Barriers and enablers to hepatitis C testing and treatment in Western Australian primary care: a mixed-methods evaluation of the GP/MAP Project

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Background: Direct-acting antiviral (DAA) therapy is highly effective and PBS-listed since 2016, yet uneven uptake among general practitioners (GPs) threatens Australia's 2030 hepatitis C virus (HCV) elimination commitment. Western Australia records the highest proportion of GP-prescribed DAA in Australia, but provider engagement remains a critical bottleneck. We synthesised provider-reported barriers and enablers to inform sustainable primary-care models, drawing on the HepatitisWA GP/MAP Project (2018–2022).

Methods: Mixed-methods evaluation: rapid review of post-2014 high-income-country qualitative studies on provider perspectives (17 studies); online survey of WA GPs/NPs (n=10); semi-structured interviews with GPs/NPs (n=4) and HepatitisWA staff (n=3); and document analysis of six-monthly project reports (July 2019–December 2021). Themes were mapped across provider beliefs, knowledge/skills, service delivery, and societal/systemic domains. Curtin HREC HRE2021-0632.

Results: Convergent barriers were stigma toward people who inject drugs, perceived low HCV caseloads, a persistent belief that HCV is a 'specialist domain', multiple pre-treatment requirements (paired diagnostics, fibrosis assessment), absent onsite elastography/phlebotomy, fee-for-service constraints and practice-manager gatekeeping. COVID-19 exacerbated disengagement. Enablers most cited by surveyed GPs included the high cure rate as personally rewarding, GP prescribing reducing treatment delay, clear ASHM/GESA guidelines and existing relationships of trust with patients. Further enablers were nurse-led liaison support, peer 'champions', reflex and point-of-care HCV RNA testing, and embedding social context (stigma, cultural safety) in training.

Conclusion: Closing the gap between testing and treatment, embedding stigma-aware and culturally safe education, expanding prescribing rights, and adopting decentralised community-based models are pragmatic, evidence-based levers to overcome residual provider-level barriers. Findings translate directly into policy, professional education and nurse-led service redesign, benefiting priority populations including people who inject drugs and Aboriginal and Torres Strait Islander peoples.

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