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
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Thank you!

Are there any questions?