

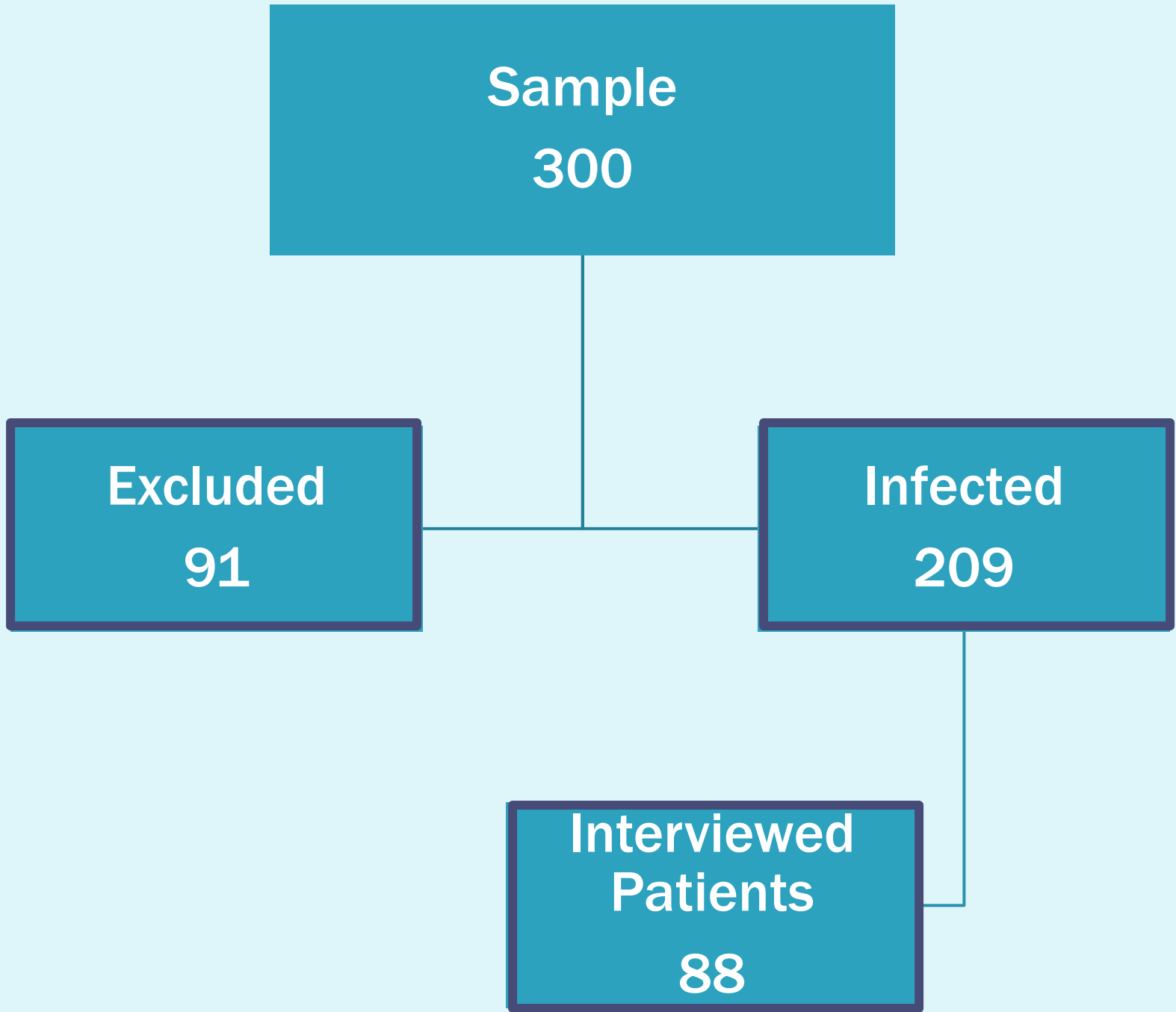
Reasons New York City Patients May Not Be Prescribed Hepatitis C Treatment

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GOALS OF OUR STUDY

- **To describe clinical and social factors related to treatment initiation among New York City residents with chronic hepatitis C virus (HCV)**
 - among those most likely to be considering HCV treatment
 - by collecting information from patients and medical providers
- **To assess reasons these patients may not receive antiviral treatment.**



CHARACTERISTICS OF UNTREATED PATIENTS

| | N | % |
|--|------------|-------------|
| Total | 209 | 100% |
| Sex | | |
| Male | 139 | 67% |
| Female | 70 | 33% |
| Age | | |
| Birth Cohort (1945 - 1965) | 163 | 78% |
| Other | 46 | 22% |
| Insurance | | |
| Medicaid | 117 | 56% |
| Private | 51 | 24% |
| Medicare | 14 | 7% |
| Other | 2 | 1% |
| None | 6 | 3% |
| Unknown / Unspecified | 19 | 9% |
| Provider Discussed HCV Treatment with Patient | | |
| Yes | 154 | 74% |
| No | 46 | 22% |
| Unknown | 9 | 4% |
| Genotype | | |
| 1a or 1b | 157 | 75% |
| 3 or 3a | 14 | 7% |
| 2a or 2b | 6 | 3% |
| Other | 4 | 2% |
| Unknown | 28 | 13% |

46 of 154 (30%) plan to start treatment soon

REASONS FOR NOT INITIATING HCV TREATMENT

| Barrier to hepatitis C treatment | Provider reports (179 patients) | Patient self-reports (87 patients) |
|--|--|---|
| Comorbid condition | 41% | 34% |
| Currently drinks alcohol or uses drugs | 24% | 3% |
| Medical condition | 21% | 20% |
| Mental health issue | 19% | 13% |
| Not keeping follow-up or referral appointments ² | 28% | NA ³ |
| Provider does not prescribe HCV medications, refers for treatment ⁴ | 22% | NA ³ |
| Concern over side effects | 14% | 30% |
| Waiting for better treatment regimen | 13% | 17% |
| Concerns over cost or insurance problems | 4% | 14% |
| Too many responsibilities | NA ⁵ | 8% |
| History of non-adherence to medications | 8% | 0% |
| Disease not advanced enough | 6% | 7% |
| "No barriers to treatment" ² | 6% | 11% |

¹This table summarizes barriers reported by >5% of patients or providers. Categories are not mutually exclusive. 58% of providers reported more than one barrier for their patients, and 41% of patients reported more than one barrier.

² Received as a write-in response from providers and standardized for inclusion in this table. All other responses were selected from a checklist.

³Not asked of patients

⁴22 the 179 providers (40%) were primary care/internal medicine doctors. 63% of affirmative responses for this barrier were from primary care/internal medicine providers.

⁵Not asked of providers

ADDRESSING BARRIERS

| Barrier | Possible Solutions |
|---|---|
| Comorbid condition Currently drinks alcohol or uses drugs Medical condition Mental health issue | <ul style="list-style-type: none">• Educate clinicians about new regimens and that patients with comorbid conditions can complete these treatments |
| Not keeping follow-up or referral appointments | <ul style="list-style-type: none">• Patient navigation and linkage to care interventions• Care coordination• Use of text messaging and other technology |
| Provider does not prescribe HCV meds, refers for treatment | <ul style="list-style-type: none">• Educate primary care physicians to begin treating patients• Linkage to care programs at primary care practices |
| Concern over side effects | <ul style="list-style-type: none">• Educate patients and providers about the improved side effect profiles for new regimens |

ADDRESSING BARRIERS

| Barrier | Possible Solutions |
|---|--|
| Concerns over cost or insurance issues | <ul style="list-style-type: none">• Patient assistance programs• Advocacy |
| Too many responsibilities | <ul style="list-style-type: none">• Care coordination and health promotion |
| History of non-adherence to medications | |
| Insurance companies require advanced disease to pay for treatment | <ul style="list-style-type: none">• Advocacy and policy• Appeal insurance denials |