

EVALUATING THE COVERAGE OF HEPATITIS B WORKFORCE DEVELOPMENT IN PRIMARY CARE

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Findings from the Evaluation

- The program has targeted relevant GPs, including GPs who regularly see priority populations and GPs in high CHB prevalence areas.
- However, the program has opportunity to further engage GPs in identified areas of need
- GPs reported improved screening practices and increased involvement in monitoring and treating
- Identified barriers to increased GP involvement included low patient caseloads, competing priorities, complexity and time requirements of care, and remuneration structures.

2018 s100 prescribers survey n=282

- 86% (282/325) responded to the survey
- 98% (179/282) planned to renew their s100 accreditation saw it as relevant to their practice
- 81% reported increased screening in their practice as a result of increased knowledge
- 61% 149/282 reported providing antiviral therapy with the majority of those maintenance scripts rather than initiating therapy.
- 70% of GPS providing treatment treated ≤ 6 Patients (combined initiation and maintenance)

Background

- The cascade of care for hepatitis B continues to show Australia is failing to meet targets for diagnosis, enrolment in care and treatment (1).
- In 2017, 28.2% of people living with CHB had had a viral load test in the past four years, and the majority (52.6%) had only had a single test in that time (1).
- Minimal increases were seen between 2016 and 2017 in treatment uptake (from 7.8% to 8.3%) and in care uptake (from 19.6% to 20.2%) (1)
- General Practice based care delivery is part of the National Strategy to reach the targets and the establishment of the prescriber program one of the achievements of the 2014-2018 strategic period. (2)
- Currently only 10% of antiviral treatment is prescribed by General practitioners (GPs) with higher proportions in Northern Territory 28%, NSW (18%) and Qld (1).
- GPs are educated through face to face and online modules and through self directed study. They may participate in the 2 day section 100 (s100) training program or attend general or introductory courses.
- Since 1 July 2015, accredited s100 prescribers have been able to initiate treatment for CHB.

Data sources and methods

We analysed 2017 s100 prescriber location by statistical area 3 (SA3), national GP workforce data and data from MBS and PBS including number of people living with and receiving monitoring and prescriptions from a GP. All data was analysed in Excel and STATA 14. S100 prescriber program evaluation data (3). and 2018 GP prescriber survey were also reviewed .

Findings

- in 2017, there were 246 accredited GP S100 prescribers in Australia. This represented **less than 1% of the total GP workforce**, ranging from 0% to 17% of GPs in individual SA3s.
- **Fifty eight per cent (58%)** of SA3s had no S100 prescriber.
- SA3s with one or greater number of prescriber covered only 60% of the estimated population living with CHB.

Conclusion

- While there has been growth in the prescriber program and targeting of interested and engaged GPs the number and geographic coverage of GP prescribers is still not adequate to make an impact on the overall cascade of care.
- Further investment in the program is required to improve coverage.
- Further strategies need to be employed to increase testing treatment and monitoring coverage to meet goals of elimination by 2030.

Location of s100 prescribers(4)



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