

Contribution of General Practitioners in hepatitis B treatment initiation and continuation in Australia

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Background: In many countries, treatment for hepatitis B virus (HBV) infection is primarily managed by specialists, which may limit access to care. In Australia, while some hospital-based general practitioners (GPs) have been able to prescribe HBV treatment, accredited community-based GPs have also been authorised to do so since 2015. This study evaluated the patterns and longitudinal trends in GP-initiated HBV treatment in Australia.

Methods: National data on publicly-funded HBV medication dispensations through Pharmaceutical Benefits Scheme (PBS) between 2014 and 2024 were analysed. The proportion of individuals initiated on treatment by GPs versus specialists was estimated, and longitudinal trends were assessed. Task-sharing patterns between GPs and specialists were assessed using distribution of the initiating prescriber specialty (i.e., provider of the first HBV prescription), and the main prescriber specialty (i.e., provider of the most prescriptions over time). PBS-reported derived specialty was used for each prescriber.

Results: During 2014-24, 29,486 individuals initiated HBV treatment, of whom 33% were by GPs and 67% by specialists. GP initiation accounted for 33% of treatments in major cities and 44% in regional/rural areas. The proportion of GP-initiated treatment increased from 20% in 2014 to 40% in 2024 (per annum OR 1.11, 95%CI 1.11-1.12). The increase was more pronounced in major cities (OR 1.12, 95%CI 1.11-1.13) compared to regional/remote areas (OR 1.06, 95%CI 1.03-1.08). Specialists and GPs served as both the initiating and main prescribers for 55% and 27% of individuals, respectively. In 18% of individuals, treatment initiation and main prescribing roles were shared between GPs and specialists.

Conclusions: Specialists remain the primary HBV treatment prescribers in Australia. However, the growing contribution of GPs over time reflects increasing decentralisation of care, particularly in urban areas. Further interventions to support GP-led models of care alongside specialist services may further expand treatment access and support national HBV elimination efforts.

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