

Improved hepatitis B testing and management among GPs that have completed S100 Hepatitis B Community Prescriber Program training

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Background

- Since 1 July 2015, accredited GPs can prescribe treatment for chronic hepatitis B and medication can be dispensed through community pharmacies;
- The Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) administers the Hepatitis B s100 Community Prescriber Program ('Hepatitis B Prescriber Program') which facilitates accreditation of general practitioners (GPs) to prescribe treatment for chronic hepatitis B ;
- A total of 246 GP prescribers were accredited between 2013 and 2017;
- We measured changes in hepatitis B diagnostic testing and monitoring among accredited GPs using data from a national surveillance system.

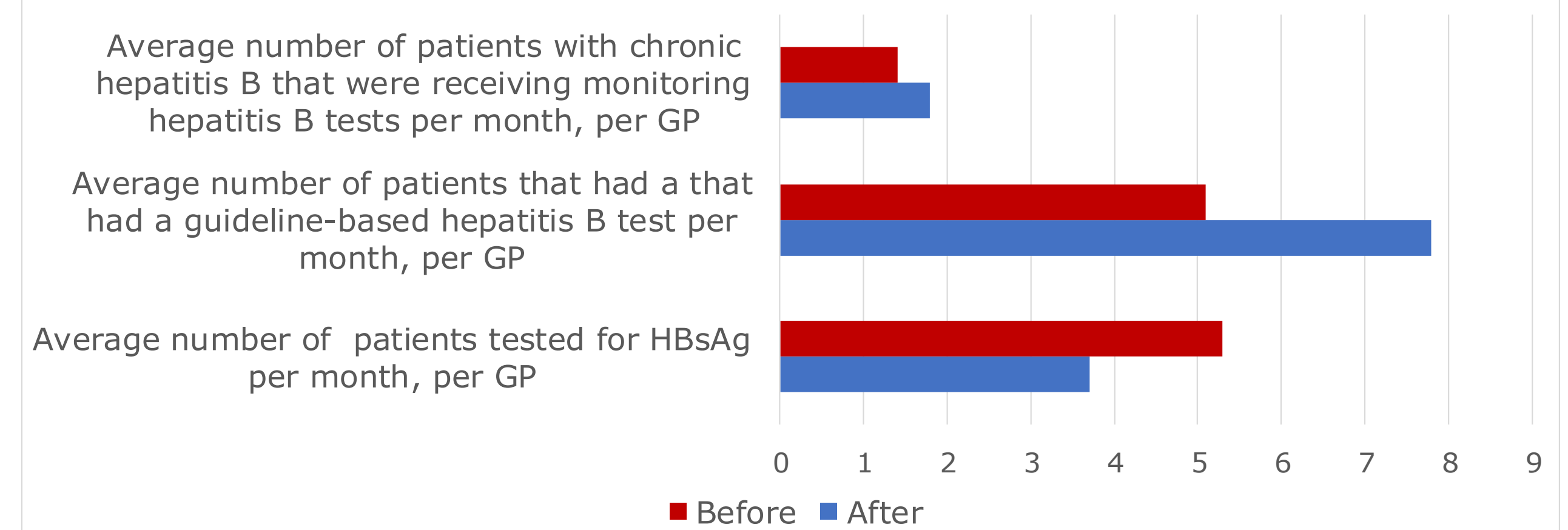
Methods

- Hepatitis B testing data were collated from laboratories participating in the Australian Collaboration for Coordinated Enhanced Sentinel Surveillance of sexually transmitted infections and blood borne viruses (ACCESS);
- Test records were collapsed into hepatitis B test events that include all hepatitis B test events conducted within a one week period for each individual;
- Tests included hepatitis B surface antigen (HBsAg), guideline-based hepatitis B tests (HBsAg, hepatitis B core antibody [anti-HBc] and hepatitis B surface antibody [anti-HBs] in one test event) and relevant monitoring tests;
- Accredited GPs were requested to supply their Medicare provider number/s to ASHM for the purposes of this study and these were matched to ACCESS data;
- The mean number of HBsAg, guideline-based HBV tests and monitoring tests requested by accredited GPs per month were calculated for three and twelve months pre- and post-accreditation;
- Paired t-tests were conducted to compare the average number of tests in two time periods before and after individual GPs date of course completion.

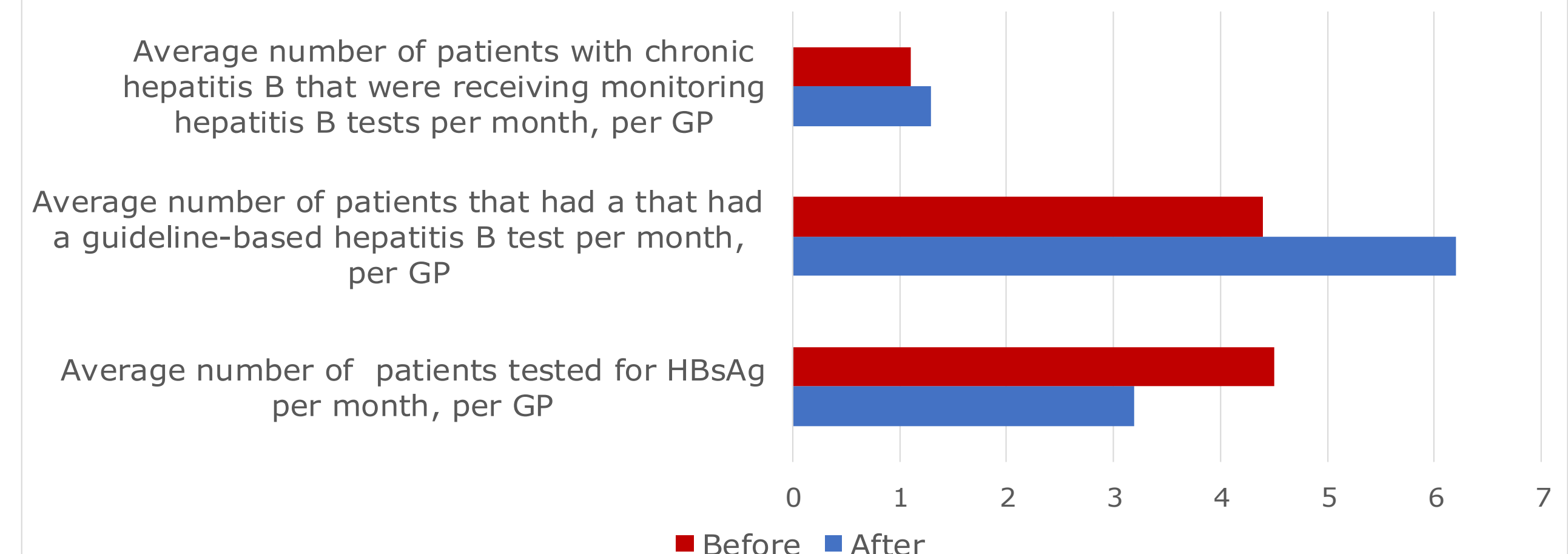
Results

- Medicare provider numbers were obtained from 137 GPs and 59 matched the ACCESS data set.
- Among these, 38 were excluded and 21 GPs were included in the analysis.
- GPs requested more guideline-based hepatitis B tests each month after accreditation (increase of 2.6 [p<0.05] and 1.8 tests per month over 3 and 12 months, respectively),
- GPs requested fewer HBsAg tests per month after accreditation (decrease of 1.6 and 1.3 tests per month over 3 and 12 months, respectively).

Changes in the mean number of tests in the three months before and after course completion



Changes in the mean number of tests in the twelve months before and after course completion



Conclusions

- **Improvement in tests used for diagnostic testing:** The results of this analysis show reduction in diagnostic HBsAg testing and concurrent increase in guideline-based hepatitis B testing which is in line with the Hepatitis B Testing Policy. While the results do not infer causation, the limited number of alternate hepatitis B education activities and the timing of the change means it is plausible that the Hepatitis B Prescriber Program contributed to this improvement in diagnostic practice
- **Improvement in monitoring tests and the number of people being monitored:** The data used in this analysis cannot infer if a patient was in receipt of treatment however the number of individuals being monitored for chronic hepatitis B increased in both time periods (3 months and 12 months) after course completion compared to the same time period before course completion (we note that this was not statistically significant, however). This increase may be due to GPs either increasing the number of patients living with chronic hepatitis B that were being appropriately monitored, and/or diagnosed more patients needing to be monitored. Nonetheless, this finding is a positive reflection on the Hepatitis B Prescriber Program as the results suggest that the number of individuals being managed in the community has increased as a result of the Hepatitis B Prescriber Program.
- **Changes in hepatitis B testing were sustained, but not as strongly, over time:** For all measures reported here (HBsAg testing, guideline-based hepatitis B testing and hepatitis B monitoring testing), the average change per month in the period after course completion was greater in the three months after course completion compared to 12 months. This result suggests that change observed in testing behaviour are strongest immediately after course completion and that additional strategies may be required to prompt appropriate testing in the longer term after course completion. For example, ASHM could continue to incorporate information on appropriate testing practices in ongoing education to GP prescribers.



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