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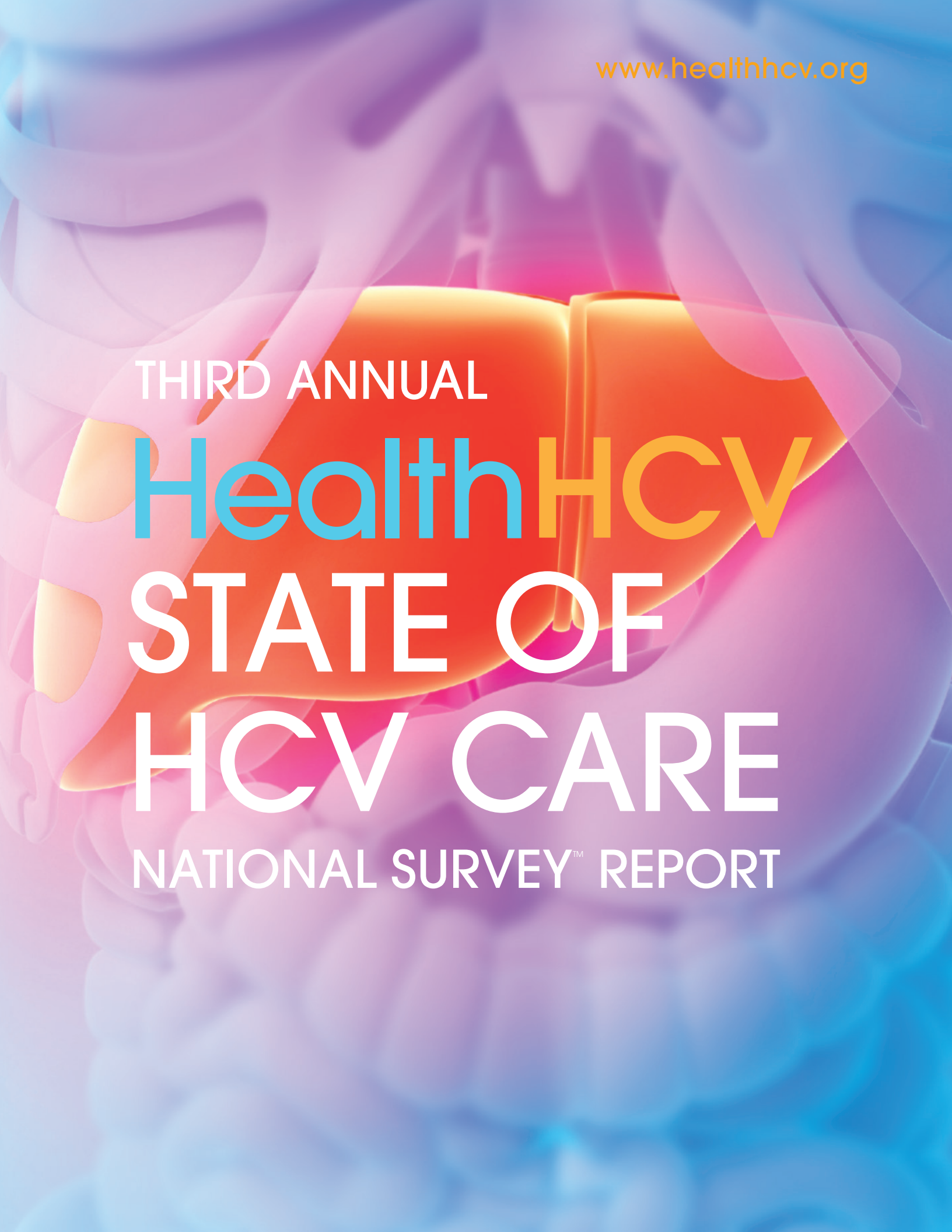
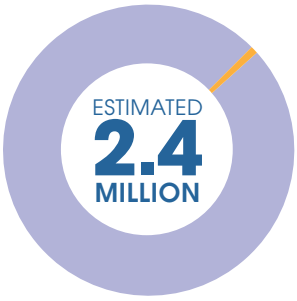


THIRD ANNUAL

HealthHCV STATE OF HCV CARE

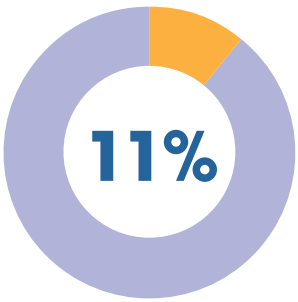
NATIONAL SURVEY™ REPORT

The Changing HCV Landscape and the Survey's Importance



PEOPLE ARE LIVING WITH CHRONIC HCV IN THE U.S

ARE UNAWARE OF THEIR STATUS



OF THOSE INFECTED HAVE BEEN CURED

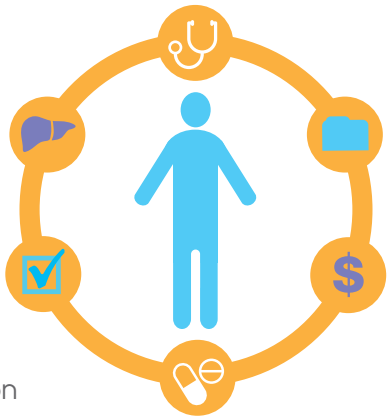
While advances in hepatitis C (HCV) cure therapy have led to improved survival rates for patients with cirrhosis, reduced health care costs, and a reduced need for liver cancer surveillance, a more comprehensive approach to HCV care is needed to curb the epidemic. An estimated **2.4 million people** are living with chronic HCV in the U.S., at least 50% of whom are unaware of their status, and only 11% of those infected have been cured. From 2010 to 2016, there has been a three-fold increase in **new HCV infections fueled by the national opioid crisis.** New infections are most common among **white, 18- to 29-year old persons who inject drugs (PWID)** and there has been a two-fold increase of new infections among **pregnant women**. Despite the increasing burden of illness, HCV remains a "silent epidemic," eliciting limited awareness and discussion by the public, policymakers, and healthcare providers.

The U.S. Department of Health and Human Services National Viral Hepatitis Action Plan 2017-2020 asserts the **need to improve community awareness** and provider education, improve testing, care, and treatment, strengthen public health surveillance, improve HCV preventive services for injection drug users, develop an HCV vaccine, and prevent HCV transmission in healthcare settings. The **efforts of healthcare providers** is crucial for the success of these strategies; especially their involvement in the development of an updated action plan starting in 2021.

Ongoing health system transformation and medical advances are shifting the onus of **HCV care off of specialty care and largely onto primary care**. The advancement of medical regimens that are simple and highly effective in curing HCV bolster the ability of primary care physicians to administer HCV medical care and decentralize the role of specialists in HCV management. Universal screening recommendations for HCV from both the Centers for Disease Control and Prevention (CDC) and the U.S. Preventive Services Taskforce (USPSTF) in recent months also provides rationale to expand both screening and treatment outside of specialty settings.

In order to evaluate the latest impacts on HCV screening, treatment and related support services, HealthHCV released the **Third Annual HealthHCV State of HCV Care National Survey™**. The survey collected key data points 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 to include questions that define survey respondents, identify trends, and gather information on the state of HCV in specialty and primary care, including the latest impacts on HCV screening practices, treatment access and reimbursement, barriers to care, and integration and coordination of HCV services with behavioral health and substance use treatment. The survey instrument consisted of 62 qualitative and quantitative questions. HealthHCV distributed the survey nationally using SurveyMonkey™ online. Respondents were recruited through open invitations using targeted email lists and social media postings. Data was collected in Fall 2019. The surveynwas a convenience sample and no incentive was provided for participation.

HealthHIV also partnered with Medscape, the leading online, global medical education provider, to survey 150 primary care and speciality care providers on their HCV screening and treatment practices. These survey findings from January 2020 are included in the following report.

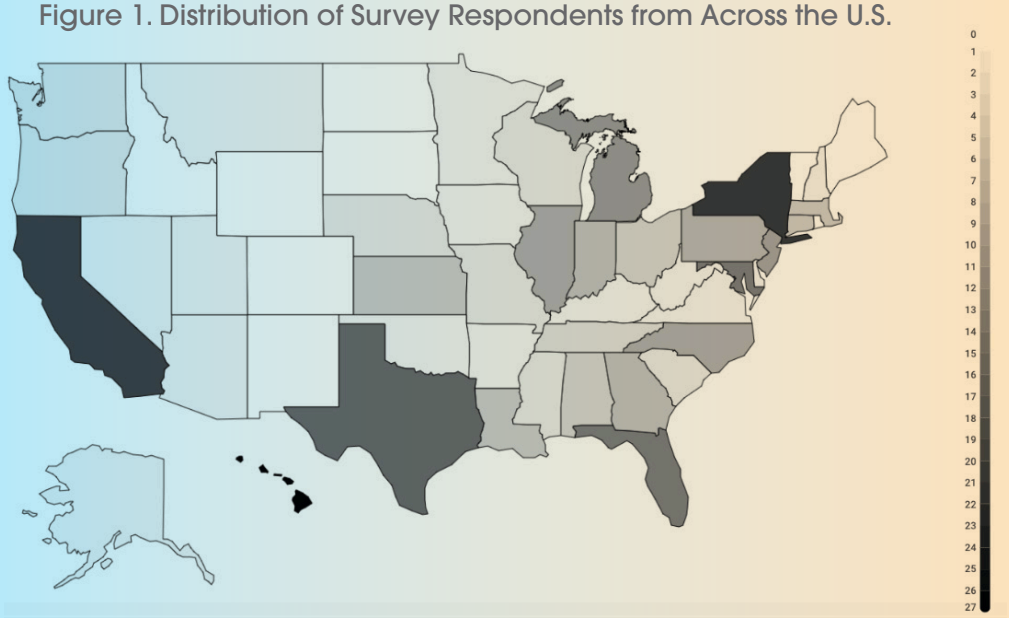
62 QUESTIONS IN SIX AREAS:

- Current HCV Screening, Care & Treatment Practices
- Trends in HCV Patient Population
- Barriers to Providing HCV Care and Treatment
- Addressing Co-Morbidities Among HCV Patients
- Funding and Resources for HCV Services
- HCV Education & Training

Demographics

Demographics of Survey Respondents

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



407
respondents
from 41 states and the District of Columbia participated in the survey. Providers who do not directly provide services to people living with or at risk for HCV were excluded from the analysis. A total of 277 prescribing providers (MD/DO, PA, NP, DDS/DMD) completed the full 62-question survey.

Profile of the HCV Prevention and Care Provider

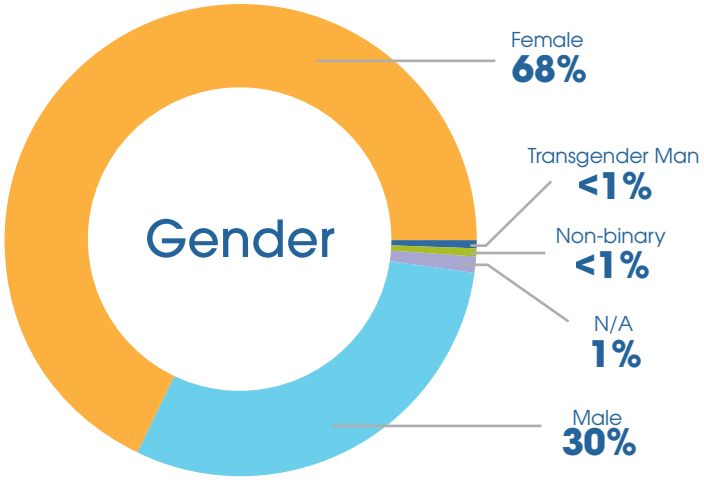
Demographic Characteristics

- **32%** Northeast
- **28%** South
- 24% West
- 16% Midwest

Practice Setting

- **58%** Urban
- 24% Suburban
- 17% Rural
- 1% Tribal

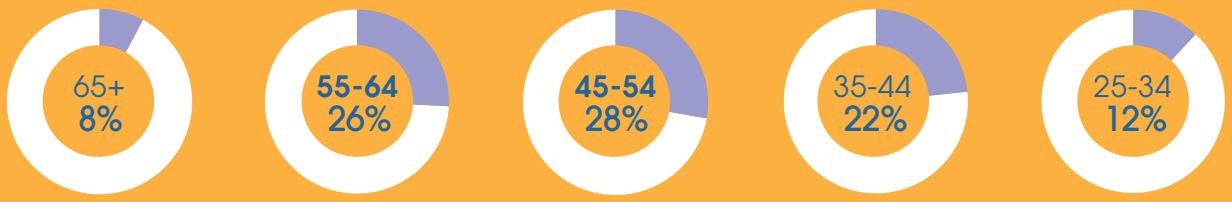
Demographics



Race & Ethnicity

- **55%** White or Caucasian
- **27%** Black or African American
- **15%** Hispanic or Latino
- **10%** Asian
- **2%** Native Hawaiian or Pacific Islander
- **1%** American Indian or Alaska Native

Age



Professional Characteristics

Organization Type	
Federally Qualified Health Center	**24%**
Community Health Center	**22%**
Academic Health Center	**19%**
Private Practice	16%
HIV Clinic	8%
Infectious Disease Clinic	6%
Public Health Department	5%
Other Clinic (e.g. urgent care)	5%
Hospital	4%

Specialty	
Primary Care	**32%**
HIV/AIDS	23%
Infectious Disease	12%
Public/ Community Health	8%
Addiction Treatment	5%
IMental Health/Psychiatry	4%
Emergency Medicine	3%

Professional Designation	
Physician (MD, DO)	**49%**
Nurse (RN, LPN, CNS)	18%
Advanced Practice Nurse (NP, CNS, CNP)	11%
Social Worker (MSW, LCSW, DSW)	8%
Addiction Treatment	10%
Physician Assistant	6%

Summary of Key Findings

- Over one-third of current HCV providers are reaching retirement age at the same time they are experiencing HCV caseload increases.

- A majority of providers screen based on identified risk factors, including HIV-positive individuals, people who inject drugs (PWID), and baby boomers. Less than one-third offer a one-time HCV screening of all patients.

- 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.

- Respondents report their 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 or training on addressing re-infection among HCV patients, current HCV screening guidelines, and monitoring HCV patients not on treatment.

Current HCV Screening, Care and Treatment Practices

Provision of HCV services is a new practice for many provider respondents. The majority (51%) who provide HCV care have been practicing for less than five years. In contrast, one in five providers (19%) have been practicing HCV care for over 15 years.

Nearly all providers (84%) conduct HCV screening onsite, however, only two-thirds (66%) conduct RNA confirmatory testing onsite. A majority of providers (73%) screen based on identified risk factors, including HIV-positive individuals, people who inject drugs (PWID), and baby boomers. Less than one-third (27%) offer a one-time screening of all patients, and even fewer (20%) offer HCV screening to pregnant women in their third trimester. Nearly all providers (79%) offer hepatitis A and B vaccinations. A majority (63%) never order/interpret liver biopsies to determine the stage of hepatic fibrosis.

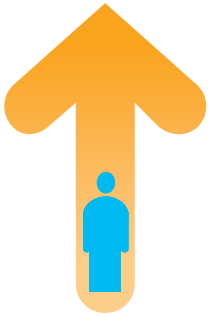
Most providers (40%) report that patients are treated by onsite primary care providers, some treat HCV patients onsite through collaborative management with specialist consultation (23%), and a small number (13%) are treated onsite by a hepatitis specialist. Others provide screening onsite then refer patients diagnosed with HCV to an outside hepatitis specialist (29%). For those providing referrals to patients diagnosed with HCV, 44% actively link patients to care/treatment (e.g. contacting another agency on the patient's behalf) and 39% use passive referrals to treatment (e.g. providing patients with contact information). Almost half of providers (42%) never discuss drug-drug interactions between HIV and HCV treatments and never initiate/monitor treatment in HCV co-infected patients.

MOST PROVIDERS

73%

REPORTED ONLY OFFERING **SCREENING** TO PATIENTS WITH IDENTIFIED **RISK FACTORS**.

Trends in HCV Patient Population



A majority of providers (43%) reported that the number of HCV patients at their practice has increased in the past two years. Their HCV patients are primarily people who inject drugs (82%), baby boomers (68%), minority racial/ethnic populations (67%), people with HIV (65%), and gay/bisexual men who have sex with men (60%). Providers report about half of patients have co-occurring substance use disorder (52%) and/or opioid use disorder (43%).

Most respondents report HCV patients being lost to care during linkage to care (44%) followed by retention in care/treatment (25%) and diagnosis (21%).

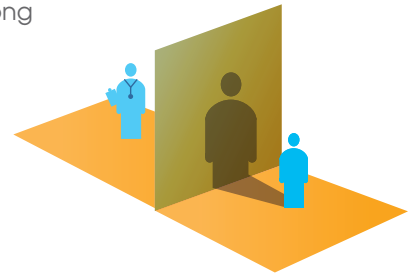
Providers report the most significant barriers to patients seeking HCV care and treatment services are: social barriers such as unemployment, unstable housing, lack of transportation, poverty, and incarceration; substance use-associated comorbid conditions; poor knowledge/inaccurate perceptions of HCV; psychiatric comorbid conditions; and, absence of symptoms..

Barriers to Providing HCV Care and Treatment

Almost half (48%) of providers plan to scale up HCV treatment in the next 12 months. The challenge providers face in treating HCV patients is treatment access related to insurance (or lack thereof). Other barriers reported were: limited infrastructure for providing HCV services (35%); treatment utilization policies impacting coverage; administrative costs (25%); lack of trained providers onsite (30%) or in their service area (19%); and, provider stigma impacting willingness to treat all HCV patients (16%). Some providers (12%) also reported the lack of internal consensus on HCV screening and treatment guidelines as a barrier to providing services.

In the past 12 months, 41% of respondents have been unable to treat an HCV patient due to payer/insurance restrictions. These respondents primarily encountered treatment barriers with private insurance (54%), Medicaid payers (56%), and Medicare (40%). One quarter of providers (26%) do not provide any information on patient assistance programs to HCV patients.

Over half of providers report the following stigmatizing biases/beliefs among providers treating HCV patients: "People who inject drugs cannot go on treatment; they won't adhere to treatment" and, "It's too expensive to treat HCV patients/my patients can't get treatment due to cost".



Addressing Co-Morbidities Among HCV Patients

Providers understand the need to address the numerous co-morbidities experienced by their patients. A majority (75%) conduct mental health screening/awareness as part of HCV patient care, 72% provide behavioral therapy/counseling at their site, and 47% offer Medication-Assisted Treatment (MAT). Many providers (64%) have partnerships with community organizations that specialize in risk reduction and harm reduction services for PWID (e.g. needle/syringe exchange, methadone clinics).

Providers report that to reach more undiagnosed individuals, it would be most effective to increase HCV testing at needle/syringe exchange centers and substance use treatment centers.

HCV Education and Training

The majority of providers (66%) receive education and training through online, CME courses. One third (34%) receive training through local hospitals and health departments, and 41% attend in-person trainings at national conferences and meetings.

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%**
Discussing sexual health with HCV patients	38%
Discussing general liver health with HCV patients	38%
Discussing substance use with HCV patients	36%

Over half of providers would like to increase their awareness of: HCV drugs/treatment regimens that are new in the pipeline; how HCV treatment will likely evolve in the next five years; Institute of Medicine's National Strategy for Prevention and Control of Hepatitis B and C; and HHS's *National Viral Hepatitis Action Plan 2017-2020*.

Funding and Resources for HCV Services

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. Only a small number of providers have funding support from federal and local government sources, such as the Ryan White HIV/AIDS Program (RWHAP), Centers for Disease Control and Prevention (CDC), and Substance Abuse and Mental Health Services Administration (SAMHSA).

Funding for HCV Prevention and Wrap-Around Services	
Medicaid	**50%**
Medicare	**45%**
Ryan White HIV/AIDS Program	**32%**
Private insurance	27%
CDC HCV prevention funds	18%
SAMHSA grants	17%
Other public insurance	17%
HHS opioid funds	15%
Patient self-pay	15%

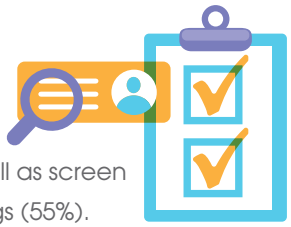
Funding for HCV Care and Treatment Services	
Medicaid	**68%**
Medicare	**58%**
Pharmaceutical Patient Assistance Programs	34%
Section 340B Drug Discount Program	26%
Other public insurance	25%
Ryan White HIV/AIDS Program, including ADAP	21%
Patient self-pay	16%

Providers report that the primary HCV resources lacking in their service area are: HCV treatment and cure education, HCV treatment services, referral partners, needle exchange, and services for substance users. Specifically, over half of respondents (55%) do not feel satisfied with access to sterile syringes in their area and 44% do not feel that there are adequate referrals to opiate treatment in their area.

HealthHCV/Medscape State of HCV Survey of Prescribing Providers

Provider Demographics

In partnership with Medscape Education, HealthHCV surveyed 150 prescribing providers, the majority who work in primary care (41%), gastroenterology (25%), and hepatology (23%). They practice mostly in urban areas (59%) and suburban areas (31%), and very few practice in rural (8%) or tribal (2%) areas. Practice settings varied from academic health centers (25%), community health centers (23%), to private practices (27%). Very few practice in specialty clinics, such as HIV clinics (4%) or substance use treatment centers (1%).

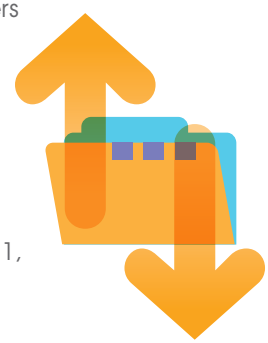


Current HCV Screening Practices

- Most providers (72%) screen all people born between 1945 and 1965 for HCV as well as screen patients based on identified risk (63%), HIV status (59%), and people who inject drugs (55%). Only 19% report providing universal HCV screening for all adult patients.
- A majority of providers reported being confident describing the CDC's current HCV screening guidelines (69%), but fewer reported being confident describing the USPSTF's guidelines on HCV screening (53%).
- Providers reported being confident in describing the most significant risk factors for HCV infections, evaluating patients for signs and symptoms of chronic HCV infections, ordering and interpreting HCV antibody and RNA tests, and counselling patients about HCV risk reduction. However, over a quarter of providers (26%) were not confident that they could order and interpret liver biopsies to determine the stage of hepatic fibrosis.

Trends in Patient Demographics and HCV Caseload

- The majority of providers provide HCV care to baby boomers (77%), injection drug users (70%), minority populations (68%), and HIV/HCV co-infected patients (58%). The least common HCV patients were pregnant people (36%) and youth (32%).
- Some providers (38%) saw HCV caseloads increase from 2018 to 2019 and 35% of providers saw HCV caseloads decrease in the same time.
- Nearly half of providers (43%) expect their HCV caseloads to increase in 2020 and 2021, and others (35%) expect HCV caseloads to decrease.

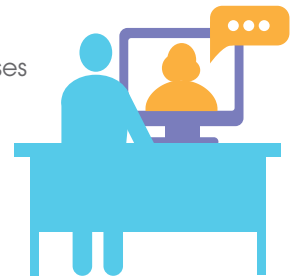


Current HCV Treatment Practices

- One fifth (20%) of providers do not offer any HCV treatment or management services on site. Of those who do not offer treatment on site, 70% provide active referral services to HCV treatment.
- HCV care and treatment is most commonly delivered through primary care providers knowledgeable in HCV management (31%) and onsite hepatitis specialists (27%). Some providers also use collaborative management models that include telehealth, specialist consultation, and other models (22%).

- Providers most commonly lose patients at retention in care (33%) or linkage to care (27%) phases, and very few lose patients at the screening/diagnosis phase (13%).
- The majority of providers (62%) have been unable to treat certain HCV patients due to payer restrictions.
- Some providers re-infection of HCV among patients (45%). Among those observing re-infection, most of the re-infection is happening among injection drug users (60%), transgender people (41%), HIV/HCV co-infected patients (41%), and baby boomers (40%).
- Providers are most confident in discussing alcohol and drug use with their clients, discussing their patients' general liver health, discussing sexual behaviors with their clients, ordering and interpreting baseline pre-treatment labs, and engaging/referring patients for other services during treatment.
- Providers are least confident in describing the virologic markers for treatment success in HCV treatment, describing the contraindications to using currently available DAAs, understanding drug-drug interactions between HIV and HCV treatments, and determining the appropriateness of treatment for HCV/HIV co-infected patients.

Reported Education & Training Needs Among Providers



- Most providers receive training on HCV screening through online CME courses (45%) and in-house hospital or health department training (21%).

- Providers are interested in receiving further training on:

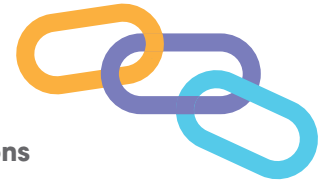
Implications

- 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**.

- As many of the current HCV providers are reaching, or have reached, retirement age, **workforce training and development will be necessary** to scale up HCV care and treatment to accommodate the increasing demand. More providers are needed to treat the growing number of patients entering care.

- 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.

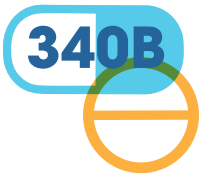
- Increasing integration of **substance use intervention/services** into healthcare response to HCV may **increase linkage to and retention in HCV care** and reduce re-infection opportunities.



- 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.

Implications

- **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 and/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.



- **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.

- 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.

About HealthHCV

HealthHCV Advocacy

- Advocating for the development of sound public health policy responsive to the shifting landscape of HCV and health care.
- Increase the Number of Individuals Aware of HCV Infection
- Improve Care Options for Individuals Living with Chronic Hepatitis C
- Build Surveillance and Research Capacity

HealthHCV Education and Training

Providing relevant and comprehensive medical and consumer education on HCV screening, testing, and treatment remains a core focus. **HealthHCV** will focus on education and training to address HCV in HIV care and primary care settings. Initiatives include:

- HealthHCV's HCV 20/20 Project: A Clear Vision for HCV Testing and Linkage to Care
- HealthHCV's HCV Primary Care Training & Certificate Program™
- Addressing the Evolving Opioid and HCV Epidemics Through Community Engagement and Education: Curriculum-Based Live and Online Activities

HealthHCV Research and Evaluation

Lack of comprehensive HCV data on a national level has impacted education and capacity building efforts, as well as funding for HCV prevention, care and treatment activities and research. HealthHCV conducts an annual State of HCV Care National Survey™ among HIV and primary care providers, and develops infographics to visualize trends in HCV and the broader healthcare landscapes.

HealthHCV

www.healthhcv.org

2000 S St. NW, Washington, DC 20009
202.232.6749