4

Practice Support Resources

“To be able to offer a simple, curative and life-changing treatment to some of Australia’s most disadvantaged people is hugely rewarding. It’s amazing how well these treatments work with the right support, even in the most complex clients”

– Phillip, Director of Kirketon Road Centre

Practice Support Resources

Treating and curing hepatitis C is easy, but we've found a few ways to make it even easier.

We want to support your practice to streamline hepatitis C care by helping you use your patient management system efficiently, and ensure you can bill appropriately for the time spent with patients.

We've included several resources and how-to guides to support your practice:

Maximising MBS billing to support hepatitis C care

Optimising your patient management system

Identifying patients who need follow up

Setting up processes for patient follow-up

Auditing your clinic's progress (and getting CPD points)

Maximising MBS billing to support hepatitis C care

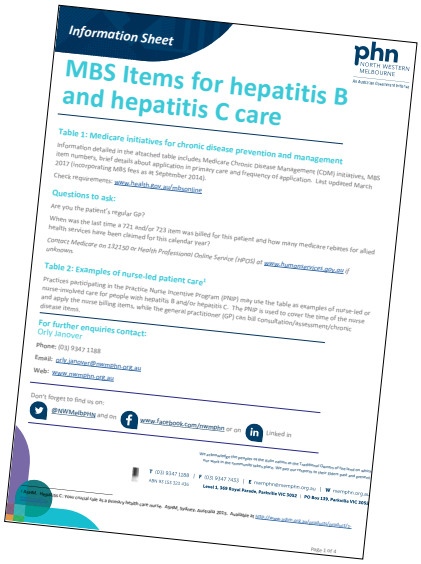
Some doctors are concerned about the time (and the money) needed to treat hepatitis C. But it's easy, doesn't take much time, and there are multiple billing options available.

Hepatitis C and related liver health management can be considered a chronic disease for MBS billing purposes. Many of your patients with hepatitis C could benefit from a structured yet flexible approach to managing their hepatitis C and related liver health.

Visit **mbsonline.gov.au** to search for the details of item numbers and confirm eligibility criteria.

MBS items for hepatitis B and hepatitis C care – Information Sheet

North Western Melbourne PHN has produced an Information Sheet on *MBS Items for hepatitis B and hepatitis C care*. This document gives you an overview of the billing options available to practices managing hepatitis C, including MBS items specific to nurses and examples of various scenarios. We've included this four-page document in the Appendix booklet, or you can download it at **bit.ly/nwphn_hepCbilling**


Information Sheet

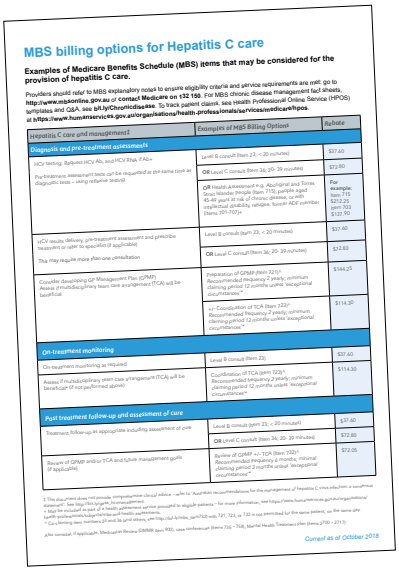
MBS Items for hepatitis B and hepatitis C care

Table 1: Medicare initiatives for chronic disease prevention and management

Table 2: Examples of nurse-led patient care†

For further enquiries contact:

Orly Jamtsher


MBS billing options for Hepatitis C care

Examples of Medicare Benefits Schedule (MBS) items that may be considered for the provision of hepatitis C care.

Current as of October 2018

MBS items for hepatitis C care – timeline

We've put together a list of the potential MBS items, and aligned them with key time points, to make it easier for you to plan the hepatitis C care you provide. You'll find this in the Appendix booklet.

GP Management Plan and Team Care Arrangement Templates

We've created tailored templates for hepatitis C care planning, with examples of who to consider including in Team Care Arrangements, and when to schedule reviews. You can download these templates specific to your patient management system from our website: **ecpartnership.org.au/toolkit.**

Optimising your patient management system

We want to make it easier and quicker for everyone to be involved in hepatitis C care. To streamline the process, we've put together recommended shortcuts, templates and data entry processes for Medical Director, Best Practice and Zedmed.

Instruction sheets on how to set up and use various features specific to your patient management system are provided in the Practice Support Guide section on our website. Our EC nurses will also assist you in setting up and using these features.

It's really important that you put accurate and high-quality clinical information into your patient management system.

Doing so will help you:

- Improve outcomes for your patients
- Improve the quality of MyHealth Records
- Make your clinic run efficiently by streamlining your reporting
- Partake in Plan-Do-Study-Act activities which may contribute towards obtaining Quality Improvement incentive payments in the Practice Incentives Program
- Ensure you get the most out of the MBS billing options available to you.

You can set up shortcuts in your system to make hepatitis C management easier and more efficient, such as:

- Pathology favourites, including reflexive hepatitis C diagnostic and treatment work-up tests
- Progress note templates
    1. Assessments before starting treatment
    2. While on treatment
    3. After completing treatment (SVR12 and onwards)
- Care Plan and Team Care Arrangement templates, which include tips on when to bill for review and who to involve in Team Care Arrangements
- A clear follow-up system using recalls and reminders

Instruction sheets on how to set up these shortcuts and templates for **Medical Director, Best Practice and Zedmed** are provided on our website: **ecpartnership.org.au/toolkit.**

TO MAKE SURE YOUR DATA IS ACCURATE AND USEFUL, YOUR CLINIC SHOULD

Request pathology using your patient management system
Get pathology results from the pathology service (e.g. Clinical Labs, Dorevitch) directly into your patient management system via the holding file
Enter your FibroScan® results as a manual investigation into your patient management system (see instruction sheet on our website: **ecpartnership.org.au/toolkit**
Prescribe medications using your patient management system rather than handwritten on a prescription pad
Remove the option for free-text in past medical history items, reminders/recalls, diagnosis and clean up any existing uncoded options.

Identifying patients who need follow-up

The following criteria can help you identify patients to engage in hepatitis C care:

- Patients at risk of hepatitis C who need to be tested
- Patients who have been tested (and possibly diagnosed) but are not yet on treatment
- Patients who require a SVR12 test to determine the outcome of their treatment
- Patients who require ongoing care after achieving SVR12.

Patient Management System Searches

Patients to engage in hepatitis C care:

- **Patients at risk of hepatitis C who need to be screened**
- **Patients who have been tested (and possibly diagnosed) but are not yet on treatment.**

We recommend starting with Search #1, and if you have more than 100 patients identified this way, work with those results before moving on to Search #2 and Search #3.

Search #1	Patients who have visited the clinic in the last three months and are on OST with hepatitis C listed as a condition
Search #2	Patients who have visited the clinic in the last two years and have hepatitis C listed as a condition
Search #3	Patients who have visited the clinic in the last two years and are on OST
Patients to follow up for SVR12 test to determine the outcome of treatment	
Search #4	Patients who are on/have been on treatment for hepatitis C and require an appointment to see if they have been cured. A cure is determined as a sustained virological response at 12 weeks (SVR12) after treatment.
Patients to follow up for ongoing care after being cured of hepatitis C	
Search #5	Patients who have been treated and cured of hepatitis C and require ongoing monitoring for their cirrhosis, including HCC screening.

Instructions on how to run these searches in **Medical Director, Best Practice and Zedmed** are provided on our website: **ecpartnership.org.au/toolkit.**

Creating these lists is just the starting point for finding relevant patients to engage in hepatitis C treatment. You may need to review a patient's medical record to determine the exact follow-up required before setting the relevant reminder. Our EC nurses can help you do this.

Setting up processes for patient follow-up

Having a clear recall and reminder system will make sure your clinic is reaching people at each stage of the cascade of care, and make sure no-one is falling through the cracks. Our guide is specific to hepatitis C - make sure you refer to your own clinic's policy on recalls and reminders before implementing this follow-up system.

Each patient management system uses different terminology to describe the same things. Here, we have provided general definitions from the RACGP Green Book.[14] We also use terms relevant to each patient management system within the Practice Support Guide section on our website.

Patient reminders

Recall: proactive follow-up to a preventive or clinical activity of clinical significance with substantial potential to cause harm; involves multiple contact attempts in varied methods, required to record attempts and decision by doctor to stop following up patient.

Reminder: initiate prevention, before or during patient visit; can be opportunistic or proactive.

Clinician reminders

Prompt: reminder to clinician; draws attention to a prevention or clinical activity the patient needs.

Ways that you could engage a patient identified in your searches include:

- Phone them to invite them to an appointment
- Send a SMS to invite them to an appointment
- Send a letter to invite them to an appointment
- Add a note to the patient's file to encourage their GP or nurse to discuss hepatitis C at the next visit
- Add reminders and actions for GPs to review

The Practice Support Guide section on our website provides instructions on how to do the following suggested tasks in Medical Director, Best Practice and Zedmed. Our EC nurses can also help you to set these up.

Our instruction sheets can show you how to:

- Add reminders
- Search reminders
- Import provided or other letter templates
- Edit letter templates
- Use letter templates
- Add a prompt to booked appointment
- Add an action to client file

[14] Reminders, recalls and prompts (flags). Putting prevention into practice (Green Book). Retrieved from: https://www.racgp.org.au/your-practice/guidelines/greenbook/applying-the-framework-strategies,-activities-and-resources/ability/reminders,-recalls-and-prompts-(flags)/

Recommended follow-up system for hepatitis C care				
Patient group	**Follow-up type**	**Reminder Reason**	**Contact methods (in order of preference)**	**Number of times to attempt contact**
Patients at-risk of hepatitis C who needs to be screened	Reminder – proactive action	Liver Health Check-up	1) Letter 2) SMS	1
Patients who have been tested (and may have been diagnosed) but are not yet on treatment (Active patients)	Prompt (Clinician)	BBV Screening	1) Add note to next booked appointment to discuss BBV screening 2) Add to clinician action list to discuss BBV screening with patient	N/A
	Reminder – proactive action	Liver Health Check-up	1) SMS 2) Call 3) Letter	2-3
Patients who have been tested (and may have been diagnosed) but are not yet on treatment (Inactive patients)	Reminder – proactive action	Liver Health Check-up	1) Letter 2) SMS	2
Follow-up required re: treatment outcome	Reminder – proactive action	Hep C Treatment Follow-up	1) SMS 2) Call	2
Follow-up required re: cirrhosis monitoring	Reminder – proactive action	HCC and cirrhosis monitoring	1) Letter 2) Call 3) SMS	3

Auditing your clinic's progress (and getting CPD points)

We can help you audit your clinic's progress in treating (and curing!) hepatitis C.
There are two ways this can be done:

- Conducting regular, manual clinical audits
- Using ACCESS to monitor testing and treatment uptake.

We've included instructions on how to conduct regular, manual clinical audits in the Practice Support Guide section on our websit. Our EC nurses will help you do the first one, and also set up processes for future audits.

ACCESS

The Australian Collaboration for Coordinated Enhanced Sentinel Surveillance

ACCESS is a health surveillance system that uses de-identified data and records the number of people tested, assessed and treated for hepatitis C and whether they were cured. It's a collaboration of the Burnet Institute, Kirby Institute and National Serology Reference Laboratory.

ACCESS requires no extra work from GPs, and is:

- Funded and supported by the Australian government
- Approved by relevant ethical review committees
- Provided at no cost to practice
- A secure surveillance system using industry-leading cryptography and data extraction software.

Data tracking of your clinic's progress will be provided to you in a report so you can see how you're going. It is also collated with other clinics to look at progress across Victoria and Australia. These reports can be used to gain CPD points.