Hepatitis C Treatment Knowledge, Attitudes, and Practices Among Primary Care Providers—Los Angeles County, 2023

Dear Editor

We read with great interest the article by Stewart and colleagues that documented increased hepatitis C virus (HCV) treatment in primary care settings associated with a multifaceted intervention that included a decision-support tool, education for clinicians, and enhanced interprofessional team supports.[1] The outcomes documented by Stewart et al., including their qualitative finding that showed their intervention increased physicians' confidence in treating HCV, complement results of a survey that we conducted to understand barriers to initiating HCV therapy by primary care physicians (PCPs). We conducted a survey in Los Angeles County to assess PCPs' knowledge, attitudes, and practices surrounding HCV treatment. We created the survey tool by using SurveyMonkey and distributed it by e-mail to Los Angeles County members of the American College of Physicians (ACP).

Among the 1990 LA County ACP members sent the survey, 69 participated. We included 36 (52%) general internal medicine outpatient providers and excluded 33 (48%) specialist/hospitalist respondents. Among all included respondents, 10 (28%) directly treated patients with HCV with all-oral direct-acting antivirals and 15 (42%) were comfortable treating HCV. Barriers to treatment were reported by 21 respondents (96%) and included not being trained in HCV treatment (41%), not being familiar with HCV treatment guidelines (23%), and not having institutional leadership support to implement HCV treatment (18%). Among all respondents, 29 (81%) identified restrictions to HCV treatment placed by health plans or their institution. The 14 (39%) respondents not currently comfortable treating HCV indicated they would have improved comfort with access to an HCV consultation line (79%), additional training (71%), and increased clinic encounter time (57%).

Increasing the number of health care providers who treat HCV, including among primary care providers, is a key pillar of the national HCV elimination strategy.[2] A recent analysis of administrative data, however, demonstrated that only 1 in 3 persons initiated HCV treatment within a year of a positive HCV RNA test.[3] Our results provide qualitative insights into PCPs' knowledge, attitudes and practices on HCV treatment that can inform national efforts to scale up the number of physicians treating HCV. Having immediate access to a specialist for consultation on treatment questions in the form of a national or institutional HCV "warm-line" might serve as a cost-effective strategy to increasing the number of PCPs who treat HCV. Improving institutional support, including increasing case management and clinic time to treat patients with HCV, and increasing access to training and educational programs in HCV management, would also likely improve comfort in HCV treatment. Finally, further efforts to remove existing insurance and institutional restrictions, including private health insurance restrictions, is essential to optimizing HCV treatment capacity.

The authors thank the American College of Physicians for their support this this work and their contributions to disseminating our survey.

Katherine A. Loomis, MD
Debika Bhattacharya, MD, MSc
Raiza Amiling, MPH
Mirna Ponce-Jewel, MPH, MA
Michael E. Lazarus, MD
Gus Chavez, MPA
and Prabhu Gounder, MD, MPH
From the Division of Infectious Diseases David Geffen School of Medicine at UCLA Los Angeles, CA (KAL, DB); Acute Communicable Disease Control Viral Hepatitis and Respiratory Disease Unit Los Angeles County Department of Public Health, Los Angeles, CA (RA, MP-J, PG); Department of Medicine David Geffen School of Medicine at UCLA, Los Angeles, CA (MEL); American College of Physicians Southern California Region I (GC)
E-mail: PGounder@ph.lacounty.gov

To see this article online, please go to: http://jabfm.org/content/38/1/192.full.

References

1. Stewart A, Craig-Neil A, Hodwitz K, et al. Increasing treatment rates for hepatitis C in primary care. J Am Board Fam Med 2023;36:591–602.
2. White House Office of Management and Budget. Budget of the US government: fiscal year 2024. Accessed September 6, 2023, 2023. Available at: https://www.whitehouse.gov/wp-content/uploads/2023/03/budget_fy2024.pdf.
3. Thompson WW, Symum H, Sandul A, DHSc, et al. Vital signs: hepatitis C treatment among insured adults—United States, 2019–2020. MMWR Morb Mortal Wkly Rep 2022;71:1011–7.

doi: 10.3122/jabfm.2024.230354R0

Re: Physician and Advanced Practice Clinician Burnout in Rural and Urban Settings

In the article "Physician and Advanced Practice Clinician Burnout in Rural and Urban Settings," Harry et al report a result of no significant difference in rates of burnout