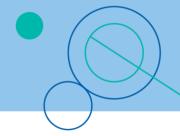
Beyond the C - Hepatitis C Elimination in Your Practice



About care plans

Clinicians work with people affected by hepatitis C to develop person-centred 'care plans', also commonly referred to as GP Management Plans, or GPMP.

Documented care plans can help improve understanding and engagement and help co-ordinate care team care with people affected by hepatitis C.

Software-specific care plans are designed to import 'fields' e.g. name, date of birth etc. They can then be modified for individual clinicians and/or practices.

Templates are generated from within the software in a consultation setting and are then populated with agreed goals. It is common for patients and all clinicians involved with their care and treatment to receive a copy of the care plan.

Care plan templates, once created and saved, can be re-opened at review consultations. They can be a good way to revise progress and reassess care goals. Having standardised templates can streamline the documentation in a consultation.

About the templates

ASHM has provided two care plan templates that are customised for the management of hepatitis C. On the following pages of this document, you can see an **example** of what information is collected using a care plan. The templates are provided on the website, and you can import the relevant template into your software using the instructions below.

How to import templates into your practice management software

These templates contain data fields that work with specific medical software. It is therefore important the templates are 'imported' directly into the software.

NOTE: If you open the care plan template outside your clinical software, the template fields will become corrupted and the import will not work.

Instructions for importing templates in MedicalDirector Clinical Software:

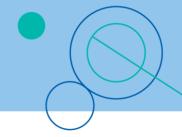
https://trainitmedical.com.au/wp-content/uploads/2020/10/MD-Summary-Sheet-Import-templates.pdf

Instructions for importing templates in Bp Premier:

https://trainitmedical.com.au/wp-content/uploads/2022/12/BP-Summary-Sheet-Importing-Templates-1.pdf



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CHRONIC HEPATITIS C TREATMENT CARE PLAN:

ITEM No: MBS ITEM Nos. (721=GPMP, , 732 = GPMP/TCA REVIEW,) and TCA (723) if applicable

Patient's Name:

<< Patient Demographics: Full Name>> DOB: << Patient Demographics: DOB>>

Address: << Patient Demographics: Full Address>> Medicare No: << Patient Demographics: Medicare

Number>>

Carer's Details (if appropriate)

CURRENT MEDICATIONS

<<Clinical Details:Medication List>>

PAST MEDICAL HISTORY

<<Cli>ical Details:History List>>

ALLERGIES

<<Clinical Details:Allergies/Adverse Reactions>>

VACCINATIONS

<<Cli>ical Details:Immunisation List>>

General Practitioner's Details

<<Doctor:Name>> <<Doctor:Qualifications>>

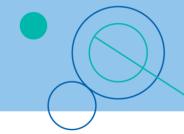
<Practice>

Provider Number: << Doctor: Provider Number>> Phone: << Doctor: Phone >> Fax: << Doctor: Fax>>

Date: << Miscellaneous: Date (short)>>



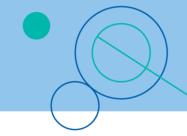
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CHRONIC HEPATITIS C TREATMENT CARE PLAN

Patient Needs	My Health Goals –What's important to me?	Initial Parameters Date:	Parameters at Review Date:	Required Treatments and Services, including Patient Actions
1. General				
Understanding Condition	I want to be able to work and live without having to worry about hepatitis C. I want to get rid of the disease and be cured. I want to make sure I am healthy during my hepatitis C treatment			Initial and ongoing education by GP / Nurse/AHP at each visit.
Determine genotype / viral load	Determine treatment regimen and duration	Hepatitis C genotype Hepatitis C RNA quantitative (viral load)		GP/RN/AHP
Record previous HCV treatment	Determine treatment regimen and duration	Check previous treatment and response		GP/RN/AHP
Detect cirrhosis	Detect advanced liver disease or cirrhosis	Physical examination Investigations: FBC, INR, LFT AST to Platelet Ratio Index (APRI) score >1 Refer if cirrhosis, will need to modify DAA therapy		GP/RN/AHP Specialist

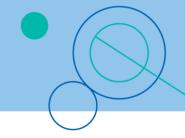




2. Lifestyle				
Alcohol intake	If liver has significant scarring, avoid alcohol altogether. If liver has no or low level of scarring, keep to the recommended daily limits of no more than ≤ 2 std drinks per day (men and women) I would like to cut back on the alcohol I drink so I can look after my liver and health better	Current Intake:	Current Intake:	If relevant: Patient to set daily limit goals with support from GP. GP to monitor. If appropriate GP to consider referral and relapse preventive drug therapy. Check AUDIT-C
	Reduce frequency of other drug taking including: Marijuana, amphetamines and opiates I will have clean 'fits'around for when I use drugs so that I don't get hepatitis C again or pass it on to anyone else I want to save the money I spend on cigarettes or drugs.	Current use:	Current use:	
Prevent Co-infections	Remain free of co-infections such as HIV and Hepatitis B & A	Current Status:	Current Status:	GP/ Practice Nurse/AHP to provide lifestyle education on the importance of protection against other blood borne viruses, such as HIV and Hep B & A. Provide vaccinations for Hep B & discuss whether Hep A needed.



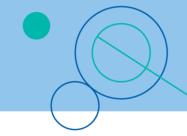
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Pregnancy and	Avoid pregnancy during	<pregnancy and<="" th=""><th></th><th>GP and Nurse/AHP to</th></pregnancy>		GP and Nurse/AHP to
Breast Feeding	treatment for both men and women Can breast feed unless cracked/bleeding nipples.	Breastfeeding>		advise patient to use contraception during treatment.
3. Biomedical				
Blood Pressure	< 130/85	BP=	BP=	GP to check regularly.
Liver function monitoring during and post treatment	Good liver function I need to have some tests throughout my hepatitis C treatment.	LFTs at start of treatment: FBE at start of treatment:	Results at 12 weeks post:	GP to monitor progress during treatment by: At 12 weeks post treatment test FBE, LFTs, HCV PCR (qualitative).
Control of diabetes type 2	If applicable, maintain good control of diabetes.	HbA1c:	HbA1c:	GP to monitor HbA1c monitoring.
I want to be more fit / exercise more / lose weight	I want to be able to keep up at work / spend time with the family / play more sport again.	I will walk the dog every day / I will walk 2,4 or 6 blocks a day around my house / I will talk to the dietician.		
4. Medication				
Patient must understand the importance of compliance with medication regimen.	I need to take medication every day to cure hepatitis C I will set a reminder on my phone and I will stick a note on my fridge so I am reminded about my medications when I eat my breakfast.		Taking medications correctly:	GP / Nurse/AHP to educate patient regarding delivery & possible side effects and the importance of not missing a dose. Take scripts to pharmacist early. GP to test for viral load post patient completing treatment to assess efficacy. Consider a Webster Pack.



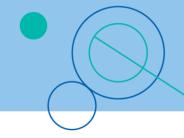
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Clarify all medications used by the patient, including over the counter medications eg St John's Wort and complementary therapies .	No adverse interactions between the Hep C drugs and other medications.	Adverse Interactions Checked: Liverpool drug interaction website	Interactions checked prior to commenceme nt.	GP to check all medications on the Liverpool drug interaction website to ensure no adverse interactions. GP & practice nurse/AHP to provide education on importance of patient not starting any new medication, including over the counter medication & complementary therapies, without first consulting the GP.
Vaccinations	To protect liver health by being vaccinated against Hepatitis B and if planning travel discuss Hep A.	<hep &="" a="" b<br="">Vaccinations></hep>	Follow up doses:	GP or practice nurse or AHP to organise vaccinations.
5. Complications / Other				
Control of Spread of infection	Prevent spread of Hep C infection to others.	<patient education="" given="" prevent="" spread="" to=""></patient>	Education Provided:	Patient to take care to ensure any bleeding to be treated with care in regard to others. Do not share toothbrush, razor, nail clippers, injecting equipment etc. Clean blood spills with soap/ bleach and bag blood stained items before disposal. Keep cuts covered.



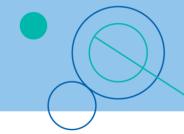
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Ongoing risk or re-infection	To protect against re-infection of Hepatitis C viruses and other blood born viruses.	<education given="" prevent="" reinfection="" to=""></education>	Education Provided:	GP and Practice Nurse and Aboriginal health Practitioner (AHP) to provide education of measures to take to protect against re-infection.
Liver cancer screening for patients with cirrhosis	Early detection of liver cancer			Check blood test for AFP and a Liver USS every six months



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Comments: <Comments>

Resources Websites / Email/ Phone

Be Free From Hep C website: http://www.befreefromhepc.org.au/

Hepatitis Infoline Ph: 1800 703 003

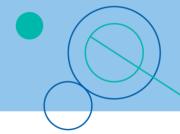
Hepatitis WA http://www.hepatitiswa.com.au/
Better Health Channel - Hepatitis C https://www.betterhealth.vic.gov.au

Other medical conditions:

Patient problems/conditions	Goals—changes to be achieved	Required treatments and services including patient actions	Arrangements for treatment/services (when, who, contact, details)	Action Required:
Housing, financial situation, social support	Optimise	Opportunistic screening		GP/AHP/RN



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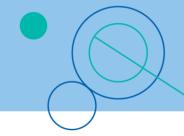
TEAM CARE ARRANGEMENTS: MBS ITEM 723 (HCV) if applicable

WHO WILL HELP ME?

WHO	HOW WILL THEY HELP ME?	DETAILS	APPOINTMENT DATE AND TIME
1. GP	They will check how my treatment is going, arrange blood tests and write scripts.		
2. Mental health worker (e.g.Counsellor, Mental Health Nurse, Psychologist, Case Coordinator	They will help with my mental health care and what to do when I am feeling		
3. Needle and Syringe Program (NSP)	I will go there to collect 'fit packs' and clean injecting equipment every		
4. Dietician	They will help me get organised with food and nutrition, and help me learn to prepare healthy meals for myself.		
5. Hepatitis WA	They will be able to answer any questions I have about hepatitis and treatment, and can link me with peer support and more information.	134 Aberdeen Street Northbridge WA 6003 Office Telephone: (08) 9227 9800 Office Fax: (08) 9227 6545 Hepatitis Helpline: (08) 9328 8538 Metro; 1800 800 070 Country Deen Clinic: by appointment only call (08) 9227 9800 You can contact HepatitisWA by e-mail at: info@hepatitiswa.com.au	



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5.Pharmacist	They will help me with my tablets		
6.Aboriginal health Workers	They will give me cultural advice and provide support with my health		
7.Hepatologist	Will look after my liver health if I develop cirrhosis		
	goals of this care plan and I iscussed with other provide		ndations and that detail of my medical
PATIENT SIGNAT	URE	DOCTOR	SIGNATURE
Review Date:	< <review date?="">></review>		
Convert CDMP /	TCA given to nationt:		
copy of GPIMP / I	ΓCA given to patient:		



Review of GPMP /TCA discussed with patient: