

## **RCT EVALUATING AN EDUCATIONAL PROGRAM TO IMPROVE HEPATITIS C VIRUS (HCV) MANAGEMENT**

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**Background:** Availability of direct acting antivirals (DAA) sparked efforts to eliminate HCV in Australia. We evaluated an NPS MedicineWise educational program on DAA uptake using the MedicineInsight dataset.

**Method:** Of 296 eligible general practices in MedicineInsight 11% opted out. Randomisation stratified by practice caseload allocated 130 practices to intervention, a 1-hour discussion among practice staff using audit and feedback data from MedicineInsight, and 129 to control. 78% of practices had data available for analysis. The primary outcome was number of patients initiated on DAAs in 6 months using the negative binomial regression model adjusted for DAA prescribing history and clustering by practice.

**Results:** There were 101 practices and 2,469 DAA-naïve patients with confirmed/possible HCV in the intervention arm and 100 practices, 2,466 patients in the control arm. At baseline 49.5% of practices had prescribed  $\geq 1$  DAA in the past year, 18.9% of HCV patients had already been treated with DAAs, the mean age of DAA-naïve HCV patients was 42.6 years, 57.4% were male, 12% had been prescribed opioid substitution therapy. Over 6 months, 43 patients in the intervention arm and 36 patients in the control arm initiated a DAA, however this was not statistically significant (adjusted IRR 1.19; 95% CI 0.67-2.11,  $p=0.55$ ) and 27 vs 16 patients initiated DAA in the first 3 months (adjusted IRR 1.77, 0.88-3.58;  $p=0.111$ ).

**Conclusion:** There was a low number of DAA initiations in these practices and a facilitated discussion in HCV management did not lead to a significant increase, although the confidence intervals were wide. Alternative measures, like incentivising GP initiations, are likely required to address remaining barriers to DAA initiations.

Continued support for the vital team role GPs play in managing HCV is needed, for example with incentives, models of care that integrate nurse practitioners, multidisciplinary teams and telehealth services.

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