



Survey Assessing the Need for Educational Tools to Prepare and Support the Workforce Needed to Treat HCV Infected Patients in the United States

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In the United States the rapid expansion of treatment options and opportunities, in combination with a limited supply of expert treaters (e.g. gastroenterologists & hepatologists) calls for the development of a variety of tools to support a broad range of practitioners who will diagnose and care for persons with HCV infection. These will likely be drawn not just from the fields of hepatology and gastroenterology, but also from infectious diseases, internal medicine, mental health and substance abuse specialties.

To understand which key products/tools will be required to increase provider capacity to diagnose and treat HCV infection, the Forum for Collaborative HIV Research sponsored and administered a short online survey to participants at their 2012 National Summit on HIV and Viral Hepatitis Diagnosis, Prevention and Access to Care meeting. The survey provided an opportunity for input from a variety of provider communities in diverse settings —industry, specialty disease physicians, clinical pharmacists, mid-level providers and other clinical staff who have been working – or are planning to work –on the front lines to care for persons with HCV infection. Responses were sought about the means of expanding national capacity for HCV care and treatment as well as perceived barriers to accessing care and treatment, issues faced by providers when treating or contemplating treatment for HCV infection, and essential elements of a HCV treatment guideline.

The survey results have been gathered and tabulated using online software and provide informative insights into the needs expressed by providers, which if addressed effectively will go a long way in helping combat the HCV epidemic.

Informative discussions and help with survey design from Lynda Dee (AIDS Action Baltimore), Dr. Ken Sherman (University of Cincinnati College of Medicine), Tracy Swan (Treatment Action Group), Dr. Ron Valdiserri and Corinna Dan (Department of Health and Human

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Services) are gratefully acknowledged. We thank Sarah Grant for expert technical assistance with preparing the survey results.

Are you a: (check all that apply)

Answer Options	Response Percent	Response Count
Scientist (academia or industry)	21.1%	24
Epidemiologist	17.5%	20
State or City Department of health public health official	17.5%	20
Infectious disease physician	11.4%	13
Federal government public health official	9.6%	11
Primary care physician	7.0%	8
Patient advocate	7.0%	8
Internist	4.4%	5
Mid-level provider (nurse, nurse practitioner, physicians assistant)	4.4%	5
Gastroenterologist	0.0%	0
Hepatologist	0.0%	0
Other (please specify)	26.3%	30

- Executive director of national HIV/Hep C research and education org.
- Federal government employee
- LPN
- Program manager for HIV testing
- Diagnostics industry
- Director for community-based clinic
- Policy analyst and director
- Emergency Medicine Physician
- RN
- Emergency medicine
- Psychologist
- Emergency Medicine Physician
- Industry
- Evaluator
- HIV Testing Coordinator
- Medical Affairs industry
- Program Administrator at a community based organization
- Industry with Public Health focus

- IVD Manufacturer
- Policy advocate
- Health educator at a non-profit medical association
- Emergency medicine
- Linkage to Care
- Deputy Director of CBO focused on HIV/STI/HCV Screening and Linkage to Care
- Industry
- Public Health Professional, Programmatic Researcher
- Health care consultant
- CBO administrator
- Policy consultant
- Project Manager

Answered question	114	114
Skipped question	26	26

In your opinion, what are the top three (3) barriers to increased access to HCV care and treatment in the US?

Answer Options	Response Percent	Response Count
Gaps in knowledge about HCV disease, natural history, staging of disease	56.7%	59
Issues with reimbursement for care and treatment	40.4%	42
Limited access to diagnostic services (e.g. PCR)	38.5%	40
The complexity of current treatments	37.5%	39
Difficulty in identifying an appropriately trained health care provider	30.8%	32
Confusion about who is clinically eligible for treatment	27.9%	29
Limited ability to refer to or consult with specialist	15.4%	16
Limited knowledge of appropriate staging tools (e.g. liver biopsy or non-invasive marker)	14.4%	15
Limited knowledge about management of co-morbidities	5.8%	6
Other (please specify)	16.3%	17
<ul style="list-style-type: none"> • Limited public knowledge about the disease in general particularly transmission avenues and treatments • Barriers created by the existing HVC patent for diagnostic tests. • Funding restrictions on offering HCV testing (only w/IDUs) • Limited knowledge of screening technologies, algorithms and especially confirmatories • Cost of treatment 		

- As with other demands for service (medical and non-medical), limited resources and need to establish priorities
- Lack of patient navigation of the complex needs of diagnostics, education, treatment decision making, and adherence support.
- Lack of providers knowledgeable in HCV
- Lack of patient navigators/case managers
- The lack of a medical system.
- Most tax plans ignores where people are in their lives
- Identifying patients that are not aware of their status
- Patient characteristics (co-occurring) disorders and fear of treatment.
- Provider misperceptions about complexity of treatment and eligibility for treatment; provider resistance to serving certain populations
- Absence of good demonstration projects and implementation science on birth cohort screening
- Basic linkage to care is a major issue
- Getting patients diagnosed in the first place. Need simple approach.

Answered question	104	104
Skipped question	36	36

In your opinion, which of the following elements are ESSENTIAL components of a treatment guideline for HCV (check all that apply):

Answer Options	Response Percent	Response Count
When to initiate treatment	79.8%	75
Strategies for supporting adherence	57.4%	54
Preferred regimens	55.3%	52
Strategies for successful treatment of patients with substance use disorders	53.2%	50
How to address side effects	47.9%	45
Simplified algorithms for what drugs to prescribe	46.8%	44
When/under what circumstances to stop treatment	46.8%	44
Simplified algorithms for laboratory tests to monitor treatment response	42.6%	40
Strategies for management of patients with psychiatric disorders during HCV treatment	42.6%	40
Specific contraindications to HCV therapy	41.5%	39
Avoiding drug-drug interactions with medications that are commonly used by people with HCV (methadone, buprenorphine, statins, antidepressants, etc.)	39.4%	37
Management of patients with cirrhosis	35.1%	33

Second-line therapies for patients with drug resistance or treatment failure	24.5%	23
Other (please specify)	5.3%	5
<ul style="list-style-type: none"> In the field, testing and treatment guidelines patients can understand. Non-responders - how to handle and all of the above in the context of prison/jail setting 		
Answered question	94	94
Skipped question	46	46

Please Rank: In your opinion, what are the best ways to expand the national capacity for HCV treatment and care (rank from most important to least important with 1 = most important). *Note: you can adjust rankings by using drop-down boxes, or by dragging and dropping.

Answer Options	1	2	3	4	5	6	Rating Average	Response Count
Development of federal treatment guidelines to standardize care and facilitate reimbursement	34.4% (31)	30.0% (27)	11.1% (10)	8.9% (8)	13.3% (12)	2.2% (2)	2.43	90
Train more specialists	8.9% (8)	20.0% (18)	15.6% (14)	20.0% (18)	17.8% (16)	17.8% (16)	3.71	90
Develop new models of care	6.7% (6)	8.9% (8)	17.8% (16)	21.1% (19)	21.1% (19)	24.4% (22)	4.14	90
Improve access to educational tools and training programs	5.6% (5)	10.0% (9)	15.6% (14)	32.2% (29)	22.2% (20)	14.4% (13)	3.99	90
Create HCV specific funding for prevention, treatment and care	37.8% (34)	15.6% (14)	12.2% (11)	4.4% (4)	14.4% (13)	15.6% (14)	2.89	90
Increase provider and community engagement	6.7% (6)	15.6% (14)	27.8% (25)	13.3% (12)	11.1% (10)	25.6% (23)	3.83	90
Answered question							90	90
Skipped question							50	50

Are you eligible to treat HCV infected patients?		
Answer Options	Response Percent	Response Count
Yes	13.7%	17
No	86.3%	107
Answered question		124
Skipped question		16

If "yes," do you treat HCV infected patients?		
Answer Options	Response Percent	Response Count
Yes	55.6%	10
No	44.4%	8
Answered question		18
Skipped question		122

If you do treat HCV infected patients, where do you practice? (check all that apply)		
Answer Options	Response Percent	Response Count
Urban	70.0%	7
Academic center	40.0%	4
Specialty clinic	10.0%	1
Community health center	10.0%	1
Rural	0.0%	0
Ryan White clinic	0.0%	0
Other (please specify)	0.0%	0
Answered question		10
Skipped question		130

If "yes," approximately how many patients have you treated since June 2011?		
Answer Options	Response Percent	Response Count
1-10	70.0%	7
11-25	10.0%	1
26-75	10.0%	1
76 or more	10.0%	1
None	0.0%	0
Answered question		10
Skipped question		130

If "no," why not? (check all that apply):		
Answer Options	Response Percent	Response Count
Treatment is too complicated	66.7%	2
Treatments are not good enough	33.3%	1
Treatment is too expensive	0.0%	0
Side effects of treatment are too demanding to manage	0.0%	0
Therapies are changing too quickly	0.0%	0
Patients are not interested in treatment	0.0%	0
Other (please specify)	0.00%	0
<ul style="list-style-type: none"> • Getting ready to start in 2013 - finally have a physician champion • Although eligible, GI tends to treat HCV at our institution, not ID. • Not in an appropriate care setting • Others in my clinic do the treatment 		
Answered question		3
Skipped question		137