
Curing Hepatitis-C without Visiting a Hospital

Initiative Type

Award

Model of Care

Status

Deliver

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22 May 2018

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<https://test.clinicalexcclence.qld.gov.au/improvement-exchange/curing-hepatitis-c-without-visiting-hospital>

Summary

The CURE-IT program connects primary care and the patient to tertiary hospital expertise, but without the patient having to visit hospitals. It is the most successful and innovative model of care for

treatment of Hepatitis C, designed to treat Hepatitis C in the community, with the advent of new curative drugs that became available in March 2016. The project focused on hospital avoidance, providing education, support, and a framework of governance to manage treatment in the community offered by general practitioners and other health care professionals. The project won the Connecting Healthcare Award for Outstanding Achievement at the 2017 Queensland Health Awards for Excellence.

Key dates

Jan 2017

Dec 2017

Implementation sites

Prince Charles Hospital, Royal Brisbane and Women's Hospital

Partnerships

Brisbane North PHN, Queensland Injectors Health Network (QuIHN).

Key Contacts

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Aim

The program uses new medication that has only been available since early 2016, as well as providing blood tests and mobile liver scanning.

Benefits

Supports community organisations and GPs in the community to treat patients with hepatitis C and provides education and advice to GPs in regional areas.

Background

New generation direct-acting antiviral medications are available to Australians living with chronic hepatitis C. They are more effective, easier to take and have fewer side-effects than the older medications. The Australian Government has listed these new medicines on the Pharmaceutical Benefits Scheme (PBS), ensuring they are accessible and affordable to people with hepatitis C. This is a leap forward in the management and treatment of hepatitis C and positions Australia as a world leader in publicly-funded access to these new, highly effective medicines.

Evaluation and Results

Over 12 months it has successfully cured over 400 patients, with another 150 still undergoing treatment. Compliance and success rates are as good as traditional tertiary hospital based models, but most importantly this has been done as a collaborative partnership offering tertiary expertise, education and governance to those in the community and most notably to NGO's looking after the most vulnerable patients on society's fringe, those who do not normally access conventional healthcare. Truly 'connecting healthcare'.