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Hepatitis C

Primary Health Care Nurses (PHCNs) can play a critical role in utilising their chronic disease management skills to support the testing, diagnosis and management of people with chronic hepatitis C. This resource provides information about how PHCNs working in the general practice setting can incorporate hepatitis C care into their existing role, however the information is broadly applicable to nurses based in other primary care settings.

YOUR CRUCIAL ROLE AS A PRIMARY HEALTH CARE NURSE

WHY?

- There are 230,000 people in Australia living with chronic hepatitis C, including 80,000 with moderate to severe liver disease
- The number of people living with moderate to severe liver disease has more than doubled over the last decade
- Liver cancer, the majority of which is caused by viral hepatitis, is the fastest increasing cause of cancer death in Australia
- Less than 2% of affected people received treatment despite improvements in antiviral therapies in 2013
- New interferon-free treatments for hepatitis C offering cure rates of over 90% are now available in Australia. These treatment regimens are shorter in duration with fewer side effects and require less monitoring. This makes assessment and treatment in primary care considerably easier and enhances access to care
- Stigma and discrimination experienced within the health system can have a significant and negative impact on the health seeking behaviour of people living with hepatitis C.

ANMF NATIONAL PRACTICE STANDARDS FOR NURSES IN GENERAL PRACTICE (NiGP)

The Australian Nursing and Midwifery Federation (ANMF) developed Practice Standards (2014) to articulate the scope of practice for nurses working in the general practice setting. Elements that provide an example of how the PHCN may meet a specific Practice Standard through their involvement in hepatitis C care are highlighted throughout this resource.

NB: This resource is intended to be read in conjunction with other ASHM hepatitis C resources, such as *Decision-Making in HCV, Nurses and Hepatitis C* and the *Hepatitis C Testing Policy;* and the *ANMF National Practice Standards for Nurses in General Practice (NiGP)* (see *References).*

HOW CAN PHCNs MAKE A DIFFERENCE?

Support people at risk of hepatitis C to reduce their risk of infection by improving recognition of those at increased risk and promoting preventative measures.

ANMF NATIONAL PRACTICE STANDARDS FOR NiGP

STANDARD 8: Effectively implements evidence-based health promotion and preventive care relevant to the Practice community.

RISK FACTORS ASSOCIATED WITH TRANSMISSION:

- injecting or intranasal drug use; includes sharing needles, syringes, spoons, water, filters and tourniquets
- transfusion of blood or blood products in Australia prior to 1990
- incarceration
- tattooing, acupuncture needles and body piercing
- blood to blood contact during sexual activity, with increased risk for those living with HIV
- dental or medical procedures and blood transfusions in situations where blood screening and universal infection control procedures cannot be guaranteed
- born in a high hepatitis C prevalence country (Asia, Africa, Middle East, Eastern and Southern Europe).

PREVENTION:

- use single-use, sterile injecting equipment
- avoid sharing tattoo, acupuncture needles or body-piercing equipment
- avoid sharing toothbrushes, razors, shavers, dental floss, nail clippers, barbering equipment
- when breastfeeding, milk from cracked or bleeding nipples should be expressed and discarded until healed
- use condoms/dental dams when there is the possibility of blood contact during sex.

Clearing hepatitis C ('cure') naturally, or through treatment, ***does not*** provide immunity to reinfection. Hepatitis C antibodies are only a marker of exposure.

Identify individuals from priority populations who should be tested for hepatitis C.

ANMF NATIONAL PRACTICE STANDARDS FOR NiGP

STANDARD 7: Undertakes nursing assessment and plans ongoing care.

STANDARD 10: Understands diversity in the Practice community and facilitates a safe, respectful and inclusive environment.

PRIORITY POPULATIONS:

- people who inject drugs
- people in custodial settings.

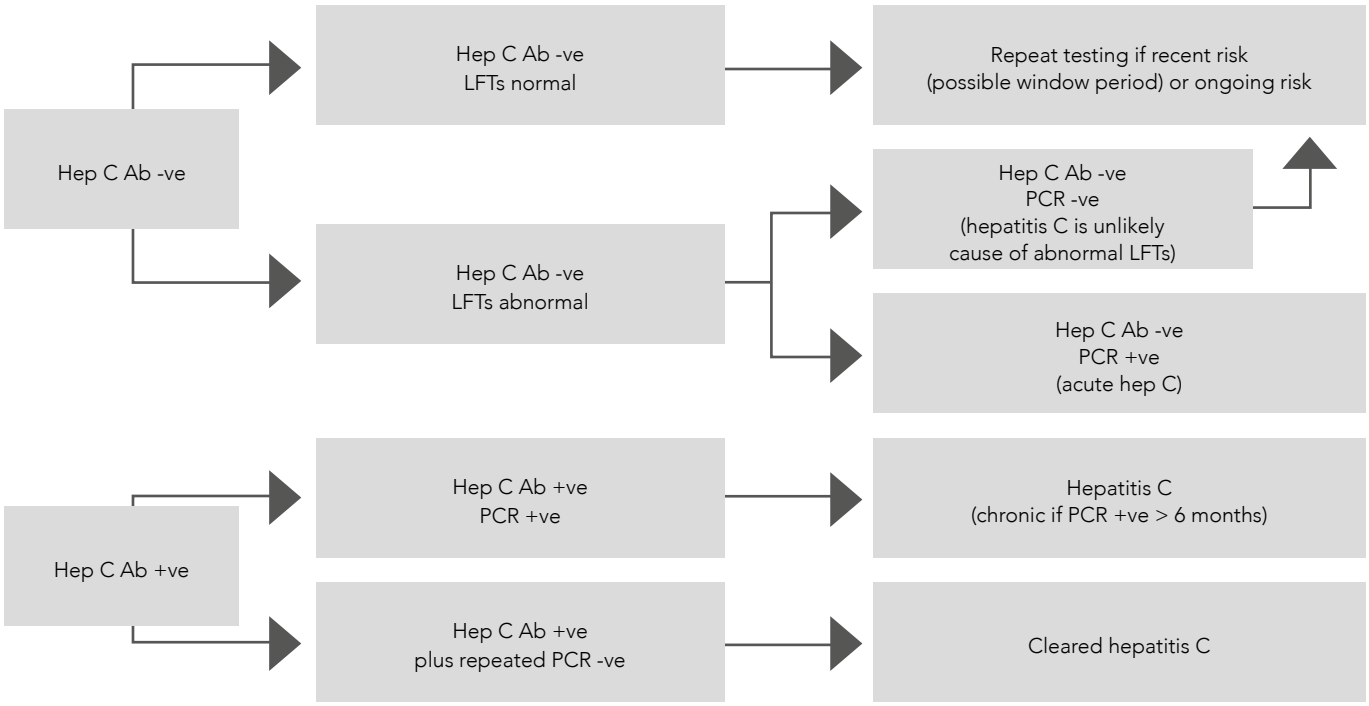
Also, ensure appropriate testing of babies born to mothers with, or at risk of, hepatitis C.

TESTING FOR HEPATITIS C:

- Initial testing includes hepatitis C antibodies (hep C Ab) and LFTs. If hepatitis C Ab is positive, additional testing to detect hepatitis C RNA PCR (polymerase chain reaction) is needed (Diagram 1).
- It may take up to 3 months for hepatitis C antibodies to be present in blood, although it is usually positive 6 weeks after exposure.

A negative hepatitis C result provides an opportunity to discuss methods to prevent infection in the future.

DIAGRAM 1: INTERPRETING HEPATITIS C TESTS



Provide education and supportive resources to people with hepatitis C, with consideration given to their health literacy and cultural understanding of the disease.

HEALTH LITERACY:

- 60% of Australians have inadequate health literacy
- many people leave a medical consult not understanding their condition, how to take medication or how they can look after their health
- consider the individual's health beliefs about their illness and what it means to them
- use short sentences and plain language, addressing just 2 or 3 concepts at a time
- practise strategies to ensure clear 2-way communication e.g. Ask me 3 (see *Additional Resources*)
- written health information should be at a grade 7 level and culturally appropriate
- discussions should be conducted in a culturally appropriate and safe manner.

INVOLVING INTERPRETERS:

- family members can be of great support to the patient, but should ***never*** be used in place of an accredited interpreter
- accredited interpreters are essential to ensure information is properly understood and there is an opportunity for patients to clarify information and ask questions
- information and resources in the patient's first language should be provided
- The Translating and Interpreting Service (TIS) is available 24 hours/7 days. Doctor's Priority Line – 1300 131 450

Evaluate risk factors and promote positive lifestyle changes to reduce the risk of progression of liver disease in people with chronic hepatitis C and ensure appropriate management or referral when indicated.

ANMF NATIONAL PRACTICE STANDARDS FOR NiGP

STANDARD 10: Understands diversity in the Practice community and facilitates a safe, respectful and inclusive environment.

STANDARD 11: Effectively delivers evidence-based health information to improve health literacy and promote self management.

ANMF NATIONAL PRACTICE STANDARDS FOR NiGP

STANDARD 8: Effectively implements evidence-based health promotion and preventive care relevant to the Practice community.

STANDARD 9: Empowers and advocates for consumers.

PATIENTS WITH THE FOLLOWING RISK FACTORS HAVE AN INCREASED RISK OF LIVER DISEASE PROGRESSION AND MAY NEED SPECIALIST ASSESSMENT:

- heavy alcohol intake: >4 standard drinks/day
- long duration of infection: >20 years since exposure
- older age at infection
- co-infection with HIV or hepatitis B
- obesity, insulin resistance, diabetes
- elevated ALT when LFTs tested
- male gender.

PROVIDE LIFESTYLE ADVICE TO REDUCE LIVER DISEASE PROGRESSION:

- minimise alcohol
- management of metabolic risk factors: diabetes, dyslipidaemia, obesity and hypertension
- encourage adequate nutrition, exercise and maintaining a healthy weight
- promote smoking cessation and minimise cannabis and other drug use.

Encourage testing for hepatitis A and hepatitis B and vaccinate if susceptible. People with hepatitis C are eligible for free hepatitis B vaccine in NSW, QLD, SA, VIC & WA. Hepatitis A vaccine is free for Aboriginal and Torres Strait Islander children living in QLD, NT, SA & WA and recommended (but not free) for people with hepatitis C.

ANMF NATIONAL PRACTICE STANDARDS FOR NiGP

STANDARD 22: Liaises effectively with relevant agencies & health professionals to facilitate access to services and continuity of care.

Support and encourage adherence for people on antiviral treatment for hepatitis C.

ANMF NATIONAL PRACTICE STANDARDS FOR NiGP

STANDARD 11: Effectively delivers evidence-based health information to improve health literacy and promote self management.

Utilise Medicare Benefits Schedule (MBS) Care Planning items including GP Management Plans (GPMP) and Team Care Arrangements (TCA) to support comprehensive care and regular monitoring:

All patients with CHB are eligible for a GPMP for 2 years, with a review every 6 months	MBS 721 & 732
Patients with complex needs who require ongoing care from at least 3 collaborating health providers are eligible for a TCA	MBS 723 & 732
As interdisciplinary care is often needed for CHB, GPs can contribute to a multidisciplinary care plan prepared by another health care provider	MBS 729 or 731

ANMF NATIONAL PRACTICE STANDARDS FOR NiGP

STANDARD 15: Understands the context of general practice within the wider Australian health care system, including funding models.

REGULAR MONITORING IF NO ACTIVE TREATMENT:

- FBC and LFTs every 6 months
- Refer for baseline FibroScan™ (transient elastography): a non-invasive assessment of fibrosis increasingly available with no out of pocket expenses in most tertiary hospitals, through some outreach services and in some regional centres
- All patients should be considered for treatment. Provide information about available treatment options. (NB: Currently, treatment options are changing rapidly, so contact the local liver, gastroenterology or infectious diseases service at the closest tertiary hospital for up-to-date information, or Hepatitis Australia)
- All patients with a possible diagnosis of cirrhosis should be referred to a liver clinic or gastroenterologist/hepatologist for assessment +/- an endoscopy to exclude varices.

LIVER CANCER SCREENING:

Cirrhosis is a risk factor for developing liver cancer (hepatocellular carcinoma [HCC]). All patients with cirrhosis should receive an abdominal ultrasound and alpha fetoprotein test every 6 months and be referred to a specialist if any abnormalities are detected.

Negotiate with GPs and other PHCNs within the practice to agree on consistent terminology to use in patient management systems to record hepatitis C status in past history and recalls/reminders.

ANMF NATIONAL PRACTICE STANDARDS FOR NiGP

STANDARD 21: Effectively communicates, shares information and works collaboratively with the general practice team.

Employ existing patient management systems to support the management of chronic hepatitis C patients e.g. recalls and reminders in practice software, appointments made in advance, provide pathology and ultrasound request forms in advance, use appointment reminders, follow-up fail to attends and utilise audit tools that work with your practice software.

ANMF NATIONAL PRACTICE STANDARDS FOR NiGP

STANDARD 13: Demonstrates proficiency in the use of information technology, clinical software and decision support tools to underpin health care delivery.

STANDARD 14: Effectively uses registers and reminder systems to prompt intervention and promote best practice care.

TREATMENT FOR HEPATITIS C

The treatment for hepatitis C has changed dramatically in recent years. New therapies involve an oral-only regimen and a reduced period on treatment (generally 12 weeks, although people with cirrhosis may need 24 weeks) than the previous generation of treatment involving weekly injections for 24-48 weeks. The new direct acting antiviral agents are very successful at curing hepatitis C and have few side effects.

For information about new hepatitis C treatments, see www.ashm.org.au/HCV/management-hepc.

In addition to the other ways PHCNs can support patients with hepatitis C discussed above, the role of the PHCN could involve providing education about treatments, supporting and encouraging adherence and managing side effects.

DISCLOSURE OF HEPATITIS C

Hepatitis C is a highly stigmatised condition and many people living with the disease experience discrimination, particularly within the health system. Everyone living with hepatitis C should have access to care and services regardless of their source of infection, gender, ethnicity, culture, sexual orientation or lifestyle factors (such as drug use).

Because of stigma, people with hepatitis C should be supported to understand issues around disclosure, to avoid discrimination.

SITUATIONS WHERE DISCLOSURE OF HEPATITIS C IS NECESSARY:

- Blood donation
- Health care professional engaged in exposure prone procedures
- Some insurance policies
- Members of the defence force.

In all other situations, disclosure is not necessary e.g. if practising safe sex, disclosure to a partner is not required.

OPPORTUNITIES FOR PHCNs TO ENGAGE IN HEPATITIS C CARE

PHCN involvement in hepatitis C prevention, testing, management and treatment should always be guided by the individual nurse's scope of practice and the context of the setting in which care is provided.

Medicare item numbers and billing options suggested below may be used where appropriate, following guidelines provided by Medicare. Nurse Practitioners (NP) working in primary care would use the time based item numbers appropriate for an NP consultation.

OPTION 1: Eligible practices use the Practice Nurse Incentive Program (PNIP) to cover the consultation.

The PNIP was established to allow for an expansion in the PHCN role. The PHCN can have an important role in supporting hepatitis C prevention, testing, management and care. Examples of opportunities for hepatitis C to be incorporated into consultations include:

PHCN identifies need for hepatitis C testing based on risk	PHCN alerts GP to need for testing & coordinates a review with the GP for a comprehensive assessment. GP orders pathology. PHCN organises the specimen collection & encourages the patient to consider vaccination for hepatitis A and B if testing indicates susceptibility.	PNIP covers the time of the PHCN GP Billing: MBS Item 23 Level B
Blood test results reviewed by GP. Additional testing identified as being required	PHCN recalls patient for additional testing. Prior to seeing the GP for additional testing, the PHCN explains the reason for testing and provides education about hepatitis C.	PNIP covers the time of the PHCN GP Billing: MBS Item 23 Level B
Drug & alcohol consultation	GP suggests testing for blood-borne viruses for patients who disclose a history of injecting drug use. PHCN discusses the need for testing, the potential impact of a positive diagnosis, and supports the patient to access safe injecting equipment if needed.	
Any consult with a young person or someone at risk	PHCN discusses hepatitis C transmission and harm minimisation options.	PNIP covers the time of the PHCN
Chronic disease management consult with someone with hepatitis C	PHCN supports patient to explore strategies to reduce alcohol & tobacco intake, improve nutrition and achieve/ maintain a healthy weight.	

OPTION 2: Practices utilise the appropriate GP or PHCN consultation item number, in addition to the PNIP for eligible practices.

The PHCN, in consultation with the GP, provides hepatitis C management and care. Examples of opportunities for hepatitis C to be incorporated into consultations include:

Follow-up visit following hepatitis C diagnosis	GP provides additional information about hepatitis C, after an initial appointment where diagnosis was provided and GPMP/TCA established. PHCN supports patient to understand issues associated with disclosure.	PHCN Billing: MBS Item 10997 GP Billing: MBS Item 721/723/729/731/732
General health check-up for someone with hepatitis C	GP discusses monitoring required for hepatitis C and requests relevant pathology/radiology. PHCN facilitates the completion of the tests, reinforces the importance of regular monitoring, discusses lifestyle and dietary modification if needed and ensures the patient understands hepatitis C and associated issues.	PHCN Billing: MBS Item 10997 GP Billing: MBS Item 721/723/729/731/732
Health assessment for Aboriginal & Torres Strait Islander People	GP discusses the need for testing in this population. If patient has hepatitis C, at follow-up visits PHCN supports lifestyle and dietary factors to reduce the progression of liver disease in those with hepatitis C.	PHCN Billing: MBS Item 10987 GP Billing: MBS Item 715

OPTION 3: Practices charge a fee for a PHCN consultation.

The Practice charges a set fee for an appointment with a PHCN. This appointment could focus on chronic disease management and lifestyle modification aspects of hepatitis C care, adherence support, education and health promotion.

TYPES OF HEPATITIS C CARE DELIVERY

TYPES OF CARE	CHARACTERISTICS OF HEPATITIS C AND ASSOCIATED FACTORS	COMMENTS
GP-led care for assessment of hepatitis C & liver disease	Assessment includes physical examination, LFTs +/– Fibroscan™ for all hep C PCR +ve individuals.	Patients with chronic hepatitis C should be reviewed every 6-12 months. Referral for FibroScan™ to stage fibrosis. If cirrhosis, ongoing liver cancer screening every 6 months.
Shared care between specialist* & GP (+/– PHCN supporting care)	Management of co-morbidities, lifestyle factors. Assessing suitability for treatment. Supporting specialist-led* treatment.	Collaborative approach through an established relationship between specialist* and primary care. Roles will vary depending on relationship, capacity, individual clinical context and patient needs. Specialist-led* treatment when appropriate, with some monitoring conducted by the GP.
GP prescribing treatment (+/– PHCN supporting care)	Patients within the primary care system without cirrhosis, advanced liver disease, liver cancer or other co-morbidities seeking treatment.	PHCNs can support adherence, monitoring, lifestyle modification factors, education and the care coordination between patients, GPs & other health professionals.
Specialist-led care*	Complex patients, pregnant women, children, people with co-infection, patients who prefer specialist-led* care, people with cirrhosis, advanced liver disease and/or liver cancer.	For some complex co-morbidities & patients, specialist-led* care is recommended. Some patients prefer specialist-led* care and choose this option. The GPs and PHCNs may have minimal involvement in hepatitis C care and focus instead on other health conditions.
Integrated care	All patients where integrated care services are available.	Integrated care models are becoming more common and involve a nurse who coordinates the care between specialists* and primary care. The level of involvement of the different health professionals varies between clinics and patients. Allows for flexible, responsive option for care delivery e.g. nurse-led care within custodial settings.

** Specialists may be based in a hospital or community setting and may be Physicians with Infectious Diseases, Gastroenterology, Hepatology, General or Sexual Health training.*

ASHM EDUCATION AND TRAINING

There is a wide range of education, resources and support available from ASHM and affiliated organisations to support PHCN to build their skills, knowledge and confidence in hepatitis C care. www.ashm.org.au

Elements of this resource were based on *Sexual Health Care in General Practice by Primary Health Care Nurses*. Developed by NSW STI Programs Unit; 2014. Available at www.stipu.nsw.gov.au

Content adapted from *Nurses and Hepatitis C*. Developed by ASHM; 2012. Available at www.ashm.org.au/resources

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REFERENCES

ASHM. Decision-making in HCV. ASHM; Sydney: 2013. Available at www.ashm.org.au/resources

ASHM. Nurses and Hepatitis C. ASHM; Sydney: 2012. Available at http://testingportal.ashm.org.au/hcv

ASHM. National Hepatitis C Testing Policy. ASHM; Sydney: 2013. Available at http://testingportal.ashm.org.au/hcv

Australian Government Department of Health. National Immunisation Program Schedule (from 1 July 2013). 2015. Available at www.immunise.health.gov.au [Accessed June 2015].

Australian Government Department of Health. The Australian Immunisation Handbook (10th ed.). Commonwealth of Australia; Canberra: 2013.

Australian Nursing and Midwifery Federation (ANMF). ANMF National Practice Standards for Nurses in General Practice. ANMF; Melbourne: 2014. Available at www.anmf.org.au

MacLachlan JH, Allard NL, Cowie BC. Disparities in hepatitis B vaccine funding in Australian jurisdictions: limiting access for priority populations. Australian and New Zealand Journal of Public Health; 2015; 39(2):192-192.

Medicare Benefits Schedule (MBS). MBS Online. Available at www.mbsonline.gov.au [Accessed June 2015].

The Kirby Institute. HIV, Viral Hepatitis and Sexually Transmissible Infections in Australia Annual Surveillance Report 2014. The Kirby Institute, UNSW; Sydney: 2014.

ADDITIONAL RESOURCES

ASHM. C-Me. Hear-Me. Hepatitis C: in our own Words (DVD). ASHM; Sydney: 2011.ASHM. Hepatitis B: Your Crucial Role as a Primary Health Care Nurse. ASHM; Sydney: 2015. Available at www.ashm.org.au/resources

ASHM. eLearning Education. ASHM. Available at https://lms.ashm.org.au

Australian Commission on Safety & Quality in Healthcare. Health Literacy. 2014. Available at www.safetyandquality.gov.au

Australasian Hepatology Association (AHA). Consensus-based Nursing Guidelines for the Care of Patients with Hepatitis B, Hepatitis C, Advanced Liver Disease and Hepatocellular Carcinoma. AHA; Melbourne: 2012. Available at www.hepatologyassociation.com.au

Australian Primary Health Care Nurses (APNA). STI and BBV eLearning Module. Available at https://apna.e3learning.com.au

Hepatitis Australia – provides national leadership and advocacy on viral hepatitis and support partnerships. Available at www.hepatitisaustralia.com

Hepatitis Infoline (National) – 1300 HEP ABC (1300 437 222) diverts to information and support lines at your local state and territory hepatitis organisations

National Patient Safety Foundation. Ask me 3. Available at www.npsf.org

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