

Innovative Models of Care (IMOC) Program – Hep B PAST PLUS

Menzies School of Health Research will deliver the Hep B PAST PLUS: a co-designed approach to reducing liver disease burden in First Nations populations in northern Australia.

Hep B PAST PLUS: A co-designed approach to reducing the liver disease burden in First Nations populations

Location: Northern Territory (NT) – 15 communities across the Katherine region (all MM6 and MM7)

Funding: \$1.6 million over 4 years from 2024

Contact Details:

Dr Jane Davies

Jane.davies@menzies.edu.au

08 8946 8600

Building on the successful Hep B PAST model, the innovative Hep B PAST Plus project will implement an Aboriginal Medical Service-led Hub and Spoke liver disease management model of care in northern Australia. This project will encompass several remote communities in the Katherine region in the Northern Territory. It will establish multidisciplinary core clinical care groups, and a specialist outreach service to enhance surveillance for hepatocellular carcinoma (HCC) and liver disease management. The model will also include First Nations-led training courses and translation of health resources. This will empower the Aboriginal health workforce to deliver care on country and improve health literacy. The Hep B PAST model was developed through participatory action research and aligns with national Hep B strategies.

The grant funding will support a diverse team of professionals who will work with and for the Aboriginal and Torres Strait Islander population served by the involved services. Annual training courses, “Managing liver disease for the Aboriginal Health Workforce” will be iteratively developed and delivered to equip the Aboriginal Health and remote health workforce with the necessary skills in liver disease management. The current Hep B Story app educational resource will be updated and translated this into several more Aboriginal languages, it will be free to download from Google Play, Apple App and Menzies website. The grant will also support essential consultation activities including Indigenous reference group meetings, evaluation and research outcome dissemination.

Project progress will be regularly provided to all stakeholders including partner organisations, health clinics, community councils and other interested groups.

Key expected outcomes include:

- Meeting national targets for chronic hepatitis B care
- Understanding the impact of metabolic dysfunction-associated liver diseases
- Implementing best practices for HCC surveillance
- Evaluating the feasibility of point-of-care testing for hepatitis B viral load

Empowering the Aboriginal Health Workforce will enhance care delivery in the Katherine region. Providing CHB education in patients’ preferred languages is expected to improve health literacy and foster increased engagement in care. This will ultimately increase survival rates for First Nations Australians through early HCC diagnosis and access to curative treatments.