

Needs Assessment for hepatitis B clinical auditing and/or case finding:

Enablers and barriers to a national scoping project

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Background

The Needs Assessment for hepatitis B (HBV) clinical auditing and/or case finding scoping project built upon Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine's (ASHM) successful Beyond the C pilot project and framework, assessing the feasibility of implementing a national case-finding and clinical audit initiative focusing on hepatitis B in primary care. Beyond the C is a national partnership program and case-finding project with General Practice, to find people who may be living with hepatitis C, and to engage and connect them with care.

The purpose of the hepatitis B project was to identify areas for action, if a need was deemed present, by identifying ways in which a proposed hepatitis B clinical auditing and/or case finding project could support clinicians to increase diagnosis, monitoring and management of hepatitis B in primary care settings. Through the methods used, a series of enablers and barriers to the needs assessment methodologies were identified.

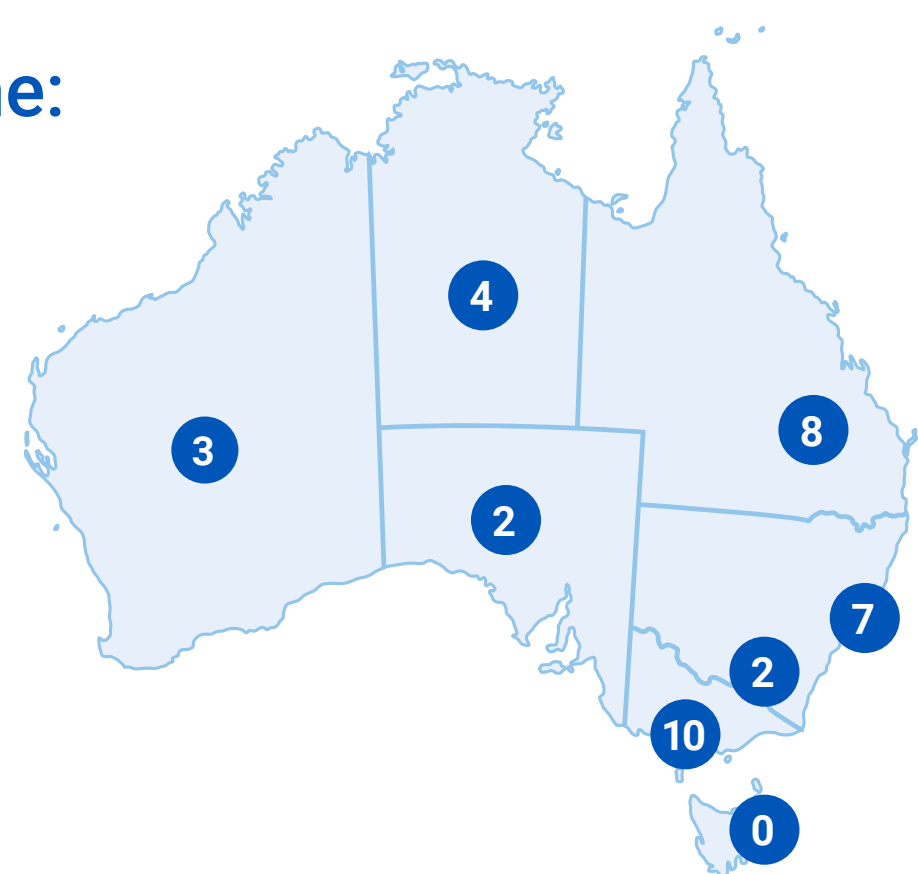
This scoping project, is an example of how consultation and iterative feedback can be used to strengthen the development of a proposed project plan.

Methods

The needs assessment methodology included a number of steps; a review of internal previous and/or current ASHM projects, a desk review of past and current hepatitis B (and other relevant conditions) auditing initiatives with primary care settings, phase one stakeholder consultations in the form of semi-structured interviews and phase two stakeholder consultations conducted via SurveyMonkey.

We determined that a formative research approach would be most suitable in assessing the needs, resources and skills required for a primary-care based hepatitis B clinical auditing and/or case-finding project.

Phase one:
36 total



Phase two:
34 total



Thirty-six sector stakeholders were interviewed from across Australia during the phase one stakeholder consultations. Stakeholders included practices involved in the Beyond the C pilot project, Hepatitis B s100 prescribers, PHNs and State Departments of Health, Hepatitis organisations and other community-based organisations, and research institutes.

Information generated from these interviews informed a proposed project design. To further refine this, and ensure that it was meeting the needs of the sector, phase two consultations commenced in April 2023. Stakeholders involved phase two consultations included those who were interviewed in 2022, additional stakeholders identified or who were unable to participate in phase one and through the National Aboriginal Community Controlled Health Organisations (NACCHO) members. The survey was distributed to 45 stakeholder groups and/or individuals and ASHM received 34 responses.

Results

Limited information about previous projects was found during the desk review. ASHM was able to identify opportunities for synergies with existing ASHM projects and build upon learnings. Enablers identified were diversity in stakeholders, use of semi-structured interview methodology, and opportunity for additional consultation once feedback was consolidated. The barriers identified were, time and resources required to consolidate feedback from a large number of participants, participation from stakeholders already engaged with ASHM's work and/or the sector, and limited time to conduct interviews.

Key recommendations/learnings

Formative research and adequate scoping exercises are important considerations for service providers to embed into project timelines and deliverables. It presents the opportunity for iterative project design through consultation with key stakeholders, knowledge sharing and fosters collaborative opportunities.



STRENGTHS

- 1 Identify opportunities for collaborations, strengthened stakeholder relationships & project synergies.
- 2 Knowledge sharing through semi-structured interviews.
- 3 A staged approach to consultations to allow for feedback and comment on gathered data to inform the project design.



LIMITATIONS

- 1 Time and resource limitations to conducting consultations and analysing the data generated.
- 2 Lack of information published online on previous and/or current projects, particularly within Australian healthcare settings.
- 3 Limited input from people with a lived experience of hepatitis B.



OPPORTUNITIES

- 1 Share experience with the sector at professional conferences.
- 2 Embedding needs assessments and scoping exercises into funding proposals for future projects.
- 3 Sector collaboration and synergies between projects.

Conclusion

There is a need for diverse sector consultation when developing a project to be implemented within primary care settings. However, time and resourcing are important considerations to ensure that the methodology and information gathered from consultations are maximised. The sector would also benefit from more opportunities to present and write up findings on similar projects to support future work.