



IHCS
VICTORIAN
INTEGRATED
HEPATITIS C
SERVICES



Nurse-led models of care

Guiding principles for Victorian
Integrated Hepatitis C Services



Blood Borne Virus
Sector Development Program

Victorian Integrated Hepatitis C Services (IHCS) have been operating since 2010 across twelve sites in Victoria and funded by the Department of Health, Health and Wellbeing Policy Division. These services are in ten in tertiary hospitals: Alfred, Austin, Bendigo, Box Hill, Footscray, Geelong, Goulburn Valley Health, Monash Medical Centre, Royal Melbourne, St Vincent's and two Community Health Centres: Ballarat and La Trobe.

In 2018, the Australian Research Centre in Sex, Health and Society (ARCSHS) was funded to develop a framework for to re-align Victoria's Integrated Hepatitis C Services with contemporary models of service delivery, and the Victorian Hepatitis C Strategy, 2016-2020. These services are working towards eliminating hepatitis C as a public health priority and are aligned with strengthening two of the Victorian strategy's priority focus areas:

- 1.** The Victorian workforce has the skills, knowledge and attitudes needed to deliver best practice hepatitis C prevention, testing, treatment and care
- 2.** Systems and settings are integrated to meet the needs of people affected by hepatitis C



Integrated hepatitis C nurses work in accordance with the Nursing and Midwifery Board and the Australian Hepatology Association's Guidelines. The following documents also frame the Guiding Principles:

- [Victorian Hepatitis C Strategy 2016 - 2020](#)
- [GESA, Australian recommendations for the management of hepatitis C virus infection: A consensus statement \(September 2018\)](#)
- [Treatment of Hepatitis C – 2018 EASL Recommendations](#)
- [Australasian Hepatology Association Consensus-based Nursing Guidelines, 2019](#)
- [Registered nurse's standard for practice, June 2016](#)
- [The National Hepatitis C Testing Policies](#)
- [Hepatitis C Talking Testing Tool](#)

This document provides examples of how these guiding principles are implemented in practice across the four priority focus areas **Stigma, Prevent, Test and Treat**.

Guiding principles

Integrated hepatitis C models of care

There is no one model of hepatitis C integrated care. The Integrated Hepatitis C Services (IHCS) work in a diverse range of health care settings, institutions, and contexts. These principles were identified in partnership and collaboration with the integrated hepatitis C nurses, and seek to provide a shared approach to nurse-led models of hepatitis C care.

The Guiding Principles underpin the knowledge and values of the **DIVERSE** models of care provided by the Integrated Hepatitis C Services.



Diverse

- Provide diverse and flexible models of care, to reach people living with hepatitis C in settings they access, and to ensure that such settings are culturally appropriate.
- Deliver targeted, multidisciplinary, transferable and affordable hepatitis C treatment and care.



Integrated

- Support treatment transition from tertiary to community-based settings through establishing referral pathways and assertively linking non-complex patients into treatment in community-based and primary care services.
- Actively work within multidisciplinary approaches and teams to incorporate, where beneficial for the patient, care coordination in a multidisciplinary way.
- Build capacity through activities such as mentoring clinicians to enhance confidence and knowledge of prescription and care practices for people living with hepatitis C.



Visible

- Are promoted as a local source of expert knowledge in the delivery of hepatitis C care and education.
- Advocate for nurse-led models of care to be included in data collection systems such as the Victorian Strategy Implementation metrics.
- Build capacity building activities that underpin treatment numbers.

Evidence-based

- Adapt to integrate new technologies and medicines as they become available (e.g.: point of care testing).
- Maintain knowledge, awareness of new strategies and models to deliver integrated hepatitis C care.
- Use local mapping data, cultural demographics and service availability to inform the delivery of services .

Relationships and partnerships

- Ensure relationships with clients, services and key stakeholders are central to the establishment and sustainability of flexible and diverse models of hepatitis C care.
- Build rapport and respect into the care relationship.
- Are mentors to other professions to strengthen the health system to provide hepatitis C services.

Stigma-sensitive service delivery

- Maintain client confidentiality and privacy to the highest possible degree.
- Deliver responsive models of care, service plans and all communication to any stigma and discrimination experienced in healthcare settings.
- Advocate for clients, identify and reduce barriers to accessing and receiving care, including empowering individuals through coaching and self-management strategies to negotiate the healthcare system.

Ethical

- Ensure public health goals of elimination do not compromise the delivery of person-centred care and the human rights of people living with hepatitis C.
- Place people living with hepatitis C as central to the delivery of their care .
- Deliver and promote best practice pre- and post-test encounters.

Implementing the Victorian hepatitis C strategy objectives

Increase treatment and care

Deliver integrated models of care to ensure people who are medically non-complex are treated in community-based settings:

- Integrated models aim to link people diagnosed in acute settings to local community-based treatment options.
- Work in partnership with local health services, key stakeholders such as Harm Reduction Victoria, Hepatitis Victoria and EC Victoria to create referral pathways and establish context-based models to increase testing, treatment, cure and care.
- Establish telehealth, co-located care models, outreach, clinical decision support and other models to treat medically non-complex people.
- Coordinate care plans, treatment adherence and access to other social and community services to address co-occurring health needs are facilitated where required.

Increase testing

Deliver and promote best practice pre- and post-testing in alignment with the National Testing Policies and Talking Testing Series:

- Simplify testing process, for example reflexive testing (laboratories perform RNA test on the same specimen as the antibody).
- Incorporate new technologies where and when available, such as dry blood spot and point of care testing.

Reduce stigma and discrimination

Reduce the proportion of people experiencing hepatitis C related stigma and discrimination:

- Inclusive practice to reduce stigma and discrimination in the delivery of research-informed and person-centred hepatitis C testing, treatment, cure and care.
- Identify and address local level stigma and discrimination (direct/indirect) in services and healthcare environments.
- Aim to normalise hepatitis C testing, treatment, cure and care.

Increase prevention

Integrated hepatitis C nurses promote and support prevention and re-infection efforts:

- Incorporate harm minimisation education into hepatitis C care.
- Establish referral pathways and partnerships with state and local harm reduction services, such as needle and syringe programs, Harm Reduction Victoria peer networkers and pharmacotherapy providers.

Integrated Hepatitis C Services Re-orientation Project

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