A survey of Australian general practitioners’ hepatitis C knowledge and management 2 years after subsidised direct-acting antiviral therapy became available


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Supplementary Material
22. What is your level of interest in each of the following:

<table>
<thead>
<tr>
<th></th>
<th>Very</th>
<th>Reasonably</th>
<th>Indifferent</th>
<th>Not Very</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescribing DAA in consultation with a specified specialist</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Prescribing DAA independently</td>
<td></td>
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<tr>
<td>Reading guidelines from a peak body about DAA</td>
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<tr>
<td>Attending education sessions about DAA</td>
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<tr>
<td>Engaging in a training program about DAA</td>
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</tbody>
</table>

23. With regards to accessing specified specialists to fulfill PBS consultation:

- Have you accessed specialists to fulfill consultation requirements:  
  - Yes  
  - No
- If you have accessed specialists to fulfill consultation requirements, please complete the following:

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Indifferent</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is a defined local referral pathway</td>
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<tr>
<td>Consultation occurs in a timely fashion</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultation processes have been satisfactory to me</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

24. What method of contact does the defined local referral pathway use to connect you to a specified specialist? (multiple options possible)

- Phone
- Videoconference
- Mail
- Other
- Email
- Unknown

25. Do you have adequate clinical support for managing HCV

- Yes
- No
- Unsure

26. Regarding people infected with hepatitis C who are actively injecting drugs, which of the following is correct?

- People actively injecting drugs are not eligible to receive hepatitis C treatment
- People actively injecting drugs are eligible to receive hepatitis C treatment only if they are on opioid substitution therapy
- Hepatitis C treatment decisions for people who inject drugs would be based on individualised evaluation
- Unsure

Please comment on any difficulties you see for people with hepatitis C in your area accessing treatment under the new PBS model of care.

HEPATITIS C MANAGEMENT BY VICTORIAN GENERAL PRACTITIONERS IN 2017: QUESTIONNAIRE

Please return the questionnaire in the stamped and addressed envelope provided.

Thank you for your time.
Part A: Your clinical practice

1. How old are you?  
   - Male  
   - Female

2. What is your gender?  
   - Male  
   - Female

3. At what type of general practice do you work? (Please choose one, most appropriate response only.)  
   - Private General Practice  
   - Community Health General Practice  
   - Other

4. How many clinical hours do you work each week?  

5. Where is your practice located?  
   - Metropolitan  
   - Regional  
   - Rural

6. Is your practice co-located with any of the following services: (multiple responses possible)  
   - Needle and syringe exchange program  
   - Opioid substitution therapy service  
   - Correctional facility  
   - Community hepatitis nurse  
   - None of the above

Part B: Hepatitis C knowledge

10. Which of the following clinical risk factors would prompt you to screen for hepatitis C infection? (multiple responses possible)  
   - A history of substance use  
   - A history of injecting drug use  
   - A history of imprisonment  
   - A history of unprotected heterosexual intercourse  
   - A history of unprotected male to male intercourse  
   - A history of unprotected male to female intercourse if HIV infected

11. For a patient who has never been tested for hepatitis C, what tests would you order to screen for hepatitis C infection?  
   - Hepatitis C RNA  
   - Hepatitis C serology  
   - Both hepatitis C serology and hepatitis C RNA  
   - None of the above

Part C: How will you manage hepatitis C in 2017?

General practitioners can now prescribe DAA for hepatitis C under the PBS. If the GP is experienced in the treatment of hepatitis C, DAA scripts can be written independently. If the GP is not experienced in the treatment of hepatitis C they can still prescribe DAA in consultation with a gastroenterologist, hepatologist, or infectious diseases physician experienced in the treatment of chronic hepatitis C infection.

18. How are you managing patients with chronic hepatitis C infection this year?  
   - I refer all patients with chronic hepatitis C infection to a specialist on the PBS  
   - I prescribe DAA independently  
   - I prescribe DAA in consultation with a specialist  
   - Other

19. Since 1 March 2016, have you attended a GP education session about DAA?  
   - Yes  
   - No

20. Since 1 March 2016, how many DAA scripts have you written?  
   - Number of scripts written in consultation:  
   - Number of scripts written independently:

21. If you have not written a DAA script (with or without consultation), what is the most likely explanation for not prescribing DAA?  
   - Have not diagnosed anyone with chronic hepatitis C  
   - Do not feel adequately trained/experienced to prescribe  
   - Lack of time/resources  
   - Not applicable

Questions 22-26 on reverse of survey