

**Submission Id:** 5419

**Title**

*Barriers and Enablers to Optimizing Primary Care-Directed Hepatitis C Treatment*

**Priority 1 (Research Category)**

Healthcare Services, Delivery, and Financing

**Presenters**

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**Abstract**

Context: Decentralization and task-shifting of hepatitis C virus (HCV) infection testing and treatment from specialty services to primary care are vital to achieving global HCV elimination targets since Direct-Acting Antiviral (DAA) therapy has revolutionized HCV management. Understanding primary care providers' experiences and beliefs on their provision of HCV treatment is vital to optimizing primary care-directed HCV treatment. Objective: We aimed to use best practices from implementation science to determine the key factors influencing primary care physicians' provision of HCV treatment and synthesize the evidence on the barriers and enablers to optimizing primary care-directed HCV treatment to inform future implementation interventions. Study Design, Analysis, and Population Studied: First, we conducted theory-informed interviews with family physicians practicing in Ontario, Canada, to identify perceived barriers and enablers to their provision of HCV treatment. Second, we conducted a framework-structured systematic review of the barriers and facilitators to optimize primary care-directed HCV treatment. Settings: Primary care settings. Intervention and Outcome Measures: The interviews and knowledge synthesis were guided by the Theoretical Domains Framework (TDF), which incorporates 33 behavior change theories into 14 domains to systematically identify cognitive, affective, social, and environmental influences on health behavior. We characterized key determinants of primary care-directed HCV treatment to identify potential targets for future implementation interventions. Results: 'Knowledge gap of HCV treatment guidelines', 'time and resource constraint and competing priorities in primary care', and 'clarity of primary care physicians' professional role in HCV treatment cascade' were the key determinants to provide HCV treatment in primary care emerged from 20 in-depth interviews. The systematic review suggested that 'enabling environment', 'primary care capacity', and 'knowledge deficit in HCV treatment guidelines' were the key factors coded to 'Environmental context and resources', 'Social influences', 'Identity and social professional role', and 'Knowledge' domains as the most relevant TDF domains to influencing the optimization of primary care-directed HCV treatment. Conclusion: Our results provided practical insights into the barriers and enablers that future implementation strategies should address to optimize primary care-directed HCV treatment.