Increased
Prior studies on key gaps in the care cascade have highlighted
Groom H, Dieperink E, Nelson DB, et al. Outcomes of a Hepatitis C Screening Program at a Large Urban VA
Physician specialty for screening was based on the physician's order or bill
In addition to the earlier requirement of 6 months of pre-
Konerman et al. Hepatitis C Treatment and Barriers to Eradication.


The HCV diagnosis analysis focused on the subset of patients who received
A higher proportion of AB+ patients were in F2 stage or higher and had

The mean AB+ detection rate across all studied specialties was 3% of
Unlike gynecologists and obstetricians, and infective disease specialists did not account for more than 3% of total patients screened, their tests resulted in the highest observed AB+ detection rate (3.5%-3.9%).

Linkage to care and treatment was low among AB+ patients at 12.8%

Table 1: Patient Characteristic At Baseline

Table 2: Comorbidities at Baseline

DISCUSSION

• Results from our study indicate, PCPs and OB/GTNs were more likely to administer an AB screening test, however they were less likely to prescribe HCV treatment.

This finding is consistent with prior studies indicating that only 28%-32% of patients have been connected to specialty care.

Kerner et al. identifies PCPs as champions for achieving HCV eradication,
given that treatment upon diagnosis could produce important gains in referral and linkage to care.

However, we found that only 13.1% of patients with an AB+ diagnosis at some point in their medical record in 2005-2010, and only 32.8% of patients were ever prescribed antiviral treatment.

The results of our study on linking to care and treatment within the AB+ population are consistent with recent national studies indicating that referral, linkage to care and treatment in the AB+ population remain low.

In this study, we used data from screening and linkage studies and the results may not be generalizable to other health systems and/or populations.

CONCLUSIONS

• PCPs and OB/GTNs are the gatekeepers for HCV screening accounting for nearly half of total AB+ tests.

In spite of High AB+ detection rates across specialties, treatment rates remain low.

Increased efforts are needed to improve linkage to care and treatment, especially in PCF and OB/GTN settings.

DISCLOSURES AND CONFLICTS OF INTEREST

Please refer to the Health Economics and Outcomes Research, AbbVie Inc.;

Steven Marx is a past member of the steering committee of a study which was funded by AbbVie Inc. and received association to pain control and disease management in patients with chronic HCV.

He is also a co-investigator for the following AbbVie funded clinical trials:


Acknowledgements

The authors are grateful for the assistance of Roderick Gibson and Michael de Weese.

The authors have indicated no financial relationships. The American Association for the Study of Liver Diseases. 2016. Statement on the treatment of chronic hepatitis C virus infection.

The authors have indicated no potential conflicts of interest.

REFERENCES


