BARRIERS AND FACILITATORS TO ENGAGING IN HCV MANAGEMENT AND DAA THERAPY AMONG GENERAL PRACTITIONERS AND DRUG AND ALCOHOL SPECIALISTS – THE PRACTITIONER EXPERIENCE

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background: Since the advent of interferon-free direct-acting antiviral (DAA) HCV therapies, prescriber restrictions have been reduced permitting HCV management outside of tertiary, hospital-based clinics. To date, there is limited knowledge on the practitioner experience in managing DAA treatment, particularly among those new to HCV-related care. The aim of this study was to investigate barriers and facilitators for HCV management among: (1) general practitioners (GPs) who are opioid agonist therapy (OAT) prescribers; and, (2) drug and alcohol specialists based in Australia.

methods: In-depth, semi-structured interviews via telephone occurred between September 2018 and March 2019. Practitioners were purposively sampled and questioned on barriers and facilitators (e.g. education/training) to 'taking on' HCV management in their clinic(s). Data were coded and analysed thematically.

results: Thirty practitioners were interviewed. In their clinical experience, high DAA cure rates were surprising to most practitioners and in turn, many expressed professional fulfillment managing HCV care. Some practitioners expressed trepidation with liver disease staging and continued frustrations with implementation barriers, notably, a lack of HCV-related personnel and equipment. Practitioners with solid mentorship and established referral pathways experienced comparatively fewer obstacles than practitioners with seemingly less support. Poor venous access and limited onsite phlebotomy services were elucidated as barriers to HCV testing and subsequently, treatment initiation for people who inject drugs (PWID). Most practitioners were unsure as to how to galvanise more GPs/OAT prescribers into HCV care and increase treatment uptake among PWID.

conclusion: To achieve HCV WHO targets by 2030, practitioners require additional implementation support. As HCV testing remains a substantial barrier to linkage to care, practitioners should be kept well-informed of diagnostic developments and receive treatment 'work-up' assistance (e.g. nurse-led care). Findings underscore the importance of initial mentorship, especially for practitioners new to HCV care with further evidence needed for practitioners based in rural and remote regions.

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