

EVALUATING THE COVERAGE OF HEPATITIS B WORKFORCE DEVELOPMENT IN PRIMARY CARE.

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Background: Recent modelling has demonstrated that Australia is unlikely to meet national and global care and treatment targets. Primary care and general practitioners (GPs) are essential to improving care access and equity. GPs provide 60% of monitoring and 10% of prescriptions for antiviral treatment. Strategies for workforce development have targeted areas with higher chronic hepatitis B (CHB) prevalence. We aimed to evaluate the coverage of key primary care workforce development activities, analyse how this is translating into increased coverage of GP monitoring and prescribing for CHB, and understand barriers to increased GP involvement in hepatitis B care.

Methods: We analysed 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. Qualitative S100 prescriber program evaluation data were also reviewed.

Results: Overall in 2017, there were 246 accredited GP S100 prescribers. 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 at least one prescriber covered only 60% of the estimated population living with CHB. GPs had an average of 4 patients (range: 1–33) on treatment. Identified barriers to increased GP involvement included low patient caseloads, competing priorities, complexity and time requirements of care, and remuneration structures.

Conclusion: While there has been increasing engagement by GPs in hepatitis B monitoring and treatment, there is a critical need to further scale up involvement to reach national and global targets. Review of and further investment in the implementation of the primary workforce development strategy is required, as well as consideration of other barriers to GP involvement.

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