

Resources are required to support management of hepatitis C in general practice

A Burnet Institute survey undertaken in 2016 showed that although many general practitioners are interested in treating hepatitis C, further resources are needed to optimise treatment in primary care.

THE ISSUE

In March 2016, direct-acting antiviral (DAA) therapy for hepatitis C was listed on the Pharmaceutical Benefits Scheme (PBS). Because DAA treatment is safe and efficacious, the PBS enabled general practitioners (GPs) to prescribe DAAs in consultation with a specialist gastroenterologist, hepatologist or infectious diseases physician. Subsequent changes to the PBS in October 2016 have allowed GPs with experience in the treatment of hepatitis C to prescribe treatment independently.

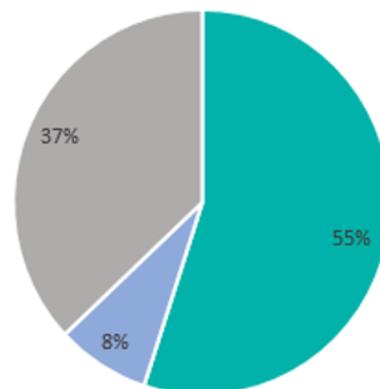
WHAT OUR WORK FOUND

Between April and June 2016, a questionnaire was sent to 1000 GPs working in Victoria; the response rate was 19% (n= 191). The main aim was to gather information which would inform the development of resources to support GPs to manage hepatitis C. Key outcomes were:

- ▶ just over half (54%) of GP respondents were interested in prescribing DAAs, but 72% were continuing to refer patients for specialist care.
- ▶ one fifth (21%) had consulted with specialists to prescribe DAAs and of these, 60% had found the consultation process to be satisfactory.
- ▶ GPs who had completed opioid substitution therapy training or those with 10 or more patients with hepatitis C were more likely to have consulted with specialists regarding DAA prescription.
- ▶ almost all participating GPs were aware that injecting drug use was a risk factor for transmission but knowledge about sexual risk factors varied.
- ▶ more than half (55%) of respondents were unsure whether people who inject drugs could receive DAA treatment through the PBS (see graph).

CONCLUSION

There is significant interest amongst Victorian GPs in prescribing DAAs, but important gaps in knowledge need to be addressed, and GPs should be supported to access appropriate clinical resources.



- Unsure
- Not eligible
- Decision should be based on individualised evaluation

GPs' responses to a question about the eligibility of people who inject drugs for DAA treatment (185 GPs answered this question). The correct answer is that hepatitis C treatment decisions for people who inject drugs should be based on individualised evaluation.

Policy Implications

- ▶ More education and clinical resources are required to adequately support primary care providers to prescribe DAA treatment.
- ▶ Promotion of PBS eligibility criteria is needed and important to ensure that all patients with hepatitis C, including people who inject drugs, receive appropriate hepatitis C treatment.

For complete details, contact **Dr Amanda Wade** (amanda.wade@burnet.edu.au).

Full publication: Wade A, Draper B, Doyle J, Allard N, Grinzi P, Thompson A, Hellard M. A survey of hepatitis C management by Victorian GPs after PBS-listing of direct-acting antiviral therapy. *Australian Family Physician* 2017; 46(4): 235–240.

<https://www.racgp.org.au/afp/2017/april/a-survey-of-hepatitis-c-management-by-victorian-gps-after-pbs-listing-of-direct-acting-antiviral-therapy/>