

Increasing Access to Hepatitis and HIV Testing, Care, and Treatment: Identifying Services and Training Needs

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OBJECTIVE

About a quarter of people living with HIV are co-infected with hepatitis C (HCV), and an estimated 10% are co-infected with hepatitis B (HBV). Additionally, HCV in the United States is twice as prevalent in African-Americans as among whites. According to the Department of Health and Human Services, viral hepatitis is virtually unknown to the general public and health care providers lack knowledge in treatment and prevention.

To improve provider capacity to administer HIV care given the burden of hepatitis co-infection, HealthHIV built hepatitis-specific learning proficiencies into their HIV Training Package. Program participants were assessed in their competency in providing hepatitis C includes assessments of provider competency to offer hepatitis services. In addition, HealthHIV conducts the State of HIV in Primary Care survey in which we identified the training needs of providers around HIV and hepatitis.

METHODS

HealthHIV conducts self-assessments of provider (MD, DO, NP, PAs) competency in the proficiencies of the HIV Training Package. Four hundred seventy-three completed self-assessments were analyzed to assist with the construction of organizational training plans that guide capacity building efforts to integrate HIV services. Of those, 127 providers self-reported their level of competency on a scale of 1-4:

- 1-unable to perform this proficiency
- 2-able to perform this proficiency with direct HIV expert guidance
- 3-able to perform this proficiency in consultation with an HIV expert
- 4-able to perform this proficiency independently

Providers assessed their level of competency in three hepatitis-specific learning proficiencies.

- Managing Hepatitis B Co-Infection
- Monitoring Hepatitis C Co-Infection
- Evaluating and Treating Hepatitis C Co-Infection

As part of HealthHIV's Second Annual State of HIV in Primary Care survey, 445 providers of HIV Care (specialists and PCPs who spend at least 1% of their time treating HIV) answered questions about what hepatitis services they provide, confidence providing those services, and training needs. The survey was fielded in Surveymonkey between July and October, 2011. The survey was distributed by HealthHIV and Medscape through open invitations via targeted email lists, monthly newsletters, and website postings.

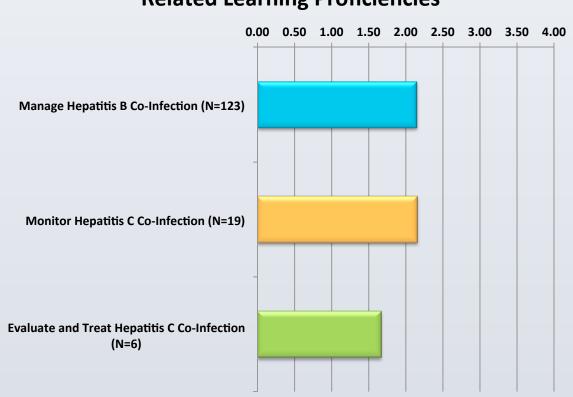
RESULTS

HealthHIV

Average rates of competency for hepatitis-related learning proficiencies were right around 2 (able to perform this proficiency with direct HIV expert guidance)

Overall, prescribing providers reported capacity to provide basic hepatitis B and C services, but did not report an ability to perform such services independently.

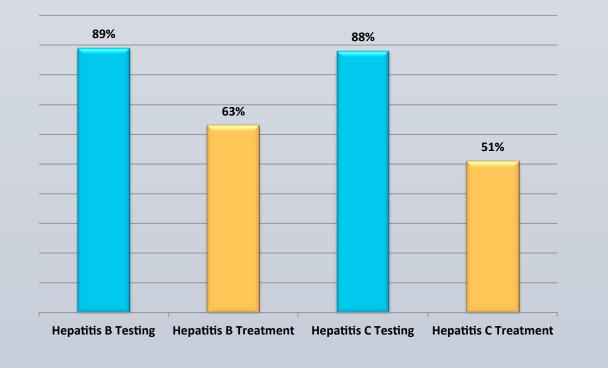
Average Rate of Competency for Hepatitis-Related Learning Proficiencies



State of HIV in Primary Care Survey

Survey respondents reported providing a higher percentage of hepatitis testing services but far less treatment services.

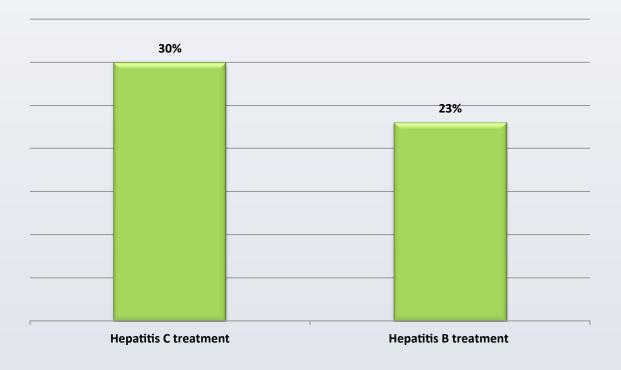
Hepatitis-Related Services Provided



RESULTS

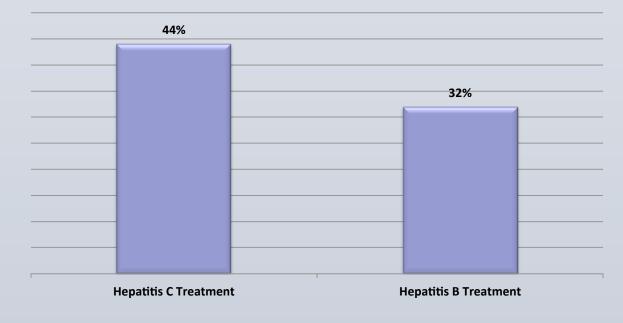
Hepatitis B and C Treatment were two of the most requested topic areas for ongoing education among providers of HIV care

Hepatitis-Related Educational Needs



Furthermore, providers of HIV care reported that they were not confident providing Hepatitis-related services.

Percent of Providers Not Confident in Providing Hepatitis Services



In addition, 36% of providers of HIV care reported an increase in HCV Coinfected patients.

CONCLUSION

Providers taking part in capacity building assistance through HealthHIV reported having a low rate of competency in hepatitis-related learning proficiencies and reported needing expert HIV guidance in order to effectively perform hepatitis co-infection services.

HealthHIV's 2nd Annual State of HIV in Primary Care survey showed that providers of HIV care are providing less hepatitis-related treatment services and are not confident providing hepatitis treatment. Furthermore, providers reported high levels of need for further education around hepatitis-related topics.

In both providers working with HealthHIV and those responding to the State of HIV in Primary Care survey, the need for hepatitis education is high. Respondents are increasingly seeing more hepatitis co-infection among their HIV patient populations and are not confident providing treatment services beyond testing.

IMPLICATIONS

Training opportunities for HIV treatment should include hepatitis coinfection topics. Furthermore, as the hepatitis epidemic endures, providers will need to build their capacity to provide hepatitis testing and treatment services in order to provide quality, comprehensive care to patients.

REFERENCES

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