State of HCV Care in the U.S. and its Impact on the National Provider Workforce

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Background

Despite recent advances in Hepatitis C (HCV) cure therapy and an increase in screening rates resulting from updated universal screening recommendations, an estimated 2.4 million people are living with chronic HCV in the U.S., at least 50% of whom are unaware of their status. From 2010 to 2016, there has been a threefold increase in new HCV infections fueled by the national opioid crisis, but despite the increasing burden of illness, HCV remains a "silent epidemic," eliciting limited awareness and discussion by the public, policymakers, and healthcare providers.

In order to evaluate the latest impacts on HCV screening, treatment and related support services, HealthHCV conducted its *Third Annual HealthHCV State of HCV Care National Survey™.* The survey collected key data from providers nationwide regarding the provision of HCV care and treatment, including patient populations served, gaps in HCV screening and treatment practices, barriers to care, and provider education and training needs.

Methodology

HealthHCV developed the third annual survey instrument that uses a combination of qualitative and quantitative questions to assess the state of HCV testing, care and treatment across the U.S. The survey was distributed nationally via SurveyMonkey™ (online) and was open for six weeks during Fall of 2019. Respondents were recruited through open invitations using targeted email lists and social media postings. Recruitment focused on clinical providers delivering HCV care and treatment. A depiction of survey respondents across the U.S. is illustrated in Figure 1 below.

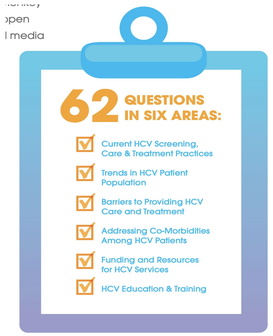
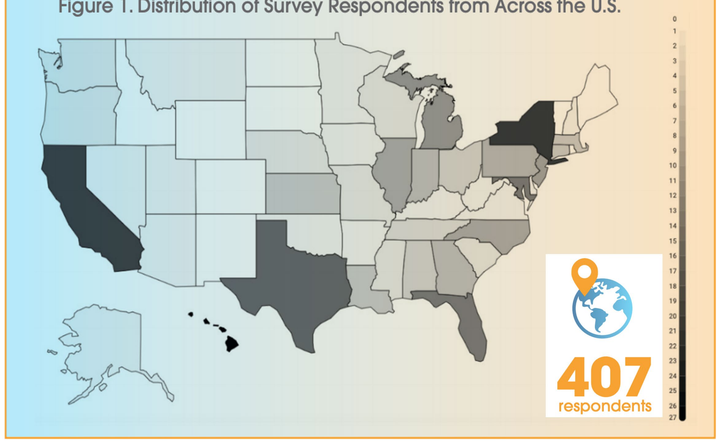
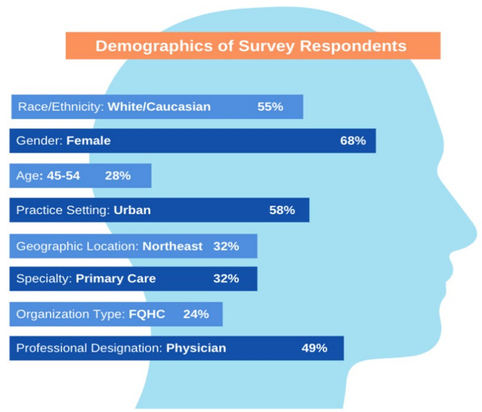


Figure 1. Distribution of Survey Respondents from Across the U.S.



Demographics of Survey Respondents

The majority demographic categories of 407 survey respondents is depicted below.



Key Findings

- Over one-third (34%) of current HCV providers are reaching retirement age at the same time they are experiencing HCV caseload increases.
- Fewer than one-third of providers (27%) offer universal HCV screening of all patients. Most providers screen based on identified risk factors, including HIV-positive individuals, people who inject drugs (PWID), and baby boomers.

MOST PROVIDERS **73%** REPORTED ONLY OFFERING **SCREENING** TO PATIENTS WITH IDENTIFIED **RISK FACTORS**.

- Patients being treated onsite are three-times more likely to be treated by a primary care provider than a specialist.
- The most frequently cited barriers to providing HCV care are: insurance barriers to treatment access, limited infrastructure for providing HCV services, administrative costs, lack of trained providers onsite or in their service area, and provider stigma.
- Over one-third (40%) of providers have been unable to treat an HCV patient in the past year due to payer/insurance restrictions.

- Providers report that over 20% of their HCV patients are co-infected with HIV, however, almost half of providers (42%) never discuss drug-drug interactions between HIV and HCV treatments with patients nor do they initiate/monitor treatment in HCV co-infected patients.
- Over one-third (35%) of providers do not consistently report positive lab results for HCV to their state or local jurisdictions.
- Providers report patients are more likely to be lost during linkage to care than at other points along the HCV care continuum.
- Providers suggest that in order to reach more undiagnosed individuals, it would be most effective to increase HCV testing at needle/ syringe exchange centers and substance use treatment centers.

- Over half of providers requested education on addressing re-infection among HCV patients, current HCV screening guidelines, and monitoring HCV patients not on treatment.
- Half of providers receive funding for HCV services from public insurers—largely Medicaid and Medicare—and one quarter (27%) receive funding from private insurance payers.

Implications of Findings

- More HCV-infected individuals are entering care. Providers will need increased capacity, including treatment education and administrative support, to adequately address the needs of their growing patient population.
- Strengthening connections, collaborative management, and referral networks between primary care providers and specialists could increase workforce capacity for HCV treatment and patient retention in care and leverage limited resources.

- Increasing integration of substance use intervention/services into healthcare response to HCV may increase linkage to and retention in HCV care and reduce re-infection opportunities.

- Many HCV patients have complex social and medical conditions that impede their ability to access and establish care. Engagement of allied health professionals is needed to support patients and address co-morbidities and other social determinants experienced by HCV patients.
- With 41% of providers traditionally accessing HCV education at in-person national conferences, more online education will be needed to fill the gap and meet the needs of providers
- Leveraging available resources across other federally-funded programs, such as the Section 340B Drug Discount Program and Ryan White HIV/AIDS Program, can support costs associated with HCV prevention, care, and treatment.

- Providers require training on HCV-related policies strategies that can benefit their community and patients; specifically, on national action plans, strategies and funding opportunities.

Payer restrictions still impede providers' ability to provide care to their clients and patients' ability to access care. Without changes to insurance policies supporting coverage of HCV treatment or access to additional resources, providers will likely continue to be unable to provide effective HCV care to their clients, even if they are willing and capable of doing so.

Conclusions/ Next Steps

Based on the findings from this assessment, HealthHCV will continue to provide and enhance its technical assistance (TA) and training programs, focusing on key areas of need reported by provider respondents. HealthHCV currently provides a variety of medical education, TA, and training to HCV screening, care and treatment providers, including the: *HCV 20x20 Initiative: Increasing HCV Screening and Care in 2020™* and the HCV Health Track at HealthHIV's upcoming *virtual SYNChronicity (SYNC 2020)* national conference. Requested training content areas from the survey results are listed below.

Requested Training Content Area	
Addressing re-infection among HCV patients	55%
Current HCV screening guidelines	43%
Describing potential use and/or contraindications to using currently available DAAs in HCV/HIV co-infected patients	43%
Determining the appropriateness of treatment for HCV/HIV co-infected patients	46%
Determining when to initiate treatment for HCV	35%
Monitoring HCV patients not on treatment	34%

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