

IMPROVING CLINICAL PRACTICE THROUGH A GP HEPATITIS C CLINICAL e-AUDIT

^{1,2}Baker D, ²Hill S

¹East Sydney Doctors, ²ASHM

Introduction: Most people living with chronic hepatitis C (CHC) can now be cured with new direct acting antivirals (DAAs). However many have complex comorbidities that require ongoing monitoring and management, even after hepatitis C virus has been cleared. The use of a GP Management Plan (GPMP) has been shown to improve clinical care in other chronic conditions. ASHM has developed this hepatitis C GPMP and e-audit for GPs to assess their management of patients with CHC against best practice standards with the aim of improving clinical practice following a training intervention.

Methods: Audit questions were developed based on the *Australian recommendations for the management of hepatitis C virus infection: a consensus statement 2016* and the RACGP Red Book, *Guidelines for preventive activities in general practice*. To participate in the e-audit, GPs undertake a systemic review of care they provided to 5 patients with CHC. The data is entered into a secure online database. GPs then download a GPMP template which includes the recommended guidelines and best practice standards. Subsequently, they complete an online training module based on the GPMP and associated key criteria for the assessment and management of CHC. Three months later, GPs complete another retrospective audit on 5 patients with CHC. A report displaying the GP's management against the targets can be downloaded to evaluate any changes in clinical practice pre- and post- training intervention. The report also shows an individual GP's results compared to the averaged results of all participating GPs.

Results: This paper will describe the development, contents and preliminary results from the e-audit including GP uptake and participant feedback. De-identified data and sample audit reports will be presented.

Conclusion: It is anticipated that the clinical e-audit will demonstrate an improvement in clinical practice by participating GPs, resulting in improved health outcomes for people with CHC.

Disclosure of Interest Statement: D Baker has received funding for conferences, research and advisory board membership from Gilead, BMS, AbbVie and Merck.