Pilot to increase capacity and capability of GPs to provide Hepatitis B testing and follow-up management for Chinese and Vietnamese communities ‘

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Background:
Higher risks of hepatocellular carcinoma among migrants from China and Vietnam underscore needed research regarding barriers to treatment/long-term Hepatitis B management. Patients with Hepatitis B face difficulties accessing screening, vaccination and treatment—which may relate to stigma; lack of availability/access/familiarity with health services; privacy/confidentiality; language barriers, migration status and culture/gender. This study identified beliefs/attitudes of Chinese/Vietnamese community members in Australia; and Hepatitis B-related knowledge/attitudes/practices of GPs/nurses and bilingual community health workers, which informed a pilot intervention/evaluation in primary care.

Methods:
This mixed-methods study describes formative assessment/co-design processes with key stakeholders/community partners to develop, implement and evaluate a pilot. This case-study intervention design involved a GP practice in a metropolitan area with higher Chinese/Vietnamese representation; including developing a novel audit-tool framework that can be adapted for other health conditions/priority communities to promote GP engagement, practice efficiencies and optimise care.

Results:
Pilot-intervention evaluation was based on de-identified client data (N=52) and post-interviews with health professionals (N=5). Findings identified initial difficulties with uptake/feasibility including pandemic-related challenges and limitations of software, competing demands, data access/quality—which were largely through the intervention. The pilot identified a meaningful proportion of patients from migrant backgrounds who tested positive for Hep B, or were living with Hep B and lost to follow-up (who re-engaged). Novel approaches including rudimentary/clear data gathering documents were required to improve collection of client demographics (ethnicity) and extract clinical details efficiently.

Conclusion:
Despite strong community/key stakeholder engagement, complex challenges ensued and were largely overcome when implementing this pilot to enhance Hepatitis B testing/treatment with priority sub-groups. This pilot identified key opportunities for

improved data collection, including recommendations for important changes to GP software, that would enhance the capacity for GP clinics to engage with priority populations to address a breadth of health conditions. Implications are discussed regarding future research, policy, practice and training.

Disclosure of interest statement:
None

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