

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

Please complete this paper questionnaire or go to

Please choose one response unless otherwise indicated.

Curative, all oral, antiviral treatment for hepatitis C was listed 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

1. How old are you? _____
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
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
 Community hepatitis nurse
 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
8. Are you a current opioid substitution therapy (OST) provider?
 Yes No
9. Approximately how many of your patients have chronic hepatitis C infection?
 <10
 10-50
 50-100
 >100
 Unsure

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 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?
 Hepatitis C RNA
 Hepatitis C serology
 Both hepatitis C serology and hepatitis C RNA
 Unsure

12. Which of the following results are diagnostic of current hepatitis C infection?
 Hepatitis C antibody positive and hepatitis C RNA positive
 Hepatitis C antibody positive and hepatitis C RNA negative
 Hepatitis C antibody positive alone
 Unsure

Assessing for cirrhosis is important because people with cirrhosis need specialist review and screening for liver cancer and portal hypertension.

The AST-to-Platelet-Ratio-Index (APRI) is a score, which uses a patient's AST and platelet count to identify people who have a very low risk of cirrhosis and are suitable for community-based care.

13. Have you ever used an APRI score to assess a patient's level of hepatic fibrosis?
 Yes No
14. How would you interpret an APRI of 1.9?
 The result is diagnostic of cirrhosis
 The result indicates further investigations of hepatic fibrosis are required
 The result excludes cirrhosis

FibroScan® is a test that measures liver stiffness. Liver stiffness measurement is used as a surrogate measure of hepatic fibrosis and to diagnose cirrhosis. FibroScan® is more accurate than the APRI score for identifying cirrhosis.

15. Have you ever ordered a FibroScan®?
 Yes No
16. Are you able to request a FibroScan® test only, without a specialist consultation, at your local liver clinic?
 Yes No Unsure
17. Which of the following factors can confound the results of a FibroScan®? (multiple responses possible)
 Body Mass Index ALT
 Platelet count Bilirubin
 Fasting state 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
 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
Please describe: _____
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