

AIM

Evaluate the extent to which expected program outcomes were achieved and facilitate continuous quality improvement

BACKGROUND

- There is inadequate monitoring and treatment coverage in many high prevalence areas for chronic hepatitis B (CHB) across Australia
- To improve care access, ASHM administers the Hepatitis B Community s100 Prescriber Program across Australia (in Victoria as a partner in the VHHITAL program)
- The program provides initial training, ongoing support and continuing professional development (CPD) activities for general practitioners to enable them to prescribe Highly Specialised Drugs (HSD) for the treatment of CHB

METHODS

- Telephone-based semi-structured interviews were conducted with 30 GPs, linking specialists, Primary Health Network representatives, people living with CHB and other key informants
- Annual GP prescriber survey data, programmatic data and population-level data were also analysed
- The period of evaluation was 1 July 2015 to 31 December 2017

RESULTS

- **246** GPs were HBV s100 accredited as at December 2017.
- GP prescribers interviewed **overwhelmingly self-reported a positive strong contribution of the program to their HBV knowledge and confidence.**
- Almost all GP prescribers interviewed described the program's **substantial contribution to practice, from screening through to treatment.** Changes included increased and improved screening practices and increased involvement in monitoring and treating patients with CHB.

'It has been brilliant. Management [of patients with CHB] in my clinic would not be done nearly as well [without the program] – our GPs would have less knowledge and capacity; less confidence and less external support.' GP prescriber, urban area

- Interview participants **described potentially reduced barriers to accessing care for people receiving their HBV care from a GP**, particularly in avoiding waiting periods, tailored care for specific population groups, established long-term relationship with GPs, and capturing patients lost to follow up.

FUTURE DIRECTIONS

- **Increase CHB patients accessing prescribers by exploring alternative referral or service models to expand GP involvement in the management of HBV, including:**
 - Engaging specialist services to systematically identify and refer out patients appropriate for GP management
 - Promoting systems to facilitate GP to GP referral for HBV management only
 - scaling up GP-staffed community health clinics for priority populations