Background

- Current guidelines for chronic hepatitis C virus (HCV) recommend all patients be treated with direct acting antivirals (DAAs).
- Despite the high demand for DAAs following their initial release, many patients remain untreated and the incidence of HCV continues to rise.
- Disparities exist in HCV care and health systems may not be addressing the gaps in care adequately.1-4

Aims

- Identify all untreated HCV patients at a large, urban academic medical center.
- Understand factors associated with HCV treatment initiation.

Methods

- Using the electronic medical record (EMR), we performed a cross-sectional study of all chronic HCV patients engaged in care at a single center from 2014-2017.
- Criteria for chronic HCV: 1) detectable HCV RNA, 2) prescription for pegylated interferon and/or DAA therapy; or 3) ICD 9/10 code for chronic HCV.
- Demographic, clinical, pharmaceutical, and visit data were abstracted from the EMR through June 2019.

Results

Cohort Characteristics

- 2360 chronic HCV patients were identified, with a mean age of 63.5 years. 64.2% were male, 52.5% were Non-Hispanic White, and 31.1% had a primary care provider (PCP). 71.1% had public health insurance.
- 76.4% had ever been prescribed HCV treatment (DAAs) or pre-DAA) by the end of the study period.

Multivariable Analysis

- Treatment was more likely amongst Hispanic compared to Black patients (OR 0.54, p = 0.005).
- Clinical features associated with HCV treatment included lower platelet count ≤100 x 10^9/L (OR 2.54), a hepatologist (OR 12.61, p < 0.0001), and HIV-HCV co-infection (OR 2.31, p < 0.0001).
- Aspects of healthcare access associated with HCV treatment included having a PCP (OR 1.45, p = 0.013), a hepatologist (OR 12.61, p < 0.0001), and private health insurance (OR 1.82, p < 0.0001).
- Non-significant factors included sex, language, substance use, and depression.

Conclusions

- It is encouraging that the majority of this cohort received HCV treatment initiation, but significant disparities were found.
- Patients who are Black, have public or no health insurance, do not have a PCP or a hepatologist, or do not have cirrhosis were less likely to be treated.
- Patients with HIV co-infection and low platelet counts were more likely to have been treated, which is appropriate. Yet, nearly 1/3 of all treated patients were missing SVR labs.
- Without a systematic approach to HCV, health systems may be permitting disparities in care. To overcome biases and reduce liver-related mortality for all, health systems need to identify their HCV patients and proactively facilitate access to treatment, determination of SVR, and follow-up care.

References


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