

# Health status and support needs of Aboriginal and Torres Strait Islander patients with Hepatitis C Virus (HCV) in a primary health care setting: A retrospective chart audit

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## BACKGROUND

### The Southern Queensland Centre of Excellence in Aboriginal and Torres Strait Islander Primary Healthcare

- 1994: Inala Indigenous Health Service established (Qld Government funded).
- 2010: the Southern Queensland Centre of Excellence in Aboriginal and Torres Strait Islander Primary Health Care (CoE) established with further funding from the Qld Government.
- Aims to provide high quality, culturally safe clinical care to the Aboriginal and Torres Strait Islander community and contribute to development of an Indigenous workforce and research base.
- May 2014: over 10 000 adult patients were registered with the clinic with 3 500 attending regularly (at least 3 visits in past 2 years).



### Services provided

- Clinical: including primary health care clinics, seven specialist clinics including a hepatology clinic, three outreach clinics (including a monthly clinic at Cunnamulla, Western Queensland) and allied health services (Dietician, Social Worker, Psychologist).
- Health promotion activities by Community Engagement Teams: Nutrition and healthy eating; Smoking cessation; Home Interaction Program for Parents and Youngsters (HIPPY); Men's and Women's groups.
- Research activities with a focus on chronic disease and health services research.
- Training, education and clinical placements for next generation of health care professionals including medical registrars, medical and nursing students, undergraduate allied health, public health students and Aboriginal and Torres Strait Islander health worker trainees.

### The Centre of Excellence Hepatology Clinic

Established in December 2012, managed by a hepatologist and specialist nurse.

Aims to meet the specialist needs of patients with viral hepatitis.

Patients referred by GPs from the CoE primary health care clinic for treatment, further investigations of suspected liver diseases, and/or discussion of treatment options.

Clinic sessions (3 hours each) were held monthly until May 2014, increased to twice monthly since.  
Four patients treated for HCV:  
3 completed with negative viral loads;  
1 patient continuing on treatment.



## STUDY AIMS

To increase our understanding of socio-demographic characteristics, health status and health needs of patients with HCV attending the CoE.

### Research Question

What are the socio-demographic characteristics, health status and health needs of patients with HCV?

## METHODS

Retrospective audit of electronic medical records of all patients with HCV attending the CoE.

### Data will be collected for the following variables:

- Socio-demographic characteristics
- HCV infection status and treatment
  - HCV antibody positive, PCR HCV positive, HCV genotype, HCV viral load
  - Laboratory variables: ALT, AST, Bilirubin, Albumin, Platelets, INR, creatinine, GGT
  - Referral for HCV treatment, details of any treatment received, outcome of treatment
- Presence of any liver disease and co-infection with HIV and hepatitis A & B
- Presence of comorbidities: depression, anxiety, other mental illness, ischemic heart disease, renal disease, eGFR<90 ml/min, hypertension, type 2 diabetes mellitus
- Presence of lifestyle risk factors: alcohol, tobacco, intravenous drug, and opiate usage

**Data analysis:** Descriptive statistics will be used to describe our patients.

Multivariate analyses to understand health needs of particular subgroups of patients.

Study has obtained approval from the Inala Community Jury. Metro South Human Research Ethics Committee has deemed this project a quality improvement initiative.

## RESULTS

Study in progress

## EXPECTED OUTCOMES

The findings of this study will be used to improve the quality of care provided to current and future patients infected with HCV.

- Address the knowledge gap about urban Aboriginal and Torres Strait Islander people with HCV
- Increased knowledge will better inform clinicians about the health status and health needs of Aboriginal and Torres Strait Islander people with HCV, enabling improvements in the provision of health care.
- Increased knowledge may also enable improved health service planning, with increased support for Aboriginal and Torres Strait Islander people with HCV who are receiving treatment, who are yet to receive treatment or who are not eligible for treatment.



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