Assessment of PCP Knowledge of HCV Screening, Recommendations, and Treatment Options

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Abstract

BACKGROUND: According to the CDC 50-75% of those chronically infected with HCV are unaware of their infection. Moreover, adults born between 1945-1965 have rates of HCV five times higher than other adults. CDC guidelines recommend that all baby-boomers be tested for HCV at least once in their lifetime. We aimed to assess primary care provider (PCP) knowledge of HCV screening guidelines and treatment options. We also assessed the accuracy of self-reported testing practices.

METHODS: A baseline survey to assess PCP and support staff knowledge about HCV testing, treatment, and guidelines was developed. Only practice-level identifiers were used, the survey was blinded with respect to individual identity. We administered the -survey to PCPs at seven primary care practices in the Drexel Medicine network, including MDs and DOs, and to support staff including medical assistants and RNs. Self-reported testing practices were then compared to practice-level testing data extracted from the electronic medical record (EMR).

RESULTS: We surveyed 57 PCPs and 42 support staff**.** Thirty percent of PCPs and 11.9% of support staff surveyed knew that cure rates of HCV are >70% for patients who undergo treatment. Almost 40% of PCPs and 21% of support staff surveyed were aware that HCV can be cured in 12-24 weeks. Sixty-eight percent of the PCPs, surveyed during May and June 2014, knew the CDC guidelines for birth cohort testing. In May, 6.9% of the 1658 baby-boomers seen in the primary care practices were screened for HCV. In June, 11.5% of the 1609 baby-boomers seen were screened for HCV.

CONCLUSION: Less than half of the PCPs and support staff surveyed could accurately identify cure rates or treatment duration for HCV, indicating a lack of awareness of recent developments in HCV treatment options. Providers are aware of testing guidelines for baby-boomers, but are not routinely implementing them in their practice. Targeted education to PCPs and support staff regarding new HCV therapies should be provided. Education, however, may not be the only solution; additional tools to assist practices in integrating CDC testing recommendations into clinical workflow are needed. These may include prompts in the electronic medical record and involvement of support staff in the implementation of standardized testing/order placement protocols.

Background

- 50-75% of persons infected with HCV are unaware
- Baby-boomers (birth cohort 1945-1965 have a 5x higher rate of infection compared to any other adults
- All baby-boomers should be screened for HCV at least once
- HCV screening rates can be improved with PCP education
- PCPs need education regarding CDC testing guidelines, which tests are most practical and cost-effective, and what HCV treatments are available

Methods

- We used a baseline survey to assess PCP knowledge of testing, treatment, and guidelines
- Only practice-level identifiers were used, survey was blinded to individual identity
- 7 primary care practices were surveyed
  - 57 PCPs (MDs and DOs) and 42 support staff (MAs and RNs)
- Self-reported testing practices were compared to practice-level testing data extracted from the electronic medical record
- Survey was conducted through May and June of 2014 followed by an education session, EHR prompts for HCV testing went live in July 2014 to all 7 primary care practices

Figure 1. Example of some questions administered to PCPs and support staff

The Centers for Disease Control and Prevention recommends the following individuals should be tested for hepatitis C: (check all that apply)

[ ] Persons with a history of injection drug use
[ ] Persons with a history of receiving a blood transfusion prior to 1992
[ ] Persons with multiple tattoos and/ or piercings
[ ] Persons born between 1945 and 1965
[ ] Persons between the ages of 13 and 65
[ ] Persons engaging in "high-risk" sexual practices
[ ] Persons with persistently abnormal alanine aminotransferase

Please choose the best estimate of the rates of cure for current hepatitis C therapies:

[ ] Less than 10%
[ ] 10-30%
[ ] 30-50%
[ ] 50-70%
[ ] Greater than 70%

Please choose the best estimate of the current duration of treatment for a course of hepatitis C therapy:

[ ] Greater than 48 weeks
[ ] 25 to 48 weeks
[ ] 12 to 24 weeks
[ ] Less than 12 weeks

Figure 2. Provider Knowledge of HCV Treatment Duration (n=36)

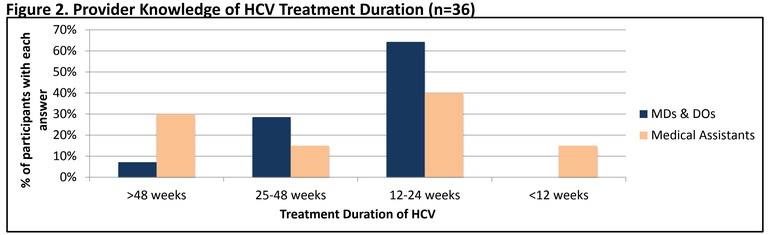


Figure 3. Provider Knowledge of HCV Treatment Cure Rates (n=40)

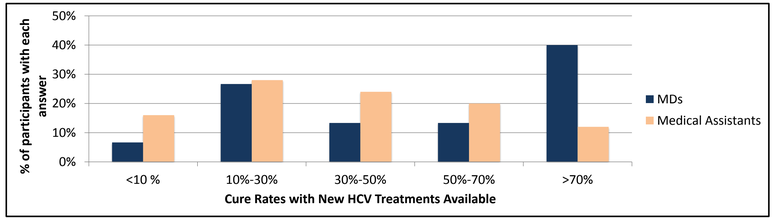
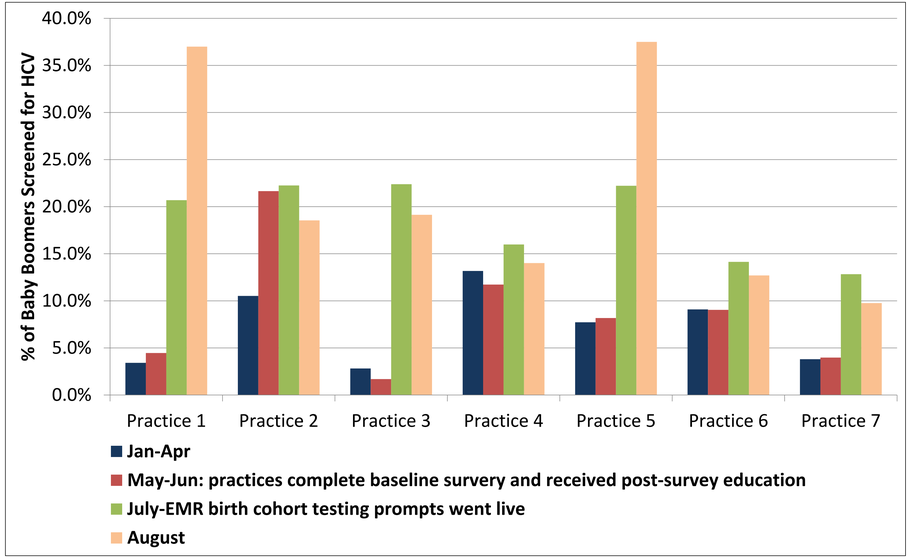


Figure 4. Practice Level Testing of HCV for Baby-Boomers Not Previously Tested



Limitations

- Some providers left certain survey questions blank
- Small sample size
- Not able to survey all providers at each primary care practice
- Survey was de-identified, no ability to match self-reported testing practices directly to provider level data

Conclusions

- There is a general lack of awareness among both PCPs and support staff regarding recent developments in HCV treatment options and efficacy
- Providers are aware of HCV testing guidelines (68%), but are not routinely testing baby-boomers according to practice level data
- Targeted education for PCPs and support staff regarding new HCV therapies should be provided to increase testing as well as awareness of new cure rates and cure duration which can be relayed to patients
- Education is not the only solution, additional tools are needed to increase baby-boomer testing in primary care practices, the often gate-keepers of HCV treatment
- Possible additional tools include prompts in electronic medical records and involvement of support staff in standardized testing/order placement protocols