New Treatments Have Changed the Game

Hepatitis C Treatment in Primary Care

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KEYWORDS

• Hepatitis C virus • HCV • Treatment • Primary care • Provider training • Clinician training • Primary care provider

KEY POINTS

- Although direct-acting antiviral regimens have driven up demand for hepatitis C virus (HCV) treatment, only a fraction of HCV-infected individuals are offered treatment within specialty settings.
- In 2016 to 2017, the San Francisco Health Network (SFHN) worked to improve treatment access and better understand barriers still inhibiting SFHN primary care providers from prescribing HCV treatment.

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- Through SFHN's HCV treatment expansion intervention, primary care providers were offered a 4-hour overview training about HCV treatment, an electronic referral system, and a team of HCV champions providing technical assistance within each clinic.
- Among SVHN patients tested for HCV over 3 years, 13.0% were found chronically infected; 578 patients were treated (19.9%), with no statistically significant differences between age, gender, or race/ethnicity of those treated and untreated.
- With minimal financial and time commitments, the SFHN primary care–based HCV treatment initiative resulted in a 3-fold increase in the number of patients treated for HCV in primary care.

INTRODUCTION

San Francisco residents are profoundly impacted by the hepatitis C virus (HCV), with approximately 2.5% of the general population seropositive for HCV as of 2015[1] compared with a national seroprevalence estimate of 1.4% (95% CI, 0.9%–2.0%).[2] HCV is a significant driver of morbidity, liver cancer, and death[3] and disproportionately has an impact on marginalized populations, including people of color, homeless individuals, people with a history of incarceration, and people who inject drugs.[4–8] The availability of highly effective oral HCV treatment with few side effects, known as direct-acting antivirals (DAAs), makes HCV cure possible in nearly all infected patients.[8]

In the pre-DAA era, HCV treatments were complex and largely managed by hepatologists, gastroenterologists, and infectious disease physicians. As tolerable and highly effective DAA regimens have driven up demand for treatment, the relative scarcity of these specialists to the large number of infected individuals has created a bottleneck effect, resulting in only a fraction of HCV-infected individuals offered treatment in any given year.[9] Even with reasonable capacity in the specialty setting, travel to specialty clinics or even the idea of attending appointments in unfamiliar settings with unfamiliar providers can be a barrier for marginalized populations disproportionately impacted by HCV.[10] As treatment courses in the DAA era have become shorter, simplified, and remarkably well tolerated, recent studies have demonstrated the efficacy of treating HCV in high-prevalence primary care settings.[11,12]

The San Francisco Health Network (SFHN) is San Francisco's safety net system of care, and serves the majority of the low-income and homeless populations of San Francisco. The percentage of all active adult SFHN primary care patients who have been diagnosed with HCV is 5.5%. Part of the San Francisco Department of Public Health, the SFHN includes primary care in 10 community-based and 4 hospital-based clinics throughout the city. In 2016, in an effort to increase HCV treatment access for all patients, SFHN leadership committed to training its primary care providers to treat uncomplicated cases of HCV in the primary care setting using a team-based model of care.

In 2017, the primary care–based HCV treatment initiative team at SFHN undertook an analysis to measure the impact of these efforts to improve treatment access within the SFHN primary care system and to better understand barriers still inhibiting SFHN primary care providers from providing HCV treatment to their patients.

METHODS

Through SFHN's HCV treatment expansion intervention, primary care providers within the SFHN were invited to participate in a 4-hour overview training about