

*An Assessment of Hepatitis C Virus
Screening and Treatment Practices of
Providers Serving Individuals with
Limited Resources*



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Background Information

■ Hepatitis C virus

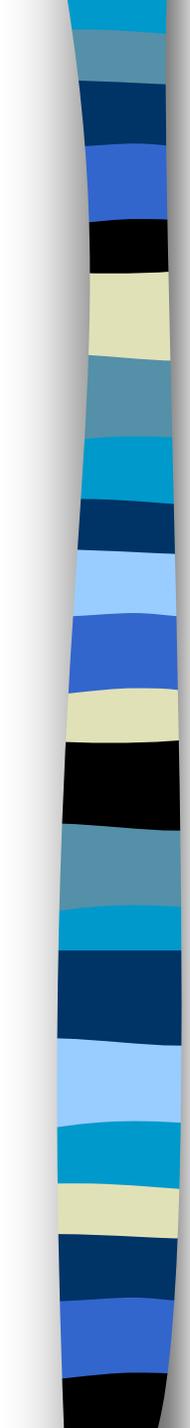
- blood-borne pathogen
- infects liver
- causes chronic disease in 75% of cases and liver cancer in 5% of cases

■ Epidemiology

- more than 170 million infected world-wide
- approximately 4 million people infected in US
- injection drug use major source of transmission in US

■ Treatment

- interferon-alpha or peg-interferon + ribavirin
- expensive, difficult side effects, effective in 50%
- approximately 2/3 of infected people do not know they are infected



Hepatitis C in Maryland

- Approximately 100,000 infected
- DHMH HCV prevention and control plan
 - secondary prevention goals targeting those already infected
 - educate about testing, healthy living and options for treatment
 - also educate health care providers and general public about HCV



Study Purpose

- Assess what providers are doing now
- Assess what resources providers need to offer testing and treatment
- Focused on providers serving individuals with limited resources:
 - homeless, jobless, without insurance, low-income, without a PCP
- Clinics located within Baltimore city



Study Design

- List of clinics and providers to survey
 - list of all providers in Baltimore
 - internet-based searches for clinics
 - 9 clinics, 26 MDs, 5 PA-Cs
- Clinics called to solicit participation
- Appointment made to administer survey in person



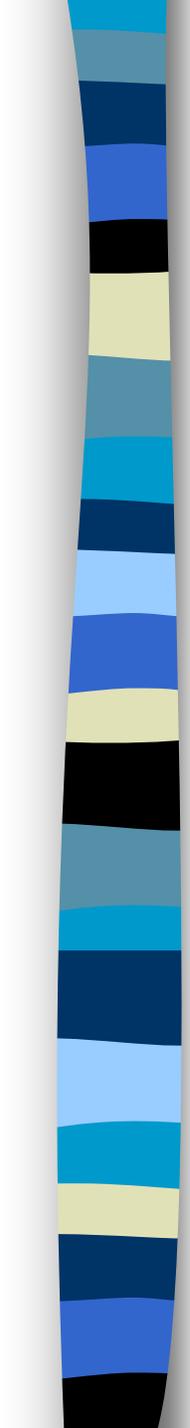
Survey Instrument

- Created last year by Amina Chaudhry
- 30 questions
 - general knowledge about HCV
 - practices for screening and treatment
 - perceived barriers to treatment
 - vignettes for testing hypothetical patients



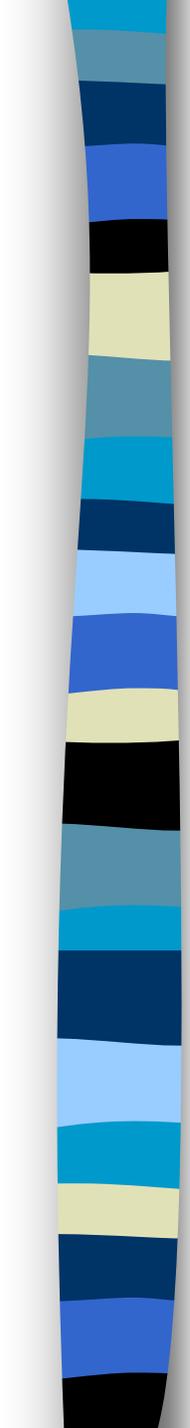
Data Analysis

- Only 6 surveys collected by end of study
- No formal analysis done



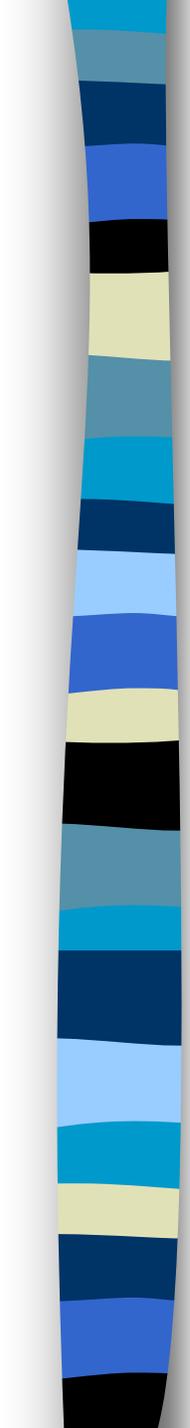
Results

- 6 surveys filled out at a single clinic
- 5 MDs, 1 PA-C
- Mostly family medicine or HIV-specialists
- 4 had treated HCV+ patients
- High level of knowledge and comfort discussing HCV with patients
- Clinic offers Ab testing, treatment, and supportive services
- Only major barrier cited was time constraints



Discussion

- Understanding what current screening and treatment practices are will help target programs to reduce disease and transmission
- Appears to be a high level of awareness of HCV among some providers
- Biggest issue for quality care is lack of time



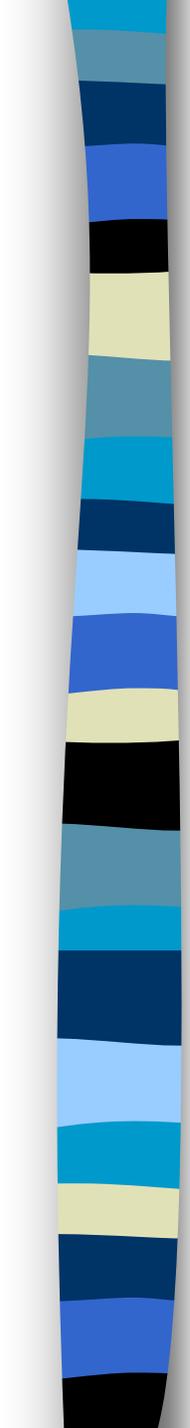
Problems Encountered and Lessons Learned

- IRB approval took almost 3 months
- Clinics did not follow-up on phone calls
- Not clear what best method is for high participation rates on surveys
- Research never goes quite as planned
- PHASE experience of public health practice



Acknowledgements

- Robin Decker
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- Dr. Baqui
- survey respondents



References

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Thank you!

- Are there any questions?

