



LOCATE

LOCAL Assessment & Triage
Evaluation of NAFLD

An NHMRC MRFF Keeping Australians Out of Hospital Project
(GNT1175567)

Rationale

Non-alcoholic fatty liver disease (NAFLD) is the most common type of chronic liver disease in Australia. NAFLD is associated with a reduction in health-related quality of life, and as the number of NAFLD cases increase, the health system will incur increased costs associated with its diagnosis, management and disease progression. Currently, many patients who present to primary care with abnormal liver function tests or steatosis on liver ultrasound are referred for assessment in secondary care. Due to the large number of patients with NAFLD, this results in long waits for clinical and fibrosis assessment, placing unnecessary burden on the public hospital system.

The study proposes to introduce better and faster assessment and stratification of patients in the community. As a result, the study aims to significantly reduce referrals for hospital-based appointments, and improve surveillance of high-risk disease, resulting in enhanced management of complications that result in avoidable, high cost admissions.

Study design

The [LOCATE-NAFLD study](#) is a 1:1 parallel [randomised trial](#) to compare two alternative models of care for NAFLD (usual care versus LOCATE-NAFLD). Patients with diagnosed or suspected Non-Alcoholic Fatty Liver Disease (NAFLD) who are referred to the Hepatology Clinic at Sunshine Coast University Hospital and Logan Hospital will be randomised into either the usual care group or LOCATE-NAFLD group.

Usual care group

- Patients will attend a specialist hepatology clinic for their care.

LOCATE-NAFLD group

- Patients will be assessed by a specialist study nurse in the primary care setting, such as local general practice clinic.
- The specialist nurse will assess patients using mobile transient elastography (TE), using a Fibroscan machine.
- Scan results will be reviewed by the specialist nurse and hepatologist
- Patients with low levels of liver scarring will be referred back to their GP for care
- Patients with high levels of liver scarring will be followed up in secondary care hepatology clinics

Quality of life will be assessed for all patients at baseline and at 12-month follow-up via a questionnaire. The study will analyse intervention costs, hospital outpatient clinic utilisation, hospital admissions, hospital costs, and patient death data.

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