

Real life experience of prescribing DAA's in a Primary Care Based GP Liver Clinic in Rural NSW

How is it working?

Introduction

Primary Care based models of care are vital to rapidly upscale delivery of Hepatitis C (HCV) treatment in Australia. Data will be presented showing that primary based care can be a very effective way to reach, workup and treat many people living with chronic HCV in rural NSW. Advantages to primary based care service delivery include being in a familiar environment, ease of access, anonymity, cost effectiveness and continuity of long-term care. Barriers to primary care treatment in rural regions include limited access to Fibroscan's, long waiting times for gastroenterologists and the need to upskill and support more GP's so they are familiar with liver fibrosis determination methods and initiating DAA therapy.

Method

Prospective data collected from each case seen from 1st March 2016 by a GP working 1 day a week in a primary care based liver clinic .



Discussion

A GP working one day a week for 6 months has assessed over 90 patients with chronic hepatitis C and commenced 66 on DAA treatment with no adverse events to date. Treatment of those with cirrhosis is undertaken in collaboration with local gastroenterologists. Other GP's have been happy to refer to the GP liver clinic and seek advise over the phone. Increasingly more are feeling comfortable initiating DAA treatment after attending an educational HCV masterclass in Orange. More educational sessions are planned across the region aiming to increase the number of primary care providers in Western NSW treating clients with chronic HCV and to establish a primary care network of support.

Results from first 6 months

66 clients commenced on DAA treatment

29 Female (44%)

37 Male (66%)

10 ATSI (15%)

15 (23%) on opiate replacement therapy

Genotype

41 (62%) GT 1 (32 nil cirrhosis, 9 cirrhosis)

25 (37%) GT 3a (12 nil cirrhosis, 13 cirrhosis)

1 (<1%) GT 2 (1 nil cirrhosis)

Stage of Fibrosis

46 (70%) nil cirrhosis

20 (30 %) cirrhosis

Prior treatment

56 (75%) naïve,

10 (15%) experienced

Referral sources include other GP's, self referral, gastroenterologists, opiate replacement services, mental health/forensic inpatient services, and HCV nurses.

