## General practice perspectives on hepatitis B models of care in a low prevalence area in regional Victoria, Australia.

## Authors:

<u>Richmond JA</u>,<sup>1,2</sup> Roder C,<sup>1,3</sup> Hair C,<sup>4</sup> Wade, AJ,<sup>1,2,3</sup> Wallace J<sup>2</sup> <sup>1</sup>Barwon Public Health Unit, Barwon Health, Australia, <sup>2</sup>Disease Elimination Program, Burnet Institute, Australia, <sup>3</sup>Centre for Innovation in Infectious Disease and Immunology Research (CIIDIR), Institute for Mental and Physical Health and Clinical Translation (IMPACT) and School of Medicine, Deakin University, Australia, <sup>4</sup>Gastroenterology, Epworth Private Hospital, Waurn Ponds, Australia

**Background**: In 2021, national hepatitis B treatment uptake was 12.7%, below the 20% target. In Western Victoria treatment uptake is 8%. The Barwon South West (BSW) region makes up half of Western Victoria and is low prevalence with ~1,541 people living with hepatitis B. This study sought to identify the key elements of a model of hepatitis B care in a low prevalence, large geographic area as we strive for elimination.

**Methods**: Semi-structured interviews were conducted with key hepatitis B health care providers in the BSW region. Interviews were conducted and recorded via zoom with audio transcribed, coded and thematically analysed.

**Results**: Between August and November 2023, nine general practitioners (GPs) (six trained hepatitis B S100 prescribers, three non-prescribers), four nurses, three medical specialists, three interpreters and one refugee worker (20 in total) were interviewed. Fifteen participants worked in Geelong and five in the BSW region. Hepatitis B was perceived a rare, complex condition by GPs, which affected their confidence to independently manage patients. None of the hepatitis B S100 GPs had prescribed treatment and were not confident to do so without consulting a specialist. All GPs wanted to be involved in hepatitis B care with adequate support. Key enablers for GPs providing hepatitis B care included systematic collaboration with a specialist nurse to build confidence, and access to case management and clinic audit support. There was also interest in short-term secondments in the liver clinic and development of a local community of practice.

**Conclusion**: Most evidence informing hepatitis B models of care is generated from high prevalence areas. This is the first project to investigate delivering hepatitis B care within a low prevalence, large regional area. To improve access to community-based hepatitis B care, we need to develop and implement bespoke models of care in consultation with GPs.

Disclosure of Interest Statement: Nil disclosures to declare relevant to this work.