

# HEPREACH

## Model provision

### 1. In-house Hepatology specialist team as outreach in primary care practice

#### Visiting team

- Visiting Hepatologist clinic with Fibroscan clinics (performed by NP) 4 weekly
- Nurse Practitioner weekly
- Research study co-ordinator weekly (While research project is occurring)

#### Patients care

- Existing practice patients meeting the following criteria
  - Male and female patients > 18 years of age
  - Attending a local GP clinic and either 1. Being considered for referral, 2. Been referred or, 3. been reviewed for liver disease in a tertiary clinic
  - Have evidence of liver disease such as cirrhosis or current HCV or HBV infection based on positive HCV RNA or HBV DNA test by PCR
- Patients living in the broader catchment area of outreach clinic who meet the above criteria
- All patients referred via Mater referral system
- Patients can remain engaged at practice for ongoing chronic disease care

#### Provision of support to medical and nursing team of practice

- Learning and training opportunities to co-manage patients
- Weekly Mentorship opportunities ("sit-in" with clinic)
- Shared clinical guidelines and tools
- Availability by phone – established advice line (Business hours)
- Guided referral pathway for escalation of care to tertiary setting including but not limited to monitoring requirements i.e. screening endoscopies, and diagnostics Liver MRI.
- Letters/ patient care summaries made available after patient review.

#### Maintenance and support

- Availability by phone – established advice line (Business hours)
- Referral pathways for escalation of care
- Remote consultation forms (Hepatitis C)
- Health Management plan
- Supportive role for GP management plans- chronic disease management plan

#### Infrastructure requirements from practice

- Memorandum of Understanding signed by both parties
- 2-3 consult rooms
- Access to practice software and internet
- Timeframe for ongoing outreach clinic to be negotiated

## 2. Remote access (Springfield model)

### Team – situated in Community centre /Offsite rooms

- Nurse Practitioner weekly
- Telehealth Hepatologist clinic with NP 4 weekly
- Research study co-ordinator weekly (While research project is occurring)

### Patients care

- Patients living in the area of outreach clinic who meet the criteria
  - Male and female patients > 18 years of age
  - Attending a local GP clinic and either 1. Being considered for referral, 2. Been referred or, 3. been reviewed for liver disease in a tertiary clinic
  - Have evidence of liver disease such as cirrhosis or current HCV or HBV infection based on positive HCV RNA or HBV DNA test by PCR
- All patients referred via Mater referral system
- Patients can remain engaged at practice for ongoing chronic disease care

### Provision of support to medical and nursing team of practice

- 4 weekly telehealth or face to face mentorship meetings to discuss current patients primary care and specialist clinicians (engagement of care consultations)
- Shared clinical guidelines and tools
- Availability by phone – established advice line (Business hours)
- Guided referral pathway for escalation of care to tertiary setting including but not limited to monitoring requirements i.e. screening endoscopies, and diagnostics Liver MRI.
- Letters/ patient care summaries made available after patient review.

### Maintenance and support

- Availability by phone – established advice line (Business hours)
- Referral pathways for escalation of care
- Remote consultation forms (Hepatitis C)
- Health Management plan
- Supportive role for GP management plans- chronic disease management plan

### Infrastructure requirements at practice

- Agreement /understanding with primary care and specialist partners for “engagement of care consultations”

### 3. “HEPREACH Lite” practice provision

#### Team – situated in tertiary facility

- Consists of support from Hepatology service (Nurse Practitioner) initially with a regular clinical service provided at the practice (4 weekly). This service would taper down over an agreed period.

#### Patient care

- Patients are seen by GP at their practice and meet the following criteria
- Male and female patients > 18 years of age
- Attending a local GP clinic and either 1. Being considered for referral, 2. Been referred or, 3. been reviewed for liver disease in a tertiary clinic
- Have evidence of liver disease such as cirrhosis or current HCV or HBV infection based on positive HCV RNA or HBV DNA test by PCR
- Patients can remain engaged at practice for ongoing chronic disease care
- Six monthly case conference