Hep B Homebase – FAQ

What is the purpose of this project?
1.To identify and improve health outcomes of patients living with Chronic Hepatitis B (CHB) and improve hepatocellular carcinoma (HCC) surveillance.
2.To improve the working relationship and communication between Liver Centres and General Practice.

Why is this project being conducted?
The incidence of primary liver cancer (most commonly HCC) is increasing faster than those for any other cancer in Australia, apart from thyroid cancer [1]. There has been no improvement in 5-year survival rate since 2009 and liver cancer is projected to become the sixth most common cause of cancer mortality in Australia [2]. Everyone with CHB infection who is not receiving treatment requires monitoring. The aim of monitoring is to identify a change in clinical status — a rise in either ALT or HBV DNA level — which may indicate progression to active disease or cirrhosis (requiring initiation of antiviral therapy in either case) or early detection of HCC.

As with all chronic diseases, retaining people in care over their lifespan is challenging because of a range of patient, health care worker, health service, community, economic and logistical factors. This is particularly the case if people living with hepatitis B are not receiving treatment and the benefits of ongoing monitoring have not been adequately explained in a way that resonates with them.

Regular monitoring of people not receiving treatment is recommended to comprise at least an annual check of HBV DNA level and 6-monthly liver function tests, with or without 6-monthly ultrasound and AFP testing for HCC surveillance. The current intervals of assessment are based on an understanding of the time taken to develop significant liver injury. In the Australian context, the intervals are constrained by the Medicare benefits assigned to testing, particularly for HBV DNA testing, which is restricted to a yearly testing rebate for people not receiving treatment.[3]

What are the organisations involved in the project?
The organisations involved are SESLHD D&A service, St George Liver Clinic, Prince of Wales Infectious disease Department and Central and Eastern Sydney PHN. The project is funded By NSW Health, via a grant awarded to CESPHN for payments to practices, see below regarding incentives.

Can this project be used for Practice Incentives Program Quality Improvement?
Yes – this project can be used for PIP QI Incentive.

How is the project run?
The Viral Hepatitis Clinical Nurse Consultant from SESLHD D&A service and the CESPHN Viral Hepatitis Program Officer will visit your practice 3 monthly over a 12-month period. They will run the **POLAR** software to identify patients with CHB and requiring HCC surveillance. Patients identified will be re-called to the general practice and offered a referral to an appropriate Liver Clinic for further assessment if required. GPs may be upskilled to manage/treat CHB if the practice decides this would benefit their patients/practice. Partner tertiary services e.g., Prince of Wales Infectious Disease Department & St George Liver Clinic are also available to advise if needed.

How does POLAR work?
POLAR *(Population Level Analysis & Reporting)* is a practice auditing tool, allowing practices to analyse their clinical and billing data to develop actionable insights about their patients and business. It functions on top of your normal practice software and extracts any information you request. For this project, we will ask POLAR to screen ***only*** diagnoses, blood tests, radiology and demographic data, as it relates to CHB, liver scarring/cirrhosis.
Confidential data will be stored within the practice. Only non-identifiable aggregate data will be removed from the practice.

What is the expected change in workload to General Practices and General Practitioners?
We anticipate an increase in workload for participating practices and their staff. Each practice is asked to nominate at least one clinical staff member (e.g., a nurse or doctor) to act as the project contact. CESPHN will support practices in identifying patients who may require recall for further monitoring.

General Practitioners will be asked to conduct a brief consultation with recalled patients to explain the reason for the recall and provide information about chronic hepatitis B (CHB) monitoring. This includes details about multilingual services available, such as clinical concierge support and fibroscan clinics.

Is there ethics approval for this project?
This initiative is classified as a quality improvement project and does not require ethics approval. This is in accordance with the CESPHN Evaluation Framework 2022, under the section titled *Ethical Considerations*.

Is there an incentive to complete this project?
Participating practices are eligible for financial incentives based on their completion of Plan-Do-Study-Act (PDSA) cycles:

Initial Payment: $2,500 upon completion of 1–3 PDSA cycles and assessment at 6 months.
Final Payment: $2,500 upon completion of 3–6 PDSA cycles and assessment at 12 months.
Payments will be made by CESPHN upon submission of an invoice by the practice at each assessment point.

What data will be collected for the project and where will it go?
This project is funded by a NSW Health grant. As part of the evaluation, practices will be asked to complete a brief post-project survey. Additionally, CESPHN will compile and submit a final report to NSW Health, which includes de-identified baseline and follow-up data.

The following de-identified data will be collected (subject to change):

- Number of patients with a coded diagnosis of hepatitis B
- Number of patients with a GP Chronic Disease Management Plan (GPCCMP) in the past 12 months
- Number of Hepatitis B s100 prescribers in the practice
- Number of patients on treatment (target: 20%)
- Number of patients with a Hep B DNA recorded in the past 12 months
- Percentage of patients living with hepatitis B who had a DNA in the past 12 months
- Number of patients eligible for hepatocellular carcinoma (HCC) surveillance
- Number of patients who completed HCC surveillance
- (Note: This may require manual review for evidence of liver ultrasound)
- Percentage of eligible patients who completed HCC surveillance

Who can I contact for further information?

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THANK-YOU for your time and participation in the project.

References

1. AIHW 2019. Cancer in Australia 2019. Publication Release date: 21 Mar 2019
2. Brown CR, Allard NL, MacLachlan JH, Cowie BC. Deaths from liver cancer continue to rise in Australia: Is elimination by 2030 possible? Intern Med J 2017; 47 (5): 604-05.
3. Hepatitis B Consensus Statement Working Group. Australian consensus recommendations for the management of hepatitis B infection. Melbourne: Gastroenterological Society of Australia, 2022.