July 2018

Independent evaluation of the ASHM Hepatitis B S100 Community Prescriber Program

Key findings

ashm

An estimated 237,894 people were living with chronic hepatitis B in Australia in 2016 . In Australia, chronic hepatitis B disproportionately affects culturally and linguistically diverse groups and Aboriginal and Torres Strait Islander peoples. If left untreated, chronic hepatitis B can lead to serious liver disease, liver cancer and death. While effective treatments are available, there is significant variation in treatment and care access across Australia. **Over 80% of people living with chronic hepatitis B are not in care**[1].

The **ASHM Hepatitis B S100 Community Prescriber Program** aims to increase access to care and treatment for people living with chronic hepatitis B[2]. The program facilitates training, support and accreditation for **general practitioners (GPs)** to manage hepatitis B care and prescribe treatment. The program comprises prescriber training courses, ongoing specialist support and advice, and continuing professional development.

Evaluation purpose

This independent evaluation sought to:

- Measure the short and medium-term outcomes and impact of the program
- Describe program successes and opportunities for change
- Provide recommendations to guide future implementation

The evaluation covered the period July 2015 to December 2017.

Methodology overview

The evaluation used a comprehensive mixed-methods approach involving:

Interviews with GPs, specialists, program partners and people living with chronic hepatitis B (n=30)

Survey of GP prescribers (n=135)

Program data and background information

Population-level data, including care coverage trends

1. MacLachlan et al., "Hepatitis B Mapping Project: Estimates of Geographic Diversity in Chronic Hepatitis B Prevalence, Diagnosis, Monitoring and Treatment - National Report 2016."

2. In Victoria, training and accreditation is administered through the Victorian HIV and Hepatitis Integrated Training and Learning (VHHITAL) program, of which ASHM is a consortium partner.

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The program facilitated accreditation for 246 GP prescribers by December 2017, a 720% increase from 2014 (see graph, right).

How effective was program implementation?

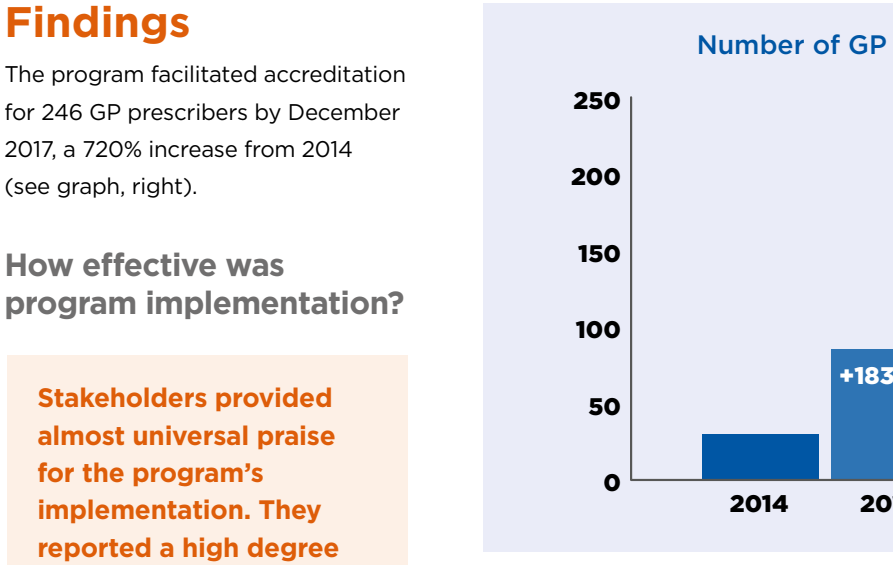
Stakeholders provided almost universal praise for the program's implementation. They reported a high degree of program relevance and effectiveness.

Robust and fit-for-purpose courses

Courses were described as evidence-based, well-targeted and delivered with an effective adult-based learning approach.

'The course is targeted just right – enough complexity that it was told at level of doctors, but not too much unnecessary detail. It provided the key information that would be practically useful.'

GP prescriber, remote area



Effective promotion

Stakeholders felt the program was promoted effectively, particularly given limited resources, a national program footprint, and significant barriers to GP engagement.

'It's a well-known and respected program [among GPs]. People are aware of it and know how to register. It's been popular compared with other courses – we'll take enquiries from [GPs] even when it's not being actively promoted.'

PHN representative

Timely communication

GPs universally stated that they experienced timely, responsive and helpful communication from ASHM. While 83.7% of participants in a 2017 GP prescriber survey indicated that they did not encounter barriers in accessing specialist support, a number of GP prescribers reported difficulties.

Strong stakeholder engagement

The program appears to have effectively engaged program partners and stakeholders in design, planning and delivery. Opportunities to strengthen consumer involvement in delivery were identified.

'They're very receptive to involving us. Especially since they're Australia-wide, I'm always impressed by how much capacity they have to put a local slant on their delivery. They work tirelessly to do that'.

PHN representative

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Barriers and enablers to program success

Barriers
Varying levels of state and territory buy-in
Challenges in engaging GPs
Inconsistent buy-in from specialists

Enablers
Responsive and dedicated program staff
Passionate and engaged GP prescribers
Many supportive specialists

Contribution to GP prescribers' confidence, knowledge and practice

The program has clearly resulted in a strong contribution to participating GPs' self-reported knowledge, confidence and practice.

It is likely that the program reached GPs beyond those directly trained, with one GP prescriber stating, 'As a result of [my participation in] the program, 20 additional doctors have been trained in hep B, thereby contributing to better testing and referral'[3].

However, many GPs experienced challenges in maintaining knowledge and confidence due to low patient caseloads: 'As with anything, the more you do, the better you get'[4].

'Before the s100 program I knew about hepatitis B and had a vague idea what monitoring looked like and was doing it. Having done the course, I have far better knowledge of which tests to do and how often, and how to interpret them.'

GP prescriber, regional area

In 2017* GP prescribers had on average:

2 new hepatitis B diagnoses

2 patients they initiated on antiviral treatment

3 hepatitis B maintenance scripts written

4 patients on hepatitis B antiviral treatment

** 2017 prescriber survey*

'If I have any enquiry I can ask [my GP] and [they will] explain it. I feel like it's safe now because [my GP is] there.'

Person living with CHB

'Most [of my patients with CHB] didn't know the implications [of the disease]; they had been told they are "harmless carriers". [As a GP] I'm able to become active in their [management and] treatment – promoting lifestyle changes and informing their relatives that they need to be tested and immunised'

GP prescriber, regional area

3. GP prescriber, urban area 4. GP prescriber, regional area

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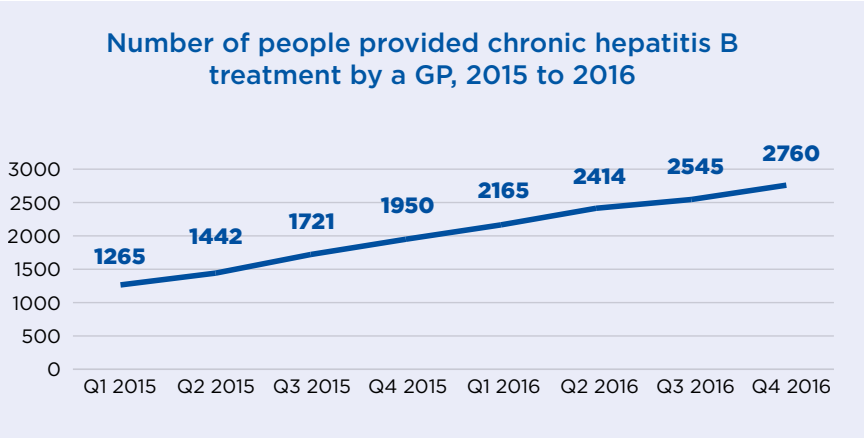
Contribution to population-level outcomes

The program has contributed to expanded access to community-based monitoring and treatment for people with chronic hepatitis B.

The program's contribution to community-based treatment is particularly clear, with an increase from 1,265 to 2,760 unique patients provided treatment by a GP from 2015 to 2016. While the absolute number of people provided hepatitis B treatment also increased for specialists in this period, the relative increase was greater among GPs (118.2% increase) compared to specialists (8.5% increase).



However, about 8 in 10 people with chronic hepatitis B on treatment still receive care in specialist settings, and there is substantial unmet population need. Over 80% (197,411) of people living with chronic hepatitis B are not in care and 90,400 (38%) are undiagnosed[5].

Key barriers to GP involvement in chronic hepatitis B management

Barrier	Possible reasons
GP prescribers have access to a small number of patients living with chronic hepatitis B	• Limited GP-to-GP referral • No formalised specialist-to-GP referral • Mixed patient awareness of GP chronic hepatitis B management
Natural limit to number of GPs who will become prescribers	• Competing priorities in primary care • Complexity of hepatitis B management • Remuneration structures not aligned to the required workload

Key program recommendations

1. **Strengthen course access, promotion and participation,** for example by further engaging non-accredited GPs in areas of particular need
2. **Better support new prescribers and course attendees who do not undergo accreditation,** including intensive clinical advice and support for new prescribers
3. **Strengthen course delivery and ongoing GP prescriber support through greater consumer involvement** in course delivery and trialling a community of practice model for GPs
4. **Address structural barriers to GP management of patients with hepatitis B,** including systematic specialist-to-GP referral and systems to facilitate GP-to-GP referral for HBV management only
5. **Advocate and convene on key issues in the hepatitis B response** such as disproportionately low investment in hepatitis B care relative to unmet need, low levels of screening and testing and GP remuneration structures

This evaluation was conducted in 2018 by ZEST Health Strategies on behalf of ASHM. We acknowledge the generous contributions of all stakeholders who shared their insights and expertise for both the evaluation and prescriber program itself. For further details, contact the ASHM Hepatitis B s100 Community Prescriber Program at HBVprescriber@ashm.org.au..

5. MacLachlan et al., "Hepatitis B Mapping Project: Estimates of Geographic Diversity in Chronic Hepatitis B Prevalence, Diagnosis, Monitoring and Treatment - National Report 2016."