# Improving general practitioners' knowledge of hepatitis C care

General practitioners' knowledge of hepatitis C care has increased over time, yet many are unsure whether people who inject drugs are eligible for hepatitis C treatment.

#### **THE ISSUE**

In 2016, direct-acting antivirals (DAAs) were added to the Pharmaceutical Benefits Scheme (PBS), and all medical practitioners and nurse practitioners were permitted to prescribe them to cure hepatitis C. This policy has generated optimism that Australia will be able to eliminate hepatitis C as a public health threat by 2030. Achieving this goal will require treating people who inject drugs (PWID).

#### WHAT OUR WORK FOUND

In April 2016, we surveyed 1000 general practitioners (GPs) in Victoria. The survey questionnaire asked GPs about their knowledge of:

- ▶ The risk factors for hepatitis C
- ▶ How to diagnose a person with hepatitis C
- ▶ Patient eligibility to receive DAAs, including whether people who inject drugs are eligible

We also asked GPs about whether they had prescribed DAAs to any of their patients.

In October 2017, we re-surveyed 938 of the original 1000 GPs to measure changes in knowledge and practice.

Between the two surveys, there was an increase in GPs' knowledge about the key risk factors for hepatitis C infection. Moreover, the percentages of GPs who correctly identified that hepatitis C antibody positive and hepatitis C RNA positive test results are diagnostic of current hepatitis C infection rose from 74% and 88%.

There was also a slight increase in the proportion of GPs who knew that people who inject drugs are eligible to receive DAAs, but 45% remained unsure in the follow-up survey.

At baseline, 12% of GPs had prescribed DAAs, whereas at follow-up this had increased to 22%. When asked why they had not prescribed DAAs, 45% of GPs said they had not diagnosed a patient with hepatitis C, while 34% did not feel adequately trained or experienced.

### **CONCLUSION**

Providing DAAs in primary care is vital to achieving hepatitis C elimination in Australia. The increase in knowledge amongst GPs was reassuring, but ongoing education and support is required to emphasise the eligibility and importance of treating PWID with hepatitis C.

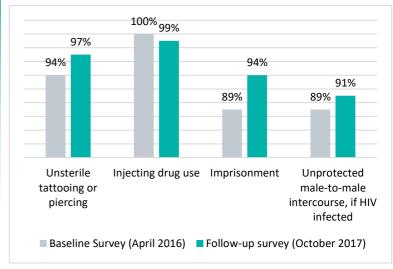


Figure 1: Percentage of GPs who correctly identified hepatitis C risk factors.

## **Policy Implications**

General practitioners are central to increasing DAA treatment uptake in primary care. GPs must receive support to ensure that they have the confidence to identify people at risk of hepatitis C, conduct the appropriate diagnostic test, and be comfortable prescribing DAAs.

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