتلك بصحتو كويسة زين ما زالت معتادة؟

Many people live with chronic hepatitis B in their organs and the liver. They don't know they have it. Chronic hepatitis B can lead to liver cancer and liver damage if left untreated. It is important to check for hepatitis B. Ask your doctor about testing today.

VIDEO

Hep B hip-hop with Malesh P



Watch Video

Further learning and education

Centre for Ethnicity, Culture and Health – training on cultural safety, health literacy. <https://www.ceh.org.au/>

Victorian HIV and Hepatitis Integrated Training and Learning Program (VHHITAL) – free health professional BBVSTI training, s100 Hepatitis B prescriber training <https://nwmpnh.org.au/about/partnerships-collaborations/vhhital/>

Victorian Viral Hepatitis Educator/Hepatology Clinical Nurse Consultants, St Vincent's. Tailored bespoke training on viral hepatitis funded by DHS gabrielle.bennett@svha.org.au Rebecca.Katiforis@svha.org.au

Australian recommendations for management of HCV <https://www.hepcguidelines.org.au/>

Australian consensus recommendations for the management of hepatitis B infection. Melbourne <https://www.hepatitisb.org.au/gesa-australian-consensus-recommendations/>

Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine – Training & resources <https://ashm.org.au/>

Resources and further support

Cancer Council Victoria – Cancer Screening HUB www.cancerscreeninghub.org

Harm Reduction Victoria – the voice of drug users in Victoria. Workshops and support for people who use drugs.

<https://www.hrvic.org.au/>

St Vincent's Melbourne – resources to support discussion with patients. In languages, low health literacy.

<https://www.svhm.org.au/health-professionals/specialist-clinics/g/gastroenterology/resources#publications>

LiverWELL (incorporating Hepatitis Victoria)

Information and resources for people affected by or at risk of viral hepatitis and liver disease

<https://www.hepvic.org.au/>

Eliminate Hepatitis C Partnership (Burnet) Practice Support Toolkit

https://ecpartnership.org.au/system/resource/80/file/EC_Partnership_Toolkit.pdf

Remote HCV consult - for GPs



Primary Care Consultation Request Initiation of Hepatitis C Treatment in Victoria

Alfred Hospital Liver Clinic (Gastroenterology)	Fax: (03) 9076 2194
Alfred Hospital Infectious Diseases	Fax: (03) 9076 6528
Austin Health Liver Clinic	Fax: (03) 9496 2097
Box Hill Hospital Liver and Hepatitis Clinics	Fax: (03) 9895 4852
St Vincent's Hospital Melbourne Liver & Hepatitis Clinic	Fax: (03) 9231 3596
The Royal Melbourne Hospital Liver Clinic	Fax: (03) 9342 7848
Victorian Infectious Diseases Service – Infectious Hepatitis Clinic	Fax: (03) 9342 7277
Western Health Hepatitis Clinic	Fax: (03) 8345 7217

FOR ATTENTION OF: Dr [REDACTED] Date: [REDACTED]

Please note this form is not a referral for a patient appointment.

Referring Practitioner			
<i>Note: General practitioners and nurse practitioners are eligible to prescribe hepatitis C treatment under the PBS</i>			
Name			
Suburb		Postcode	
Phone	()	Fax	()
Mobile phone			
Email address			
Patient			
Name			
Date of birth			
Postcode			

Hepatitis C History Date of hepatitis C (HCV) diagnosis: [REDACTED] Known cirrhosis* <input type="radio"/> Yes <input checked="" type="radio"/> No *Patients with cirrhosis, or HBV/HIV coinfection with HCV should be referred to a specialist.	Intercurrent Conditions Diabetes <input checked="" type="radio"/> Yes <input type="radio"/> No Obesity <input type="radio"/> Yes <input type="radio"/> No Hepatitis B (HBV)* <input type="radio"/> Yes <input type="radio"/> No HIV* <input type="radio"/> Yes <input type="radio"/> No Alcohol > 4 standard drinks/day (> 40 g/day) <input checked="" type="radio"/> Yes <input type="radio"/> No Discussion about contraception <input type="radio"/> Yes <input type="radio"/> No (Contraception recommended for duration of treatment as safety of DAA treatment during pregnancy not yet established, if Ribavirin is used - two modes of
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PENCS

PENCS Hep B Screening and Management Guide

<https://help.pencs.com.au/display/CG/Hep+B+Screening+and+Management+Guide>

PENCS identifying patients diagnosed with hepatitis C to recall and treat them.

<https://help.pencs.com.au/display/CR/Identify+Patients+with+Hepatitis+C>

Further learning – inclusive practice

- Removing barriers – Introduction (3 minutes video) <https://vimeo.com/311809186>
- Stigma and discrimination (5 minutes video) <https://vimeo.com/264925003>
- The Power of Words (Digital flip book) <https://adf.org.au/resources/power-words/>
- Best practice examples (for LGBTIQ community) <https://www2.health.vic.gov.au/about/populations/lgbti-health/rainbow-equality/best-practice-examples>
- Let's talk about C (2 minutes video) https://www.youtube.com/watch?v=pB4a8LLFjP0&feature=emb_logo
- Teach back and hepatitis B (9 minutes demonstration video) <https://www.ceh.org.au/new-resource-showing-the-teach-back-technique-in-hepatitis-b-context/>
- Cultural Safety for Health Professionals (online training portal of Australian Indigenous HealthInfoNet) <https://healthinfonet.ecu.edu.au/key-resources/health-professionals/cultural-safety-for-health-professionals/>
- Asking the Question? – Are you (is this person) of Aboriginal or/and Torres Strait Islander origin? – video [for practice staff
http://inwpcp.org.au/resources/closing-the-health-gap-for-aboriginal-and-torres-strait-islander-people/asking-the-question-training-package/](http://inwpcp.org.au/resources/closing-the-health-gap-for-aboriginal-and-torres-strait-islander-people/asking-the-question-training-package/)

Acknowledgements

VCS Foundation

St Vincent's Hospital

VHHITAL

Department of Health

Cancer Council Victoria

BreastScreen Victoria

VACCHO

THANK YOU

