

IDENTIFYING ENABLERS THAT FACILITATE HEPATITIS B CLINICAL MANAGEMENT IN PRIMARY CARE SETTINGS

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Background: A minority of people with hepatitis B in Australia access health services to monitor or treat their infection, with current treatment uptake being less than half of national targets. Primary care settings are pivotal to improve hepatitis B clinical management access, however the number of general practitioners (GPs) who prescribe treatment is low and only increasing slowly. This research sought to identify what enabling factors support hepatitis B-related clinical management in primary care settings.

Methods: Semi-structured interviews were held with 19 GPs authorised to prescribe hepatitis B treatments, with a thematic data analysis used to identify findings. The interview schedule sought information on professional experience; issues faced in testing, diagnosing, monitoring, and treating of hepatitis B within primary care settings, and the practice systems supporting hepatitis B clinical management.

Results: Two major enabling factors were identified that support the successful clinical management of hepatitis B within primary care settings: staffing or provider factors, and organisational factors. While government regulation permits committed general practitioners to prescribe treatment, this permission needs to be supported by cultural mediators and effective specialist support. This commitment needs to be reinforced with an enabling environment including effective practice leadership, a multidisciplinary team approach, affected community engagement, and a commitment to cultural competency.

Conclusion: Hepatitis B clinical management is effectively provided through primary care services and these settings are pivotal in achieving Australian national treatment targets. A non-virtuous cycle currently exists where hepatitis B as an asymptomatic infection is often ignored by people who are diagnosed, and where their health care provider has little awareness of the infection or their role in responding to the infection. Our study highlights the role of an interested or champion GP, who combined with practice leadership, can reorientate practices to increase and improve the management of hepatitis B.

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