

Increasing the role of GPs in hepatitis B diagnosis, treatment and management: a nationwide survey of general practitioners in Australia

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Background

Gaps on the care cascade of hepatitis B in Australia.

Service coverage rate	Current Level ₁ in 2017	National targets ₂ by 2022	Global targets₃ by 2030
Diagnosis rate	63.7%	80%	90%
In care rate	20.2%	50%	-
Treatment rate	8.3%	20%	80% eligible

- GPs have an essential role if Australia is to meet the national and international targets.
- This study is to understand the structural barriers and opportunities to hep B management among Australian GPs.

References

1 MacLachlan J. Hepatitis B Mapping Project national report. 2019

2 Department of Health. Third National Hepatitis B Strategy 2018-2022. 2018

3 WHO. Global Health Sector Strategy on Viral Hepatitis 2016-2021. 2016





Methods

Questionnaire

Hepatitis Brelated knowledge

Professional identity

Confidence of providing relevant care

Self-report barriers and facilitators

- A random sample of 1,000 GPs in Australia were selected from the national database of Australian Medical Publishing Company (AMPCo)
- Invitations and two reminders were posted or emailed to selected GPs in April- Oct 2018
- Paper and online survey
- Statistical analysis



Results 1

Response rate ~14% Figure 1. Flow chart Random sample (n=1,000)Ineligible (n=38): · 20 left mailing address · 1 not practising medicine 1 practise in mental health only 14 in Exclusion list 2 'do not send again' Eligible (n=962)Non-respondents (n = 828)Respondents (n=134)

 Respondents are more likely to work part time

Table 1. Comparison of demographics in respondents and non-respondents to survey

	Respondent	Non-	p-value
	s	respondents	
	(n=134)	(n=828)	
Age> 50 (n, %)	85 (64) ^a	477 (57) b	0.20
Female (n, %)	70 (52)	359 (43)	0.05
Full time (n, %)	106 (79)	747 (90)	<0.001
Practice state (n, %)			0.04
NSW	43 (32)	288 (35)	
VIC	40 (30)	173 (21)	
QLD	20 (15)	180 (22)	
WA	14 (10)	83 (10)	
SA	12 (9)	61 (7)	
NT	3 (2)	5 (1)	
ACT	2 (1)	15 (2)	
TAS	0	23 (3)	

^a Of 133 respondents with age data available.



^b Of 823 non-respondents with age data available.

Results 2

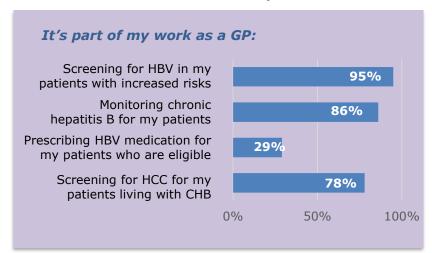
Demographics and practice characteristics of respondents

- Female (52%)
- Median age: 56 years
- Private general practice (90%)
- Working hour per week (median): 32 hours
- Primary medical degree in Australia (72%)
- Speaking another language (35%)
- 15% reported over one quarter of their patients were born in a hepatitis B endemic country (where hepatitis B prevalence >2%)
- S100 hepatitis B medication prescriber: 3



Results 3

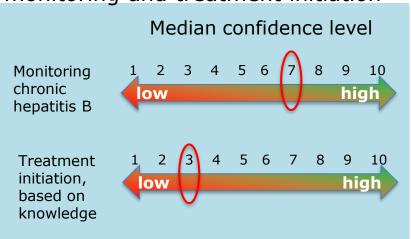
Professional identity



Knowledge & awareness

- Identified at-risk populations correctly (72%)
- 2. Interpreted hepatitis B positive serology correctly (82%)
- Knew that treatment need to be initiated at specific phases(21%)
- 4. Knew that hep B medication could be dispensed in the community (40%)

Confidence of chronic hepatitis B monitoring and treatment initiation



Self-reported barriers and facilitators for hep B testing and management

Top 3 barriers:

- Not enough time
- Unclear guideline
- No reminder

Top 3 facilitators:

- Clear guideline
- Continuing medical education
- Online resources





Discussion

- There is a need to increase awareness of the role of GPs in monitoring and treating chronic hepatitis B.
- Linking chronic hepatitis B management guidelines and resources to GPs' practice.
- Limitations:
 - 1. low response rate;
 - 2. potential bias in the surveyed sample.



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