

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

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Conflict of interest

No conflict of interest

Background

- In many countries, HBV clinical management, and in particular antiviral therapy, remains largely dependent on specialist clinicians. This model is a barrier to expanding care coverage due to limited accessibility compared to primary care services.
- In Australia, an estimated 227,600 people were living with chronic HBV infection in 2024, among whom **13% were receiving treatment** (the National Strategy 2030 target: 27%).
- HBV antiviral treatment is subsidised through the Pharmaceutical Benefits Scheme (PBS) and prescribed under s100 Highly Specialised Drugs (HSD) program.
- Until 2015, these medications were generally prescribed by specialist clinicians or by a small number of accredited general practitioners (GPs) affiliated with hospital services.
- Following the introduction of s100 HSD community access arrangements in **July 2015**, trained and accredited community-based **GPs were authorised to prescribe HBV treatment**.
- Since **April 2020**, accredited **Nurse Practitioners have also been authorised** to prescribe HBV treatments under the s100 HSD program.

Objectives

This study aims to:

- Evaluate the **longitudinal patterns in HBV treatment prescribing by GPs** in Australia since the policy change
- Describe the demographic **characteristics of individuals receiving HBV treatment from GPs versus specialists**
- Characterise **patterns of HBV care task-sharing** between GPs and specialists.

Methods

Data source:

- The **PBS dispensation data** on antiviral treatments prescribed for chronic HBV infection were used in this study.
- Data are submitted to the PBS by pharmacies and contains a line record of medication dispensations for each individual. Line records include data on the **prescription and dispensation dates, treatment regimen, prescriber's specialty, and patient characteristics (age, gender, residential postcode).**

Study population:

Individuals initiating HBV treatment **between 1 January 2014 and 31 December 2024** and receiving **at least 90 continuous days of treatment** were included in analyses.

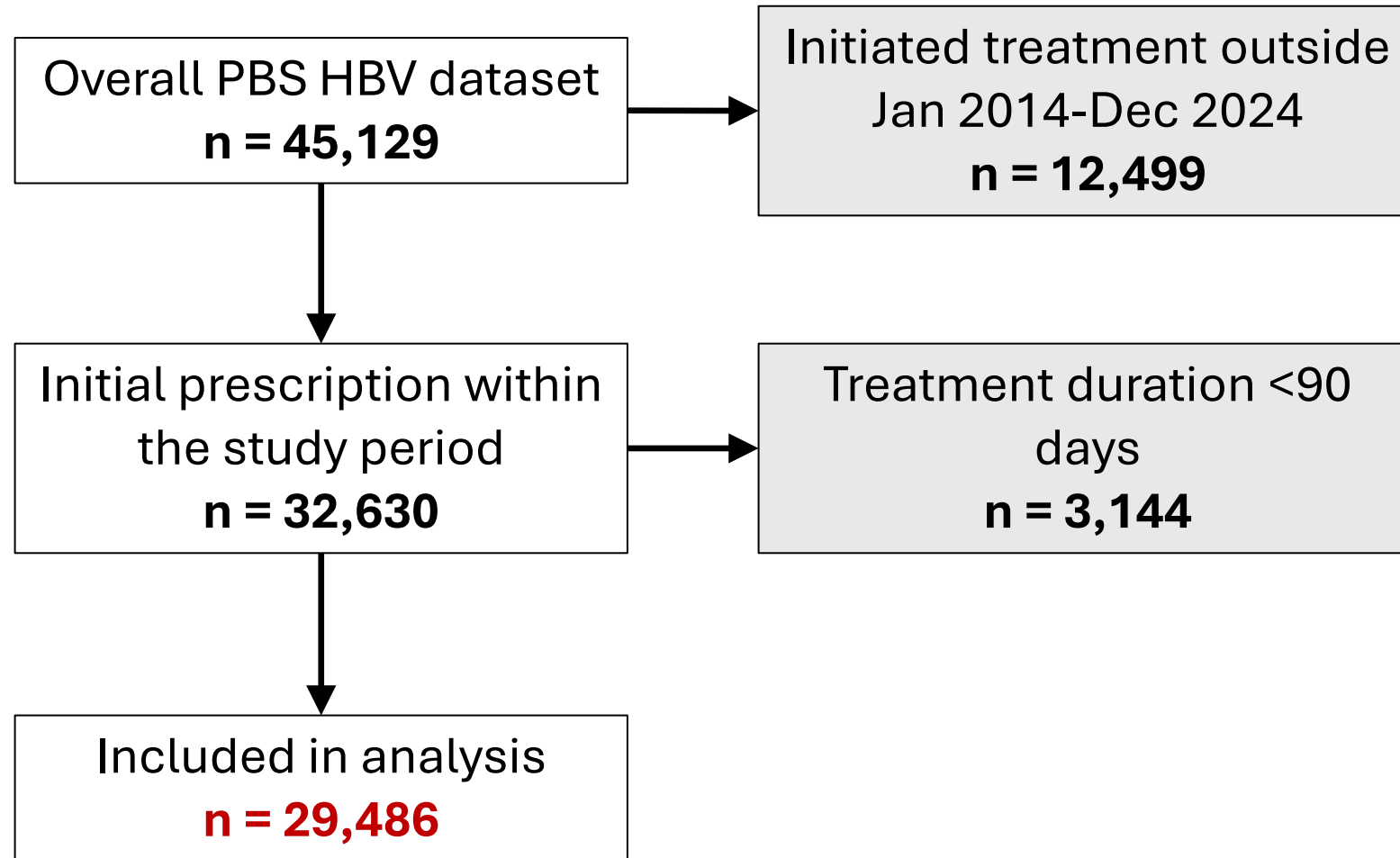
Individuals receiving <90 days of treatment were excluded to avoid including transient/incomplete treatment

Methods

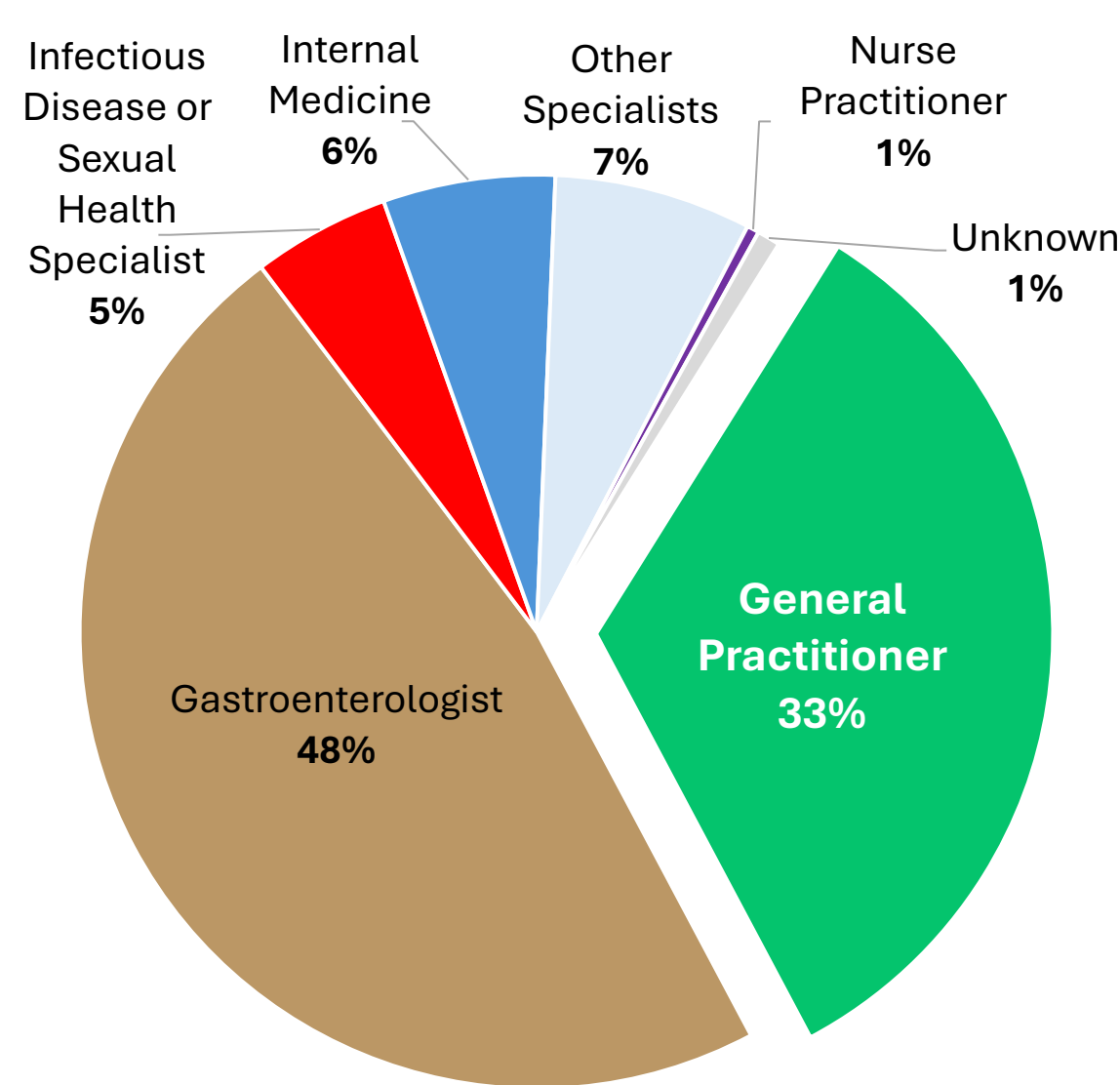
Study definitions:

- **Treatment initiation:** First HBV treatment prescription dispensed for an individual.
- **Prescriber specialty** was defined based on the “*derived major specialty*” of the clinician providing the prescription as recorded in the PBS dataset. This variable is derived by the PBS to represent the **major qualification or major activity and services** of a provider during the observed period.
- **Initiating prescriber specialty:** The specialty of the clinician who prescribed the individual’s first HBV medication based on the PBS dataset.
- **Main prescriber specialty:** The specialty of clinician who prescribed most of the treatment over time.
- Residential postcode was used to determine if an individual **lived in an urban or regional/remote area**.

Results: Participants flow

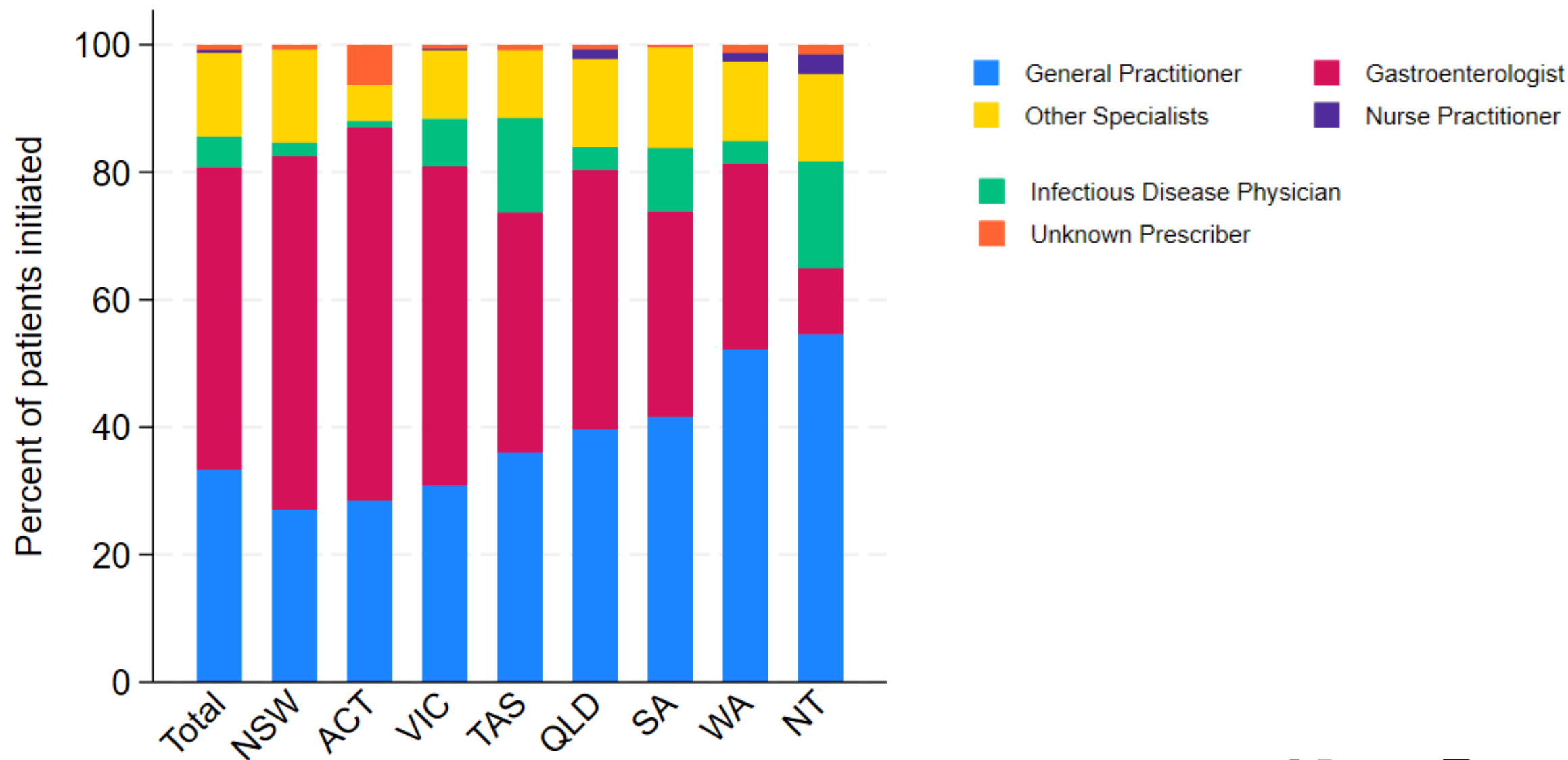


Results: Treatment initiation by prescriber specialty

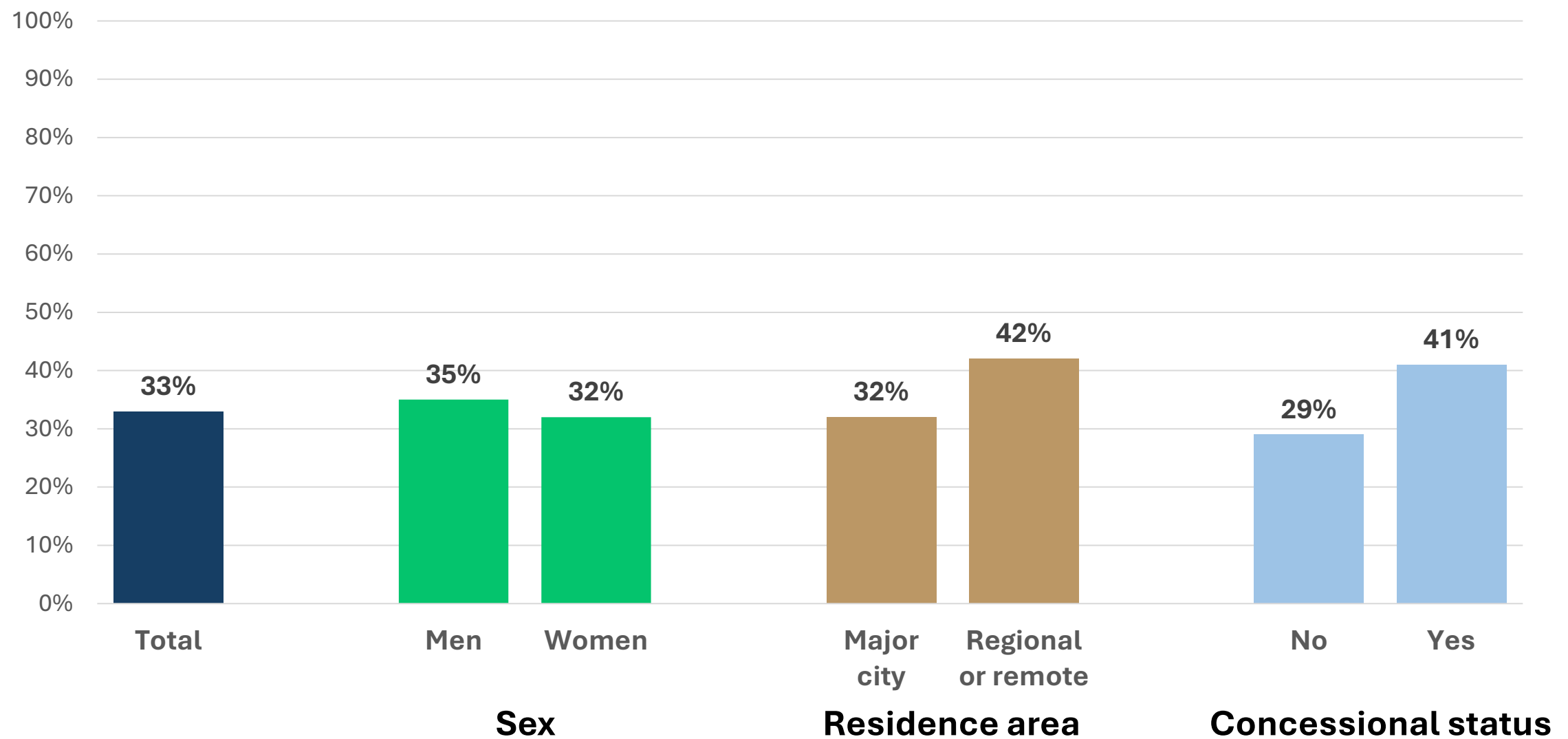


■ General Practitioner	n = 9,830
■ Gastroenterologist	n = 13,997
■ Infectious Disease or Sexual Health Specialist	n = 1,435
■ Internal Medicine	n = 1,797
■ Other Specialists	n = 2,058
■ Nurse Practitioner	n = 128
■ Unknown	n = 241

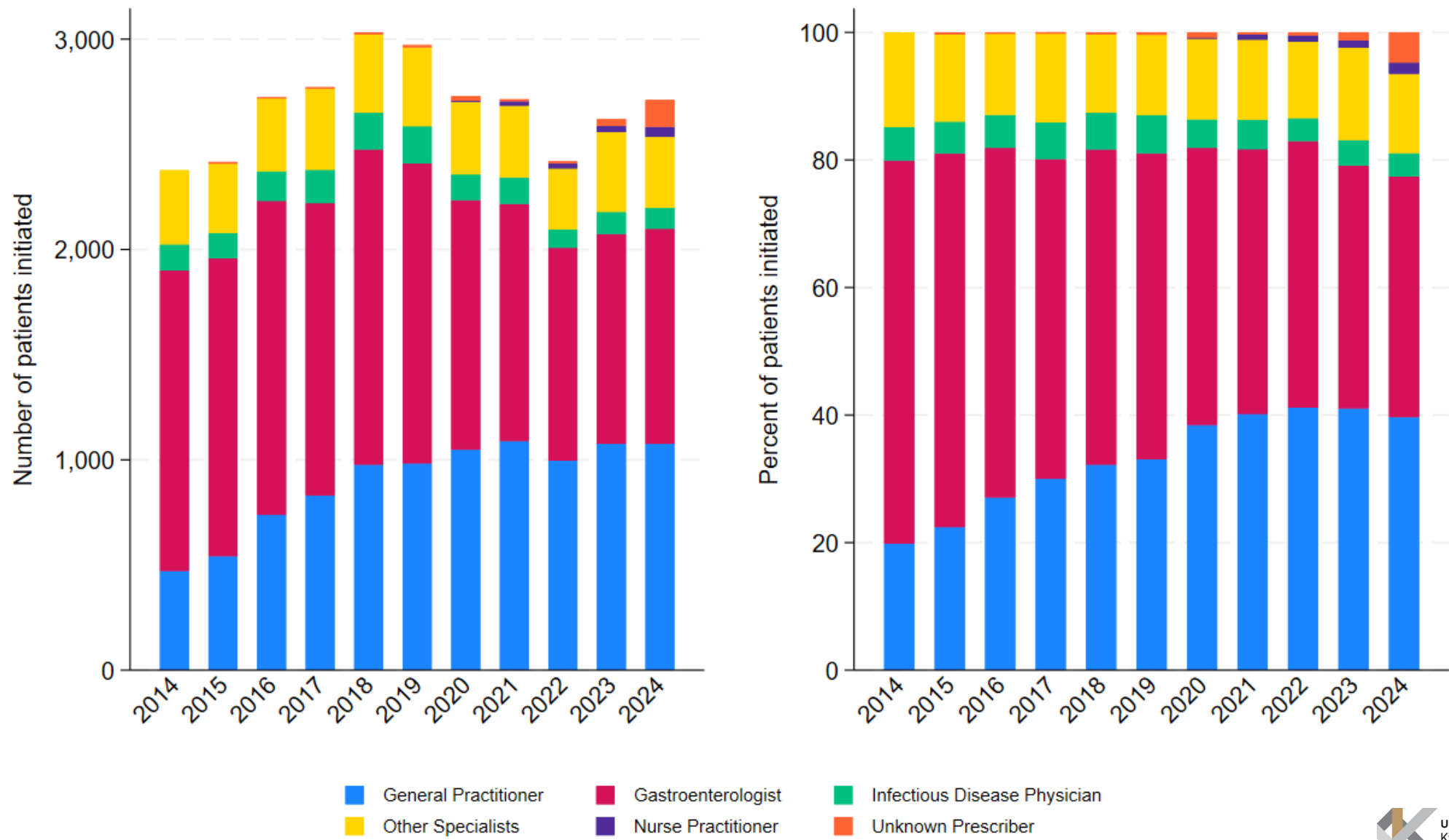
Results: Treatment initiation by prescriber specialty



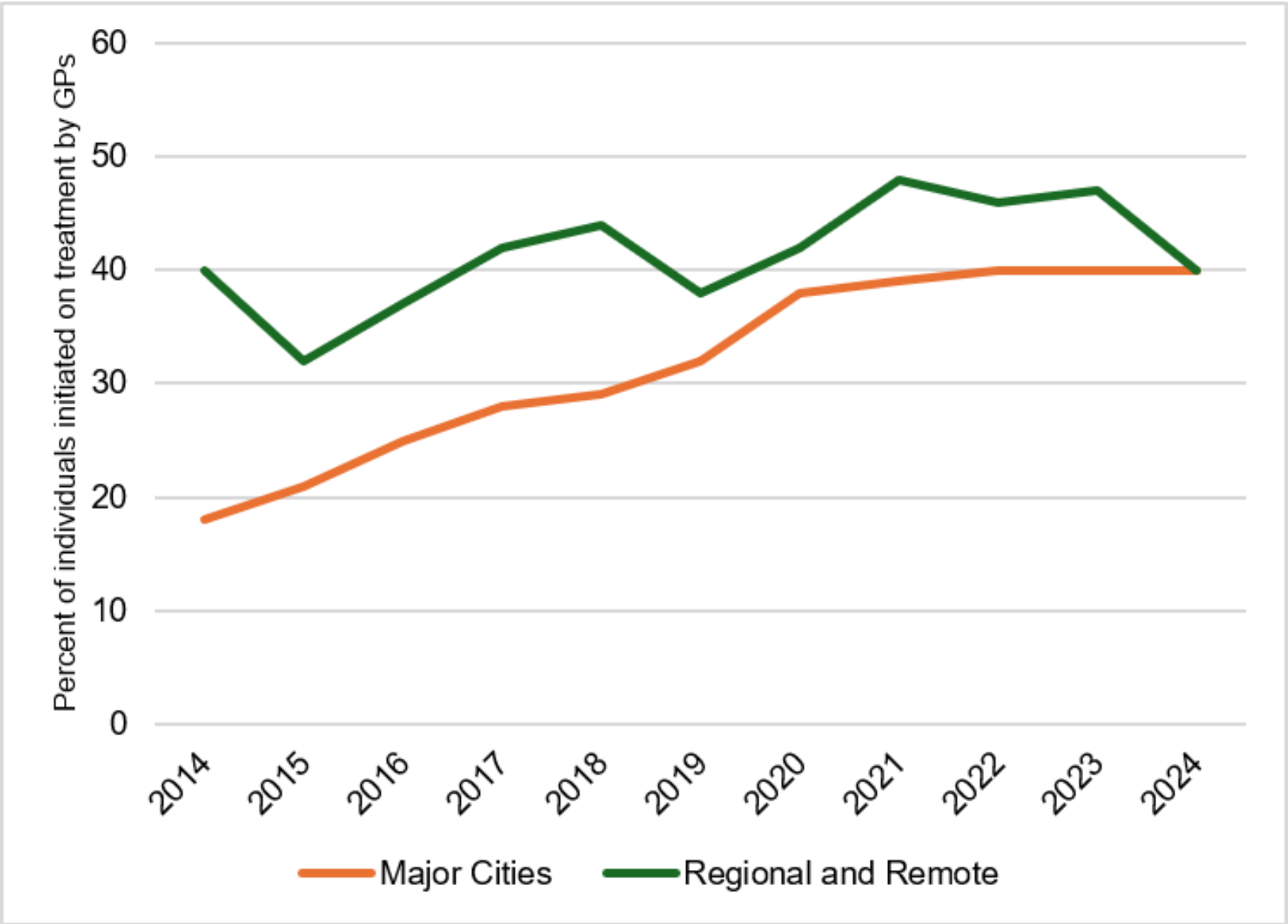
Results: Proportion of GP-initiated treatment in various sub-populations



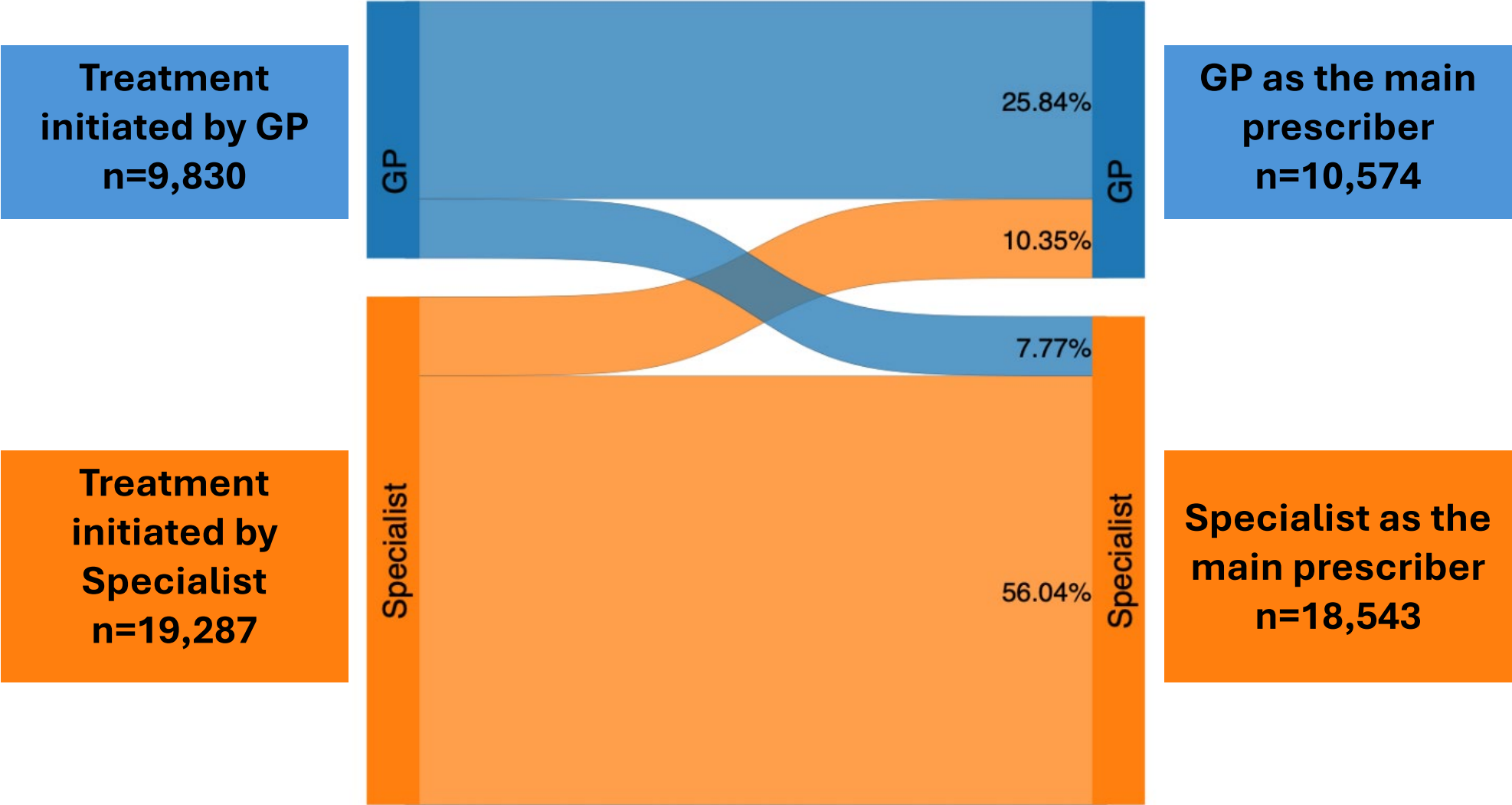
Results: Trend of GP-initiated treatment over time



Results: Trend of GP-initiated treatment over time



Results: Task-sharing patterns between GPs and specialists



Initiator type

Main prescriber type

Conclusion

- Between 2014-2024, most individuals with HBV who received treatment were initiated on treatment by specialists.
- However, the **contribution of GPs in HBV treatment has increased over time**, with a **greater increase observed in major cities** than in regional or remote areas.
- Over three-quarters of individuals had both treatment initiation and ongoing prescribing provided by the same provider type, either GPs or specialists, while **shared-care arrangements observed in 18%**.
- Further interventions to support GP-led models of care alongside specialist services may further expand treatment access and support national HBV elimination efforts.