

Hepatitis C virus (HCV) treatment outcomes in the primary care setting

NATIONAL SUMMIT ON HCV AND HIV DIAGNOSIS, PREVENTION AND ACCESS TO CARE

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Background

Since 2010, the New York State Department of Health (NYSDOH) has provided funding to 13 primary care sites to integrate hepatitis C virus (HCV) care and treatment.

Funded programs provide comprehensive primary care and HCV care and treatment utilizing a multidisciplinary team approach.

All programs offer wrap-around services, such as care coordination, peer and supportive services, etc.

At each of these programs, it is the primary care provider managing and treating HCV. Each program maintains a linkage agreement with an HCV specialist who provides ongoing consultation when needed.

The purpose of this study was to determine HCV treatment outcomes for patients being treated by a primary care provider (PCP) in a primary care setting throughout NYS.

Method

The 13 HCV Care and Treatment Programs submitted data to the NYSDOH on a randomly selected sample of patients enrolled in their programs from October 2012 through September 2013

- Eight performance indicators (PI) and sustained virologic response (SVR) rates

Sample sizes were determined accounting for an unequal proportion of treated and untreated patients.

Patients treated were deemed medically eligible for HCV treatment and were treated during the review period.

Data were collected in SurveyMonkey® and analyzed using IBM SPSS Statistics version 22.0.

Results – All clients

	% Mono-infected ¹ (n=322)	% Co-infected ¹ (n=289)	%total ¹ N=611
Treatment adherence addressed	85.4%	68.8%	77.5%
HAV vaccine	88.8%	89.9%	89.3%
HBV vaccine	89.4%	87.4%	88.3%
Alcohol counseling	95.6%	79.9%	88.2%
Mental health assessment	94.4%	81.1%	88.1%

¹ Percentages are based on the number of individuals that answered each question and not the overall “n”. Missing data was excluded from the denominator.

Results- Treated clients only

	% Mono-infected ¹ (n=176)	% Co-infected ¹ (n=139)	% Total ¹ (N=315)
RNA testing before treatment	86.9%	98.6%	92.0%
RNA testing after treatment	85.6%	81.7%	84.1%
Treatment adherence addressed	98.9%	88.4%	94.3%
SVR reached ²	76.8%	76.3%	76.6%

¹ Percentages are based on the number of individuals that answered each question and not the overall “n”. Missing data was excluded from the denominator.

² Patient enrolled in the HCV program that completed treatment (full or partial course) AND had an end of treatment response during the review period

Profile of patients with an SVR

Overall SVR rate was 76.6%

- 76.8% among HCV monoinfected and
- 76.3% among HIV/HCV coinfecting patients.

Most were male (67.4%); Genotype 1 (79.5%); with minimal or no fibrosis (35.2%).

There were no differences noted by race/ethnicity.

The majority were being treated with a Direct Acting Anti-viral, i.e., Telaprevir or Boceprevir containing regimen (70 %).

Conclusion

Highly effective HCV treatments allow more people living with HCV to be cured. However, limited capacity within specialty clinics is a barrier to accessing the treatments.

The newer treatments are less complex and have fewer side effects, enabling PCPs with the knowledge and skills to successfully treat HCV in primary care settings.

These results demonstrate that PCPs are able to effectively care for and treat persons infected with HCV, thus increasing access to HCV treatment beyond specialty clinics.