Position paper August 2014

Hepatitis Victoria calls on the Victorian Government to:

Remove the barriers to GP prescribing and treatment for hepatitis B and C.

Action:

- **Commit to advocating for the removal of regulatory barriers to GP prescribing of S100 medicines for viral hepatitis**
- **Commit to ongoing workforce development and support for primary care providers**

Context:

Almost 500, 000 Australians (over 120, 000 Victorians) are living with chronic viral hepatitis. Untreated chronic viral hepatitis can lead to serious liver complications such as cirrhosis and liver cancer. The costs of treating end stage liver disease such as liver transplants are extremely high. Despite this, less than 5% of those living with chronic hepatitis B and C are currently accessing treatment.

People living with viral hepatitis are currently only able to access treatment through specialists in outpatient clinics. Current arrangements restrict prescribing and dispensing of antiviral therapy to specialist services. General practitioners commonly see patients in between specialist appointments and are unable to write prescriptions for treatment.

New specialist referrals increase pressure on existing services. The burden on specialist liver services is already significant and increasing.

The problem:

Currently general practitioners are unable to initiate or maintain treatment for either hepatitis B or C for their patients. This creates significant barriers to treatment uptake and adherence.

Vital knowledge on care and treatment of patients is currently trapped in the specialist sector. Effective models of care are transferring knowledge to empower GPs to treat patients, improving uptake and adherence. Training is provided for GPs treating patients living with hepatitis C however very few GPs are currently prescribing medications due to the current complexities in the system.

The current system is difficult to manage – GP management of viral hepatitis is occurring in a very limited way and few are aware of the parameters and as such are hesitant to manage hepatitis patients.

There is compelling evidence that community treatment of other complex viral infections such as HIV and Hep C (in the US) can be done as effectively as specialist treatment by an informed community prescriber. Pilots in Australia and studies overseas support this can be done with interferon and therefore simpler oral regimes are clearly possible. A successful primary care framework has been established for HIV and this model could be applied to viral hepatitis.

The main regulatory barrier to GPs managing the care of people living with viral hepatitis is restrictions on prescribing.

Both of the national strategies released this year that relate to viral hepatitis acknowledge the need for strategies for the development and implementation of models of care that increase the involvement of GPs in patient care and improve access to life saving medications.

A regular authority script for maintenance would be a significant step for improving outcomes for people living with viral hepatitis.

The solution:

The current response to viral hepatitis results in the restriction of prescribing and dispensing of antiviral therapy to specialist services.

Committing to the actions specified at the start of this paper will vastly improve access to viral hepatitis medications and increase treatment uptake and adherence.

Enabling GP prescribing of viral hepatitis medicines will make these vital medications more widely available to the affected community. This will increase treatment rates significantly and improve adherence for patients.

Empowering the primary care sector means that treatment becomes more physically accessible to people in rural and regional areas and more culturally responsive. This is a cost effective cancer prevention strategy that will ultimately save lives.