Telementoring for hepatitis C treatment in correctional facilities

Lisa Garner & Maike Neuhaus

Centre for Online Health
Better healthcare and stronger communities through telehealth

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Hepatitis C (HCV) in correctional settings

• HCV prevalence 40x higher

• No mandatory HCV screening

• High-risk for HCV infection

• Poor health literacy
Complexity of prison health care

• Primary care available in prison health

• Princess Alexandra Hospital secure unit (PAH SECU)

• Security challenges

• Prisoners transportation & accommodation

• Long wait for appointment
HCV treatment prior to March 2016

• Pegylated Interferon injection with oral Ribavirin

• Severe side effects

• Low number of eligible patients

• 6-12 months treatment

• Consultant prescription only (SECU)
HCV Treatment post March 2016

- New Direct acting anti viral agents (DAA)
- Mild side effects
- Generalised (primary care) prescribing
- Increased access & patient eligibility
Telementoring

• Introduced by Project ECHO

• Upskilling primary care staff: ↑ capacity

• Case conference via videoconference

• Hub and spoke model
HCV telementoring in correctional facilities

- Hub: PAH Secure Unit
- Spokes: 5 correctional facilities in QLD
- Jan 2017 – ongoing
Service evaluation (first 10 months)

- HREC/17/QPAH/244 (Metro South HREC)
- **Aim:** explore clinical effectiveness and other impacts from the perspective of service staff
- **Framework:** Model for Assessment of Telemedicine Applications (MAST)¹
  - Service activity data
  - Interviews with service staff

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¹Kidholm et al. 2012
Results: Service activity

• 16 telementoring sessions
• 5 facilities
• N= 127 patients (19% female, average 35.7 years)
  → n= 108 commenced DAA treatment
  → n= 81 completed treatment
Results: Qualitative analysis

• **16/20 staff participated** (n= 10 female; 35-60 years; n= 11 spoke sites; medical, nursing, allied health, administrative)

• **Key themes:**
  - Access to treatment
  - Organisational impacts
  - Adaptations & future opportunities
So we never, we weren’t treating anyone, we had not treated a single prisoner, as far as I’m aware, that wasn’t acute kind of thing, in our prisons prior to us doing this. Yet we’d had medication for 12 months available to us.
Sometimes they use it as a bit of a stepping stone for another life. Because if they don't have Hep C then that’s the start of being healthy.
Organisational impact: staff knowledge & confidence

So I think that's a benefit of this because it's the same people really understanding what we're doing and making it more efficient and safer…The nurse practitioners were really getting involved.
Organisational impact: coordination

Well the way with the hepatitis C prescriptions is that there’s quite a delay in getting it in from central pharmacy. So we have to rearrange our schedule and make sure that we place the order well before Monday in order to get the delivery supply the Friday of the same week.
Adaptations to service model

Basically we’ve been left to treat them, once they’ve been started on treatment we have been left as nurse practitioners, which is good, to treat them on an everyday basis.
Future opportunities

So we’ve gone ahead now on the back of this and gone to the pain service and said you know this really really works for us with hepatology can you engage with us in a similar way where we’ll do the assessment of patients and present their cases to you and consult with you remotely about them so that you can give us some advice on how to manage them.
Discussion

• Telementoring = effective model to upskill staff for treatment of HCV in prisons

• Challenges & opportunities:
  ➢ Unintended treatment breaks → Regulation 24
  ➢ DAA prescribing restrictions → extend to nurse practitioners
  ➢ Increased workload → additional staff roles
Thank you

Lisa Garner | Project Manager
Centre for Online Health
l.garner@coh.uq.edu.au
07 3176 5669
coh.centre.uq.edu.au

Maike Neuhaus | Research Fellow
Centre for Online Health
m.neuhaus@uq.edu.au
07 3176 5314
coh.centre.uq.edu.au