

Case for change

There have been significant developments in hepatitis C virus (HCV) medications and demand on service provision. These have included:

- a) New highly effective, curative medications for HCV
- b) Increased patient demand for treatment
- c) Increased KPI with the NSW Ministry of Health (MoH) from 157 patients to 1000 patients treated per annum
- d) 15% patient population increase in 2 years
- e) Increased costs associated to HCV prescriptions on the Section 100 Highly Specialised Drugs program

Goal

To review and redesign HCV services to ensure effective and efficient coverage and appropriate pathways for the increasing number of patients requesting treatment.

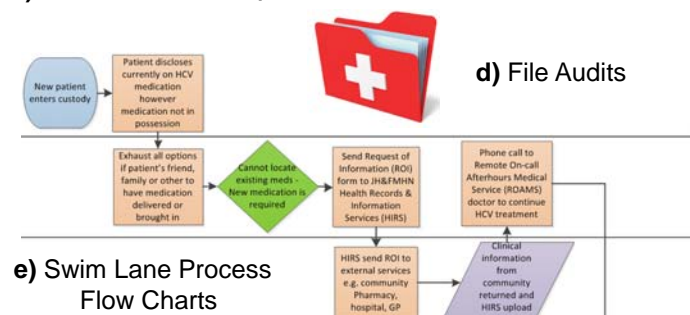
Objectives

- a) Treat 1,000 patients living with HCV in 2017/18
- b) Reduce HCV medication costs by 40% in 2017/18
- c) 75% of patients are scripted within 72 hours in 2017/18

Diagnostics



- a) Staff interviews b) Patient interviews c) Cost Analysis



Solution Design

- a) Literature Reviews
- b) Site visits
- c) Power of 3 brainstorming

Solutions

- A new Memorandum of Understanding (MOU) with South Eastern Sydney Local Health District (SESLHD) for specialist hepatology services and advice 7 days per week, replacing Visiting Medical Officer (VMO) contracts which provided 1 day per week of coverage.
- Training of population health nurses throughout NSW in fibroscan which is used to assess the level of liver fibrosis (scarring) to inform treatment decision making and monitoring requirements.
- Updated policy including the clinical information required from community health providers for new patients on HCV treatment in order for continuity of care.

Results

- The number of patients treated for HCV increased from an average of 153 per quarter in 2016/17 to 309 in Q1, 2017/18 (Figure 1) (on track for Objective a)
- Between June 2016 – April 2017, the average cost associated to HCV medications was \$12,000 per month. Between April 2017 – August 2017, the average cost was \$1,700 per month. (Figure 2) (on track for Objective b)
- In 2017/18, HCV medication scripting processes have been streamlined as per the updated policy (this will continue to be monitored through data for Objective c)
- Patients have reported satisfaction with the HCV treatment program (Figure 3)

Figure 1: Patients Treated Per Quarter

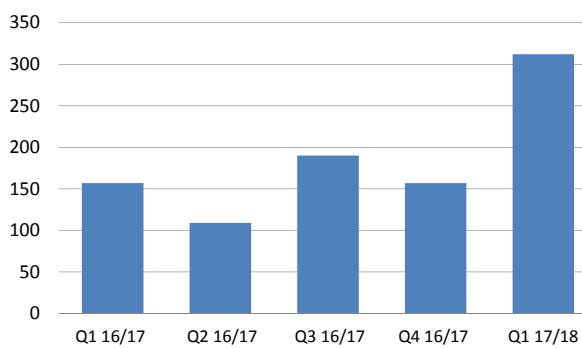


Figure 2: New Patient Reception Costs

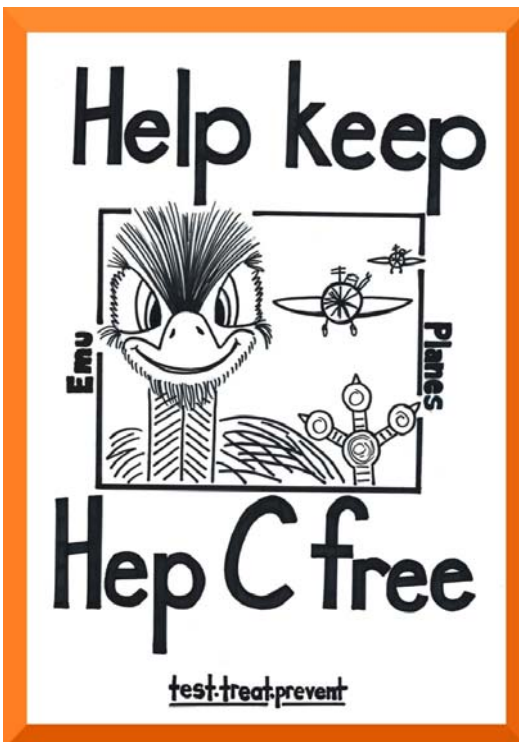
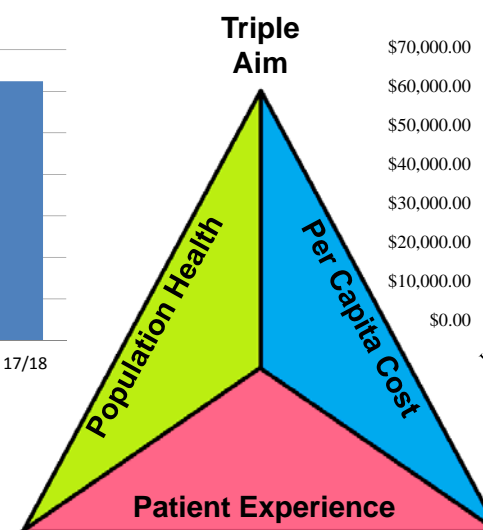
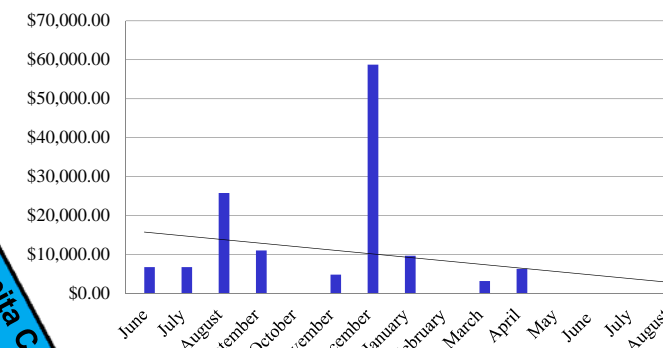
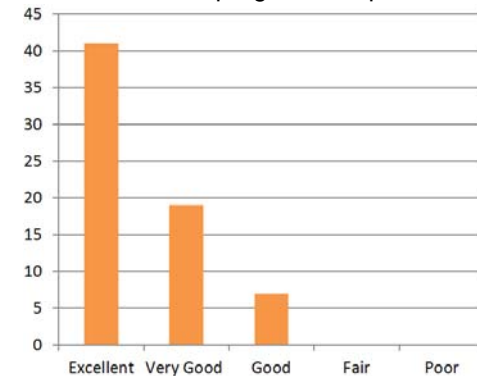
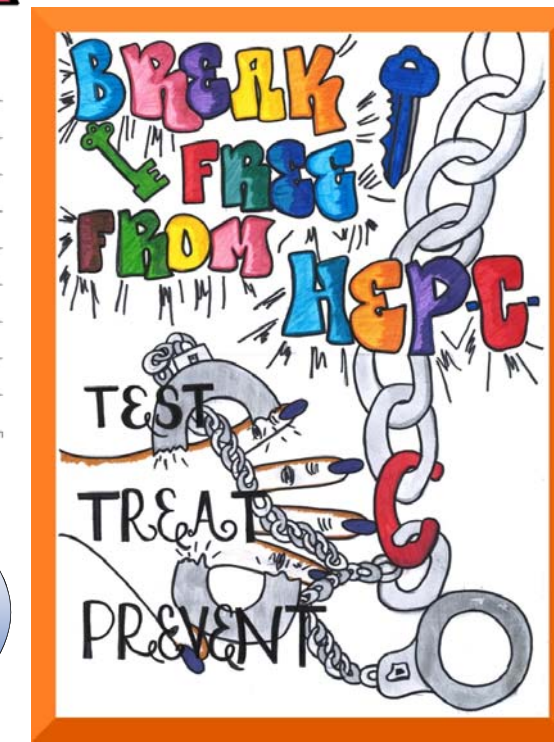


Figure 3: Patient satisfaction of HCV treatment program at a prison



"I was able to get tested, be treated and stay safe while in prison" – patient 'Julie'



Two posters designed by patients from a health promotion event at Emu Plains Correctional Centre, November 2017

Diagnostic Key Findings

- Access to only 1 day of specialist hepatology advice per week.
- Between June 2016 - April 2017 there were \$133,000 of medication expenses from prescription issues.

Number of Patients Treated, 2016/2017

Q1	Q2	Q3	Q4	TOTAL
157	109	190	157	613

Sustaining change

- Numbers of patients initiated on HCV treatment will be tracked and reported quarterly in line with JH&FMHN KPI with the NSW MoH.
- MOU with SESLHD is in place for 5 years and will be reviewed annually under the terms.
- Medication costs associated with new reception patients entering the custodial setting will be monitored through pharmacy data.
- Communication will continue with nursing staff through established feedback mechanisms.

Conclusion

- Consulting with a wide range of stakeholders was necessary to understand the full scope of the problem, recognise the different frames of reference, and be able to design and implement effective solutions.
- Understanding the needs of the clinicians and how they are able to most effectively undertake their roles was paramount to the project.
- Engaging with patients was vital in ensuring the project effectively addresses their needs.

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