Similar SVR12 cure rates for patients treated for hepatitis C in FQHCs with behavioral health conditions compared to those without

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❶ Background and aims

Patients with chronic hepatitis C receiving primary care at federally-qualified health centers (FQHCs) often have co-occurring behavioral health conditions, including mental health, substance use and chronic pain diagnoses, which may make providers reluctant to offer hepatitis C treatment. Despite increased access to hepatitis C direct-acting antivirals at FQHCs, few studies look at the characteristics and treatment outcomes for such patients. We aim to evaluate outcomes for patients with mental health, substance use and chronic pain diagnoses treated for hepatitis C by primary care providers (PCPs) in non-academic, non-specialist, community health center settings serving a low-income urban population.

❷ Methods

We collected diagnosis, treatment and lab data from the medical records of patients treated for hepatitis C by PCPs at five FQHCs from January 2015 to December 2016. Patients with depression, anxiety, psychotic or organic brain disorders were considered to have a mental health diagnosis. Patients with illicit drug or excessive alcohol use within the last year were considered to have a substance use disorder. Medication regimens were determined by PCPs according to guidelines and obtained through usual processes. No study drugs or additional behavioral health staff were provided.

❸ Results

326 patients completed treatment for hepatitis C with PCPs at the five FQHCs from January 2015 to December 2016. Their genotypes include 1a/b, 2, 3, 4, and 6; 84% had genotype 1. 96% of the 199 patients with a viral load result at least 12 weeks after treatment completion had undetectable viral loads (SVR12: sustained viral response at 12 weeks, a marker of cure). 70% of these patients had co-occurring mental health, substance use and/or chronic pain diagnoses; their SVR12 rate was 97%.

There were four treatment failures among patients with behavioral health conditions and five treatment failures among patients without. Four patients stopped treatment early, three of whom had mental health conditions and/or chronic pain. Based on an intention-to-treat analysis, the overall SVR12 rate was 94%. Interestingly, patients with two or more behavioral health conditions were significantly more likely to achieve SVR12 (98%) compared to those with one or none (90%; p=0.025). No other statistically significant differences were found at the p<0.05 level. Please refer to the table for details.

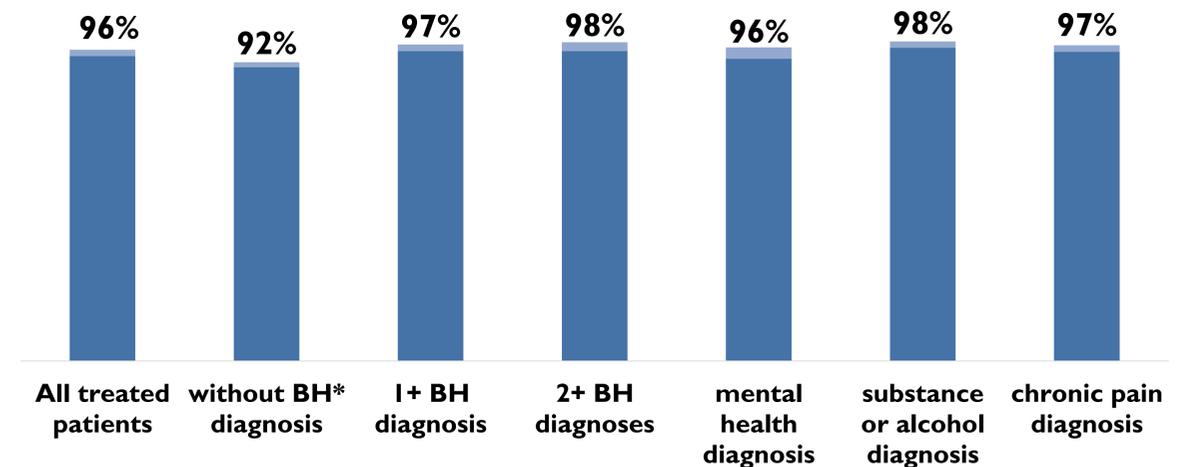### Behavioral health diagnoses among the 199 patients treated for hepatitis C

70% with a behavioral health diagnosis

30% without a behavioral health diagnosis

Table: SVR12 cure rates were similar or better for various cohorts of patients with behavioral health conditions

SVR12 rates for cohorts of patients with and without behavioral health conditions:	Completed treatment	Intention-to-treat
All treated patients	**96%** (190/199)	**94%** (190/203)
Patients with mental health diagnoses	**96%** (77/80)	93% (77/83)
Patients without mental health diagnoses	**95%** (113/119)	94% (113/120)
	p = 0.743*	p = 0.774
Patients with substance or excessive alcohol use	**98%** (50/51)	96% (50/52)
Patients without substance or excessive alcohol use	**95%** (140/148)	93% (140/151)
	p = 0.452	p = 0.522
Patients with chronic pain	**97%** (93/96)	95% (93/98)
Patients without chronic pain	**94%** (97/103)	92% (97/105)
	p = 0.500	p = 0.571
Patients with 1+ behavioral health diagnoses	**97%** (135/139)	95% (135/142)
Patients without behavioral health diagnoses	**92%** (55/60)	90% (55/61)
	p = 0.132	p = 0.216
Patients with 2+ behavioral health diagnoses	**98%** (135/138)	96% (135/141)
Patients with 0-1 behavioral health diagnoses	**90%** (55/61)	89% (55/62)
	p = 0.025**	p = 0.069

*Fisher's exact test was used to determine differences between groups
**Statistically significant at the p < 0.05 level

% of patients achieving SVR12 cure for various cohorts

All treated patients	without BH* diagnosis	1+ BH diagnosis	2+ BH diagnoses	mental health diagnosis	substance or alcohol diagnosis	chronic pain diagnosis
96%	92%	97%	98%	96%	98%	97%

*BH = Behavioral Health, including mental health, illicit substance, excessive alcohol, chronic pain diagnoses
The light blue bars represent the difference between the SVR12 rates for the intent-to-treat sub-group and the sub-group that completed treatment.

❹ Conclusions

These data demonstrate that patients with co-occurring mental health, substance use, and chronic pain diagnoses can achieve similar or better rates of hepatitis C cure as those without these behavioral health conditions when treated by PCPs in "real world," non-academic, non-specialist, community health center settings. ★

Participating sites:

ALAMEDA HEALTH CONSORTIUM

LifeLong Medical Care

ASIAN HEALTH SERVICES

Tiburcio Vasquez Health Center, Inc.

La Clínica

TRI-CITY HealthCenter

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