

Hepatitis C Virus Screening Practices among Primary Care Physicians in Four Large Primary Care Settings

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Routine and Expanded Testing
Testing Integration in the Primary Care Setting Breakout
Session

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A Qualitative Analysis

**HEPATITIS C VIRUS SCREENING PRACTICES
AMONG PRIMARY CARE PHYSICIANS IN FOUR
LARGE PRIMARY CARE SETTINGS**

Background

- ❑ **In 1998, CDC published Recommendations for Prevention and Control of Hepatitis C Virus (HCV) Infection and HCV-related Chronic Disease***
 - CDC recommended HCV testing for populations most likely to be infected with HCV
- ❑ **The implementation of risk-based screening has not been widely adopted in health care settings**
- ❑ **At least 1/2 of infected U.S. adults remain unidentified.****

*Recommendations for prevention and control of hepatitis C virus (HCV) infection and HCV-related chronic disease. Centers for Disease Control and Prevention." [MMWR Recomm Rep 47\(RR-19\): 1-39](#)

**Denniston, M. M., K. R. Monina, et al. (2011). "Awareness of infection, knowledge of hepatitis C, and medical follow-up among individuals testing positive for hepatitis C: NHANES 2001-08." [Hepatology](#).

Methods

- ❑ **Semi-structured interviews were conducted**
 - 4 large primary care settings
 - Henry Ford Hospital
 - Mt. Sinai Medical Center
 - University of Alabama at Birmingham
 - University of Texas at Houston
 - 19 physicians
 - 6 Primary Care Physicians (PCP)
 - 8 Hepatologists
 - 5 Administrators (responsible for primary care policy changes)
- ❑ **Data analyzed using NVivo 9.0**
- ❑ **Multi-disciplinary team**
- ❑ **Grounded Theory Based Methodology**

Results – Main Themes

□ Screening and Testing

- Most PCPs use signs and symptom-based testing, ie abnormal liver function tests
- Facilitators – Physician Education
- Barriers
 - “PCPs are too busy”
 - “I don’t feel comfortable asking patients about their HCV risk history”

□ Screening Guidelines

- Use of risk based guidelines
 - “What am I to do if organizations release recommendations for screening that differ?”
- Birth-cohort guidelines
 - “Screening simply by age group would be a much simpler recommendation.”
 - “I’m worried about hepatitis C diagnoses affecting whether insurance will cover a patient.”

Results – Main Themes Continued

□ Linking patients to Specialty Care

- Referral processes vary
- Facilitators – “Referral Coordinators”
- Barriers
 - “Patients are waiting a long time for appointments.”
 - “Insurance”

□ Treatment and Delivering Long-term Care

- Treatment decisions
 - “...depends on the patient.”
 - “Contraindications for treatment would be liver failure, psychiatric issues, comorbidities, and patient social issues.”
- Facilitators
 - Clinical trials for uninsured patients
- Barriers
 - “Compliance with treatment is difficult for many patients”
 - “Insurance companies may refuse to allow treatment of patients.”

Discussion

- ❑ **PCPs are not fully utilizing risk-based screening strategies supported by CDC, NIH and AASLD**
- ❑ **Increased knowledge of Hepatitis C and the resources available were facilitators to HCV testing**
- ❑ **Discrepancies in guidelines created confusion among PCPs.**
- ❑ **Hepatologists were not as concerned about the availability of resources as PCPs**

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Thank you!

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