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

Michelle Gooey^A, Evelyn Wong^B, Alisa Pedrana^{A,C}, Nicole Allard^{D,E}, Joseph Doyle^{A,F}, Margaret Hellard^{A,C,F,G,H} and Amanda Wade^{A,I}

^ADisease Elimination Program, Burnet Institute, 85 Commercial Road, Melbourne, Vic. 3004, Australia.

^BFaculty of Health, Deakin University, 221 Burwood Highway, Burwood, Vic. 3125, Australia.

^CSchool of Public Health and Preventive Medicine, Monash University, 553 St Kilda Road,

Melbourne, Vic. 3004, Australia.

^DDepartment of Medicine, University of Melbourne, Royal Melbourne Hospital, 300 Grattan Street, Parkville, Vic. 3050, Australia.

^EWHO Collaborating Centre for Viral Hepatitis, Doherty Institute, 792 Elizabeth Street,

Melbourne, Vic. 3000, Australia.

^FDepartment of Infectious Diseases, The Alfred and Monash University, Level 2, Burnet Institute, 85 Commercial Road, Melbourne, Vic. 3004, Australia.

^GDoherty Institute, 792 Elizabeth Street, Melbourne, Vic. 3000, Australia.

^HMelbourne School of Population and Global Health, Level 4, 207 Bouverie Street, The University of Melbourne, Vic. 3010, Australia.

^ICorresponding author. Email: amanda.wade@burnet.edu.au

Supplementary Material

22. What is your level of interest in each of the follo	lowing:	follo	the	of	each	erest in	of int	level	vour	is	What	22.
---	---------	-------	-----	----	------	----------	--------	-------	------	----	------	-----

	Very	Reasonably	Indifferent	Not Very	Not at all
Prescribing DAA in consultation with a specified specialist	0	0	0	0	0
Prescribing DAA independently	0	0	0	0	0
Reading guidelines from a peak body about DAA	0	0	0	0	0
Attending education sessions about DAA	0	0	0	0	0
Engaging in a training program about DAA	0	0	0	0	0

23. With regards to accessing specified specialists to fulfill PBS cons	nsultation
---	------------

Have you accessed sr	pecialists to fulfill in	consultation requirements:	O Ye

ou accessed specialists to fulfill in	consultation requirements:	O Yes	\circ

) If	vou have accessed	specialists to fulfil	l in consultation red	quirements nleas	e complete the following
, ,,	you have accessed	specialists to rullit	i iii consultation ici	quireinents, pieus	. complete the rollowing

	Strongly agree	Agree	Indifferent	Disagree	Strongly Disagree
There is a defined local referral pathway	0	0	0	0	0
Consultation occurs in a timely fashion	0	0	0	0	0
Consultation processes have been satisfactory to me	0	0	0	0	0

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

\bigcirc	Dhono	
()	Phone	

Videoconference

Mail

O Other

O Email O Unknown

25. Do you have adequate clinical support for managing HCV

O Yes

O No

O Unsure



- 26. Regarding people infected with hepatitis C who are actively injecting drugs, which of the following is correct?
 - O People actively injecting drugs are not eligible to receive hepatitis C treatment
 - O People actively injecting drugs are eligible to receive hepatitis C treatment only if they are on opioid substitution therapy
 - O Hepatitis C treatment decisions for people who inject drugs would be based on individualised evaluation
 - O 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.





Please complete this paper questionnaire or go to

Please choose one response unless otherwise indicated.

Curative, all oral, antiviral treatment for hepatitis C was isted on the Australian Pharmaceutical Benefits Scheme (PBS) on March 1st, 2016.

The new, oral antiviral drugs are known as direct acting antivirals (DAA). The combination of drugs prescribed depends on the hepatitis C genotype and level of hepatic fibrosis. Sometimes ribavirin may also be recommended. Generally the duration of treatment is twelve weeks.

Part A: Your clinical practice

· u	Tex. Tour cumeat practice
1.	How old are you?
2.	What is your gender?
	O Male O Female
3.	At what type of general practice do you work? (Please choose one, most appropriate response only.
	O Private General Practice
	O Community Health General Practice
	O Other
4.	How many clinical hours do you work each week?
5.	Where is your practice located?
	Metropolitan
	Regional
	O Rural
	Postcode
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
	O Community hepatitis nurse
	O None of the above

7.	Have you ever completed S100 training for: (multiple responses possible) Opioid substitution therapy Hepatitis C Hepatitis B HIV None of the above Are you a current opioid substitution therapy
0.	(OST) provider? O Yes O No
9. Pa	Approximately how many of your patients have chronic hepatitis C infection? <10 10-50 50-100 >100 Unsure rt B: Hepatitis C knowledge
Pa	nt b: nepatitis 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 unsterile tattooing or body piercing 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 male 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? O Hepatitis C RNA O Hepatitis C serology O Both hepatitis C serology and hepatitis C RNA

12.		h of the following results titis C infection?	s are	diagnostic of current	
	0	Hepatitis C antibody po RNA positive	sitiv	e and hepatitis C	
	0	Hepatitis C antibody po	sitiv	e and hepatitis C	
	0	Hepatitis C antibody po Unsure	sitiv	e alone	
cirrh	nosis n	for cirrhosis is importan eed specialist review an hypertension.			
a pa a ve	tient's	p-Platelet-Ratio-Index (A S AST and platelet count risk of cirrhosis and are e.	to ide	entify people who have	
13.	Have you ever used an APRI score to assess a patient's level of hepatic fibrosis? Yes O No				
14.	O T	would you interpret an A The result is diagnostic o The result indicates furth nepatic fibrosis are requi The result excludes cirrho	f cirrl er inv red	nosis	
stiff hepa	ness n atic fib	® is a test that measures neasurement is used as prosis and to diagnose ci rate than the APRI score	a sur rrhos	rogate measure of is. FibroScan® is	
15.		you ever ordered a Fibro	oScar	n®?	
16.	a spe	rou able to request a Fibrecialist consultation, at y			
17.		h of the following factors FibroScan®? (multiple re			
	O E	Body Mass Index	0	ALT	
	O F	Platelet count	0	Bilirubin	
	O F	asting state	0	Unsure	

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 specialised treatment service 			
	O I prescribe DAA independently			
	O I prescribe DAA in consultation with a specialist			
	O Other			
19.	Since 1 March 2016, have you attended a GP education session about DAA?			
	O Yes O No			
	Please describe:			

20.	Since 1 March 2016, how many DAA scripts have you written?			
	0	Number of scripts written in consultation:		
	0	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:

0	Have not diagnosed	anyone with	chronic hepatitis
---	--------------------	-------------	-------------------

- O Do not feel adequately trained/experienced to prescribe
- Compared to the contract of the contract of
- O Not applicable

Questions 22-26 on reverse of survey