

Reducing Barriers to Hepatitis Care for Aboriginal Australians: A model of collaborative care.



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The Collaboration:

- Clinic established in 2010
- Aboriginal Medical Service (AMS)
 Cooperative Limited & Sydney Local Health District.



Aims:

- To improve hepatitis awareness
- To improve access to assessment and treatment services



- Aboriginal Peer Support Worker
- Clinical Nurse Consultant (CNC) in Viral Hepatitis
- Medical Officer and Consultant Hepatologist



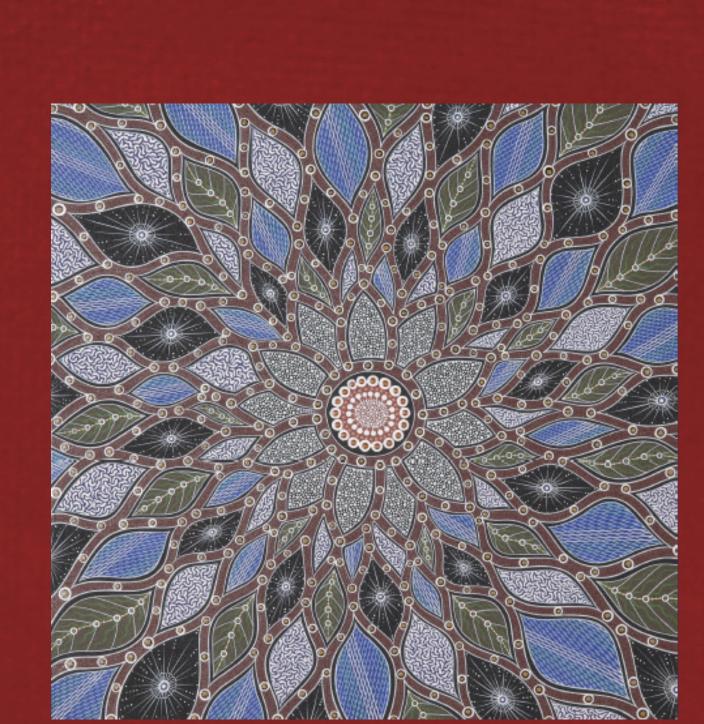
 Co-located with AMS GPs in Chronic Health Care Unit with access to blood taking services

The Clinic:

- Weekly Peer Support Worker
- Fortnightly CNC (with portable fibroscaner)
- Monthy Medical Officer

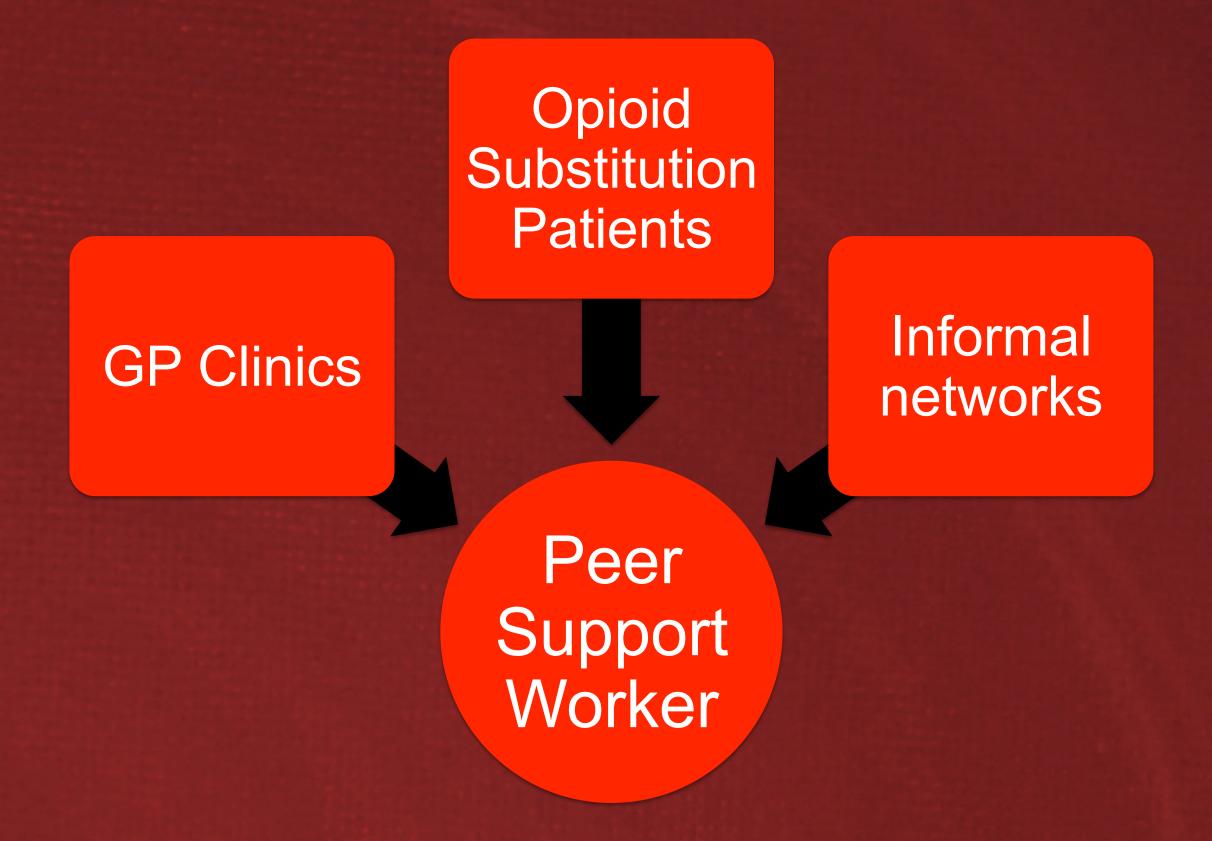


 Monthly meetings with AMS management to discuss service improvementc





Referral pathways:



2013 snapshot:

| | A A |
|---|------------|
| Patients assessed | 41 |
| Patients fibroscanned | 13 |
| | |
| Percentage abnormal (>7KPa) | 38% |
| Average viral load (virus/ml blood) | 3,283,332U |
| | |
| Genotype (where recorded): | |
| 1 | 15 |
| 2 | 1 |
| 3 | 14 |
| Currently using drugs or alcohol | |
| (outside guidelines) | 27 |
| On opioid substitution therapy | 10 |
| Number treatment initiated | 6 |
| Treatment outcome: | |
| SVR | 2 |
| In Progress | 4 |
| Reasons for not treating (where recorded) | |
| Psychiatric | 1 |
| Socal | 1 |
| No Fibrosis | 1 |
| Advanced cirrhosis | 4 |
| Patient decision | 2 |

Acknowledgements

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