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Hepatitis C in Primary Care and Drug and Alcohol Settings Education Program

Curriculum

2018

Curriculum Developed by:

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Approved by the HCV in Primary Care and Drug and Alcohol Settings Steering Committee

Education Program Overview

Introduction

Globally, hepatitis C virus (HCV)-related morbidity and mortality are rising, due to large populations with chronic infection, an ageing infected population, low treatment uptake (1-2% per year, limited by the side-effects of interferon-based therapy), and sub-optimal treatment efficacy.

However, following the advent of well-tolerated, simple, short-course direct acting antiviral (DAA) interferon-free HCV regimens with cure rates >95%, there is potential to reverse the rising burden of advanced liver disease with increased treatment. Increasing access to HCV treatment is identified as a key objective of a number of international hepatitis C strategies. However, enhanced treatment access will require a reconfiguration of existing specialist services, including a broadening of services authorised and engaged to offer HCV assessment and treatment, including drug and alcohol settings.

People who inject drugs (PWID) account for the majority of new (90%) and existing (65-70%) cases of HCV in many high- and middle-income countries. Drug and alcohol settings are logical venues for expanding HCV care, given the large burden of HCV infection and an existing framework for the provision of services to PWID. However, there is a lack of education and training on HCV for drug and alcohol providers. Further, among PWID, a major barrier to HCV testing, linkage to care and treatment is a lack of knowledge about HCV infection and its treatment.

This Education Program is designed to enable course participants to demonstrate their competency in management and treatment of hepatitis C. Course participants, who successfully complete all components of this course including the online assessment, will have the confidence, knowledge and clinical decision-making skills to be able to prescribe DAAs for the treatment of HCV infection, either independently or in collaboration with a specialist as appropriate.

The main objective of the Education Program is to strengthen the capacity of healthcare professionals working in drug and alcohol clinics to effectively test for, treat and manage HCV infection. By providing participants with tailored testing and management protocols based on local referral pathways and through engaging local expert speakers, the Program will enhance linkages between drug and alcohol settings and specialist viral hepatitis services.

Program Delivery

The *Hepatitis C in Primary Care and Drug and Alcohol Settings Education Program* is delivered in three parts:

- **Part 1** consists of 2 hour eLearning component introducing the learner to topics related to the assessment, management and treatment of hepatitis C. *Modules can be viewed [here](#).*
- **Part 2** consists of an interactive face-to-face workshop building on the knowledge and skills gained in Part 1 by enabling practical and collaborative application through case discussions and simulation-based models facilitated by experts in the field.

- **Part 3** consists of a tailored capacity strengthening toolkit including: a checklist for the assessment and treatment of HCV in drug and alcohol settings; local referral pathways; FibroScan® access forms; an assessment pro forma; and quick reference guides.

Key HCV-related competencies of the Program are:

Clinical Staff - GP, Addiction Specialist, Nurse Practitioner:

- Describe the current epidemiology of HCV infection and the burden of disease
- Demonstrate understanding of the life cycle of HCV and the implications for prevention and treatment
- Describe how to diagnose HCV infection and advise people about reducing transmission risk
- Demonstrate competence in managing the complex health problems experienced by patients with HCV
- Demonstrate competence in interpreting clinical and other relevant information to provide effective care of people living with HCV infection
- Demonstrate competence in liver disease assessment
- Demonstrate understanding of DAA therapy and competence in selecting and prescribing appropriate therapy
- Monitor patients on treatment appropriately
- Describe appropriate referral pathways
- Outline the importance of demonstrating respect for patients' choices

Mode of program delivery

Participants are expected to have completed the Part 1 eLearning in their own time before attending the Part 2 Workshop.

The face-to-face Part 2 Workshop is held over one day from 9:00am to 4:00pm.

The program offers a range of flexible training and delivery modes appropriate for experienced clinicians and adult learners, including self-paced online modules with interactive quizzes, short presentations, question and answer sessions using keypads, facilitated small group work, and case study discussions.

Each session in the Part 2 Workshop should be delivered by qualified senior clinicians who practise in the area of hepatitis C, hepatology or who have other appropriate qualifications.

Part 3, the toolkit, will be provided to participants in both soft and hard copy after completion of the Part 2 Workshop.

Entry to the program

Healthcare practitioners, working in drug and alcohol settings, who have an interest in practicing, or are currently practicing, in the field of hepatitis C medicine, may register for the Program.

There are no prerequisites for registering for the course, but all modules in Part 1 should be completed prior to the Part 2 Workshop.

Expected outcomes

All participants will gain a better understanding of managing clients through the new treatment paradigm. The program will provide clinical participants with the skills and knowledge to prescribe DAA treatment regimens for HCV infection.

A certificate is issued after completion of all 4 online modules in Part 1 and a Certificate of Attendance is issued to all participants who complete the Part 2 Workshop.

RACGP accreditation and learning outcomes

The Education Program is an accredited active learning module (ALM) worth 40 Category 1 points under the Royal Australian College of GP's QI&CPD Program.

Summary of accredited format:

Component	Delivery Format	Timing
Predisposing activity	Online leaning. Links sent prior to the course.	In own time, pre-requisite and cannot attend workshop without completing this component
Structured learning activity	Face-to-face workshop	Full-day workshop
Reinforcing activity	Online case study	Within one month of first activity taking place

RACGP Learning Outcomes:

- Describe the risk factors for HCV infection enabling effective screening and prevention education
- Demonstrate competence conducting and interpreting tests to diagnose HCV
- Recognise risk factors, clinical signs, symptoms and complications of liver disease
- Demonstrate understanding of DAA therapy for the treatment of HCV and competence in selecting appropriate therapy
- Describe recommended on-treatment monitoring and post-treatment follow up protocols

Part 1: ELearning

The online modules provide background information on HCV epidemiology, disease progression, screening and diagnosis of HCV, assessment of liver disease severity and co-factors for disease progression, patient assessment, treatment and monitoring.

The modules provide learners with a robust, application-focused learning experience. The modules are interactive and include case-based questions requiring exploration of provided resources in order to gauge participants' understanding.

Each of the 4 online modules has its own learning outcomes.

Module 1: HCV Epidemiology, prevention and natural history

1. Describe the basic science & pathogenesis of HCV infection
2. Recognise the global burden of HCV and who is at risk of contracting HCV
3. Describe the prevalence and incidence of HCV infection among PWID
4. Describe the genotype prevalence globally
5. Describe the available strategies for the prevention of HCV infection
6. Describe the natural history & disease progression of the hepatitis C virus
7. Describe factors that influence the rate of disease progression
8. Describe the impact of illicit drugs and alcohol on liver disease progression

Module 2: Hepatitis C testing and assessing liver disease severity

1. Identify patients at risk of HCV infection and screen at-risk patients appropriately
2. Understand tests used to identify HCV, including HCV serology, RNA tests and HCV genotype
3. Gain informed consent and convey test results appropriately and sensitively to patients
4. Identify patient's hepatitis C virus genotype.
5. Detect other causes of liver disease
6. Understand the different non-invasive methods for liver disease staging in patients with hepatitis C, especially the roles for Fibroscan® (liver elastography), and biomarkers
7. Recognise and manage complications of cirrhosis appropriately

Module 3: Treatment options for HCV

1. Identify co-morbidities that might impact treatment
2. Understand how previous treatment impacts treatment options
3. Establish a patient's readiness for treatment
4. Identify suitable treatment regimens for a patient, considering their genotype, condition and needs
5. Describe the potential drug interactions to the DAAs

Module 4: Monitoring, adherence and post treatment follow-up

1. Describe the different types of responses to treatment
2. Know how to monitor patients on HCV anti-viral therapy according to established treatment protocols
3. Recognise and manage side effects of HCV anti-viral therapy appropriately
4. Assess patient's adherence to the treatment regimen, and understand the impacts if the patient doesn't adhere
5. Educate patients on how to reduce their risk of reinfection

Part 2: Face-to-face Workshop

The one-day workshop facilitates practical application of the theory and knowledge covered in the online modules through PPT presentations, interactive case study discussions and simulation-based roundtables facilitated by experts in the field.

Participants will be given challenging case scenarios which test their understanding of patient assessment and treatment choice based on a patients' genotype, treatment history and cirrhotic status.

The case studies are designed to be 'worked up' in small groups facilitated by a specialist. Model answers to all the cases will be provided to participants following the workshop.

Example program:

Time	Session Theme	Activities/Training Strategy	Overview	Presenter
8:45 – 9:00	Introduction	Discussion	<ul style="list-style-type: none"> Introduction/overview of course Interactive polling assessing experience of hepatitis C testing and treatment 	Course facilitator
9:00 – 9:20	The lived experience	Discussion / PPT	<ul style="list-style-type: none"> What living with hepatitis C really means Experiences of treatment How to engage your clients 	Member of PWID community with lived experience of HCV or Member of peer based organisation with experience of supporting clients through HCV treatment
9:20-10:45	Re-cap of online modules: Hepatitis C testing, assessing liver disease severity, treatment options for HCV	PPT and interactive case study using keypad polling	<ul style="list-style-type: none"> Epidemiology of hepatitis C Why treat hepatitis C? Testing for hepatitis C infection Hepatitis C related liver disease staging and pre-treatment assessments New treatment options 	Gastroenterologist / Hepatologist or ID Physician or Addiction Specialist experienced in HCV treatment
10:45 – 11:00	Morning tea			
11:00 – 12.30	Treating Hepatitis C in Drug and Alcohol Settings	Round table case study discussions <i>Each table will discuss all cases</i> <ul style="list-style-type: none"> Case 1 	<ul style="list-style-type: none"> Discussing testing with patients What test need to be done What do the results show Using FibroScan® to assess liver fibrosis and interpreting results Calculating an APRI score if no FibroScan® available 	4 facilitators: Gastroenterologist / Hepatologist or ID Physician or

		<ul style="list-style-type: none"> • Case 2 • Case 3 	<ul style="list-style-type: none"> • Understanding markers of liver disease • Treatment algorithms for all genotypes <ul style="list-style-type: none"> – choice and duration of antiviral therapy <ul style="list-style-type: none"> ○ treatment naïve ○ treatment experienced ○ without cirrhosis ○ with cirrhosis • Contraindications • Managing comorbidities • Treating reinfection 	Addiction Specialist experienced in HCV treatment or Sexual Health Physician or GP prescriber experienced in HCV treatment Or Nurse Specialist experienced in HCV treatment
12:30 – 1:15	Lunch			
1:15 – 3:15	Treating Hepatitis C in Drug and Alcohol Settings	Round table case study discussions <i>Facilitators will rotate to a new group for 2nd case discussion session</i> <ul style="list-style-type: none"> • Case 4 • Case 5 • Case 6 	As above	4 facilitators: Gastroenterologist / Hepatologist or ID Physician or Addiction Specialist experienced in HCV treatment or Sexual Health Physician or GP prescriber experienced in HCV treatment or Nurse Specialist experienced in HCV treatment
3:15 – 3:30	Afternoon tea			
3:30 – 4:00	The Practicalities: Enhancing HCV Testing, Linkage to Care, and Treatment in Your Service	PPT	<ul style="list-style-type: none"> • Setting up testing and treatment processes in your setting • Writing scripts • Useful tools 	Gastroenterologist / Hepatologist or ID Physician or Addiction Specialist experienced in HCV treatment Or Nurse Specialist experienced in HCV treatment
4:00 – 4:15	Course wrap-up	Discussion and interactive keypad polling	<ul style="list-style-type: none"> • Interactive polling self-reflection on confidence and competency • Available support and resources • Completion of course evaluation 	Course facilitator
4.15	Close			

Part 3: Capacity Strengthening Toolkit

The capacity strengthening toolkit will be provided at the close of the workshop and is intended to provide participants with practical tools with which to implement HCV testing and treatment processes in their setting.

The toolkit will be tailored in-line with local referral pathways and Fibroscan® access methods for each workshop location.

Although some resources will be applicable only for participants working within the local area of workshop delivery, many, such as DAA treatment regimen quick reference guides, management procedure templates and assessment checklists, will be relevant regardless of practice location.

Program Monitoring and Evaluation

Process data regarding program activities, including participant demographic and occupational data will be monitored to ensure the Education Program is meeting appropriate targets with regard to geographical spread and service settings.

Questionnaires, electronic keypads during education sessions and online evaluation tools will be used to evaluate training and resources.

Via online survey, participants will provide baseline, immediately post-education and 3-month post-education metrics to assess Education Program impact, measuring:

Changes in healthcare practitioner practice:

- Increase in number of HCV antibody tests performed, increase in HCV RNA tests performed, shift from not prescribing DAA therapy to prescribing, increase in number of people started on treatment.

Changes in healthcare practitioner attitude:

- Shift from the negative to positive for those who would not re-treat HCV infection following reinfection as indicated on pre and post course surveys.

Changes in healthcare practitioner knowledge:

- Increase in correct answers to 10 knowledge questions mapped to program learning objectives and asked pre and post course.

Changes in healthcare practitioner confidence:

- Increase in confidence levels across 6 core competencies; ensure people at risk of HCV infection are regularly screened; interpret test results and diagnose HCV; advise patients about new therapies for HCV; assess severity of liver disease in patients with HCV; treat/refer HCV patients and manage side effect as appropriate; educate clinic staff about HCV and to serve as a contact point for questions/issues