Barriers to HCV Treatment: Differences Between Monoinfected and Coinfected Patients

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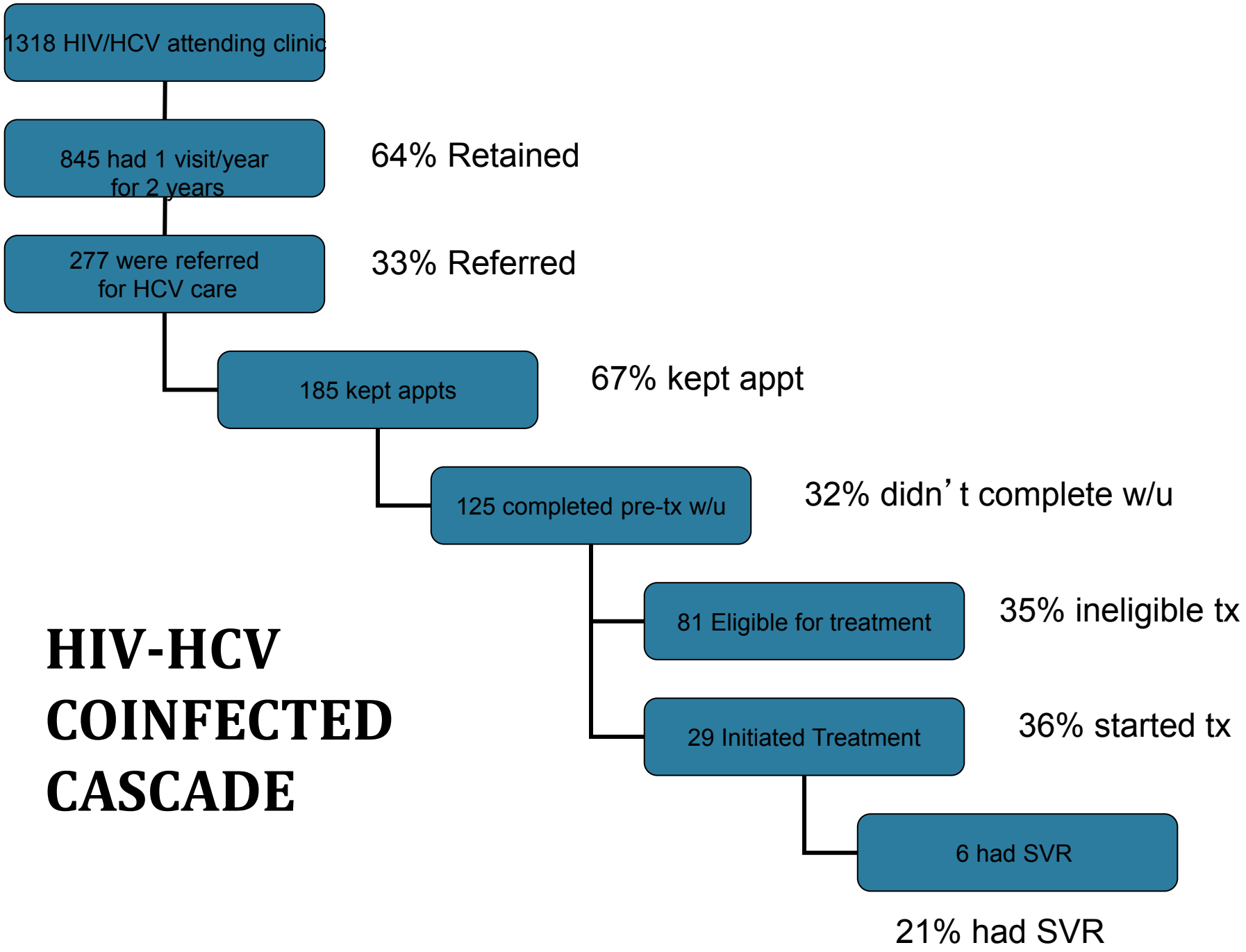


HIV-HCV COINFECTED CASCADE

Background of Barriers to Treatment

Barriers:
Patient non-adherence
MD fails to refer
Limited specialist
Logistical concerns

Barriers:
Asymptomatic Disease
Poor awareness
Lack of insurance
MD failure to screen

Barriers:
Patient Fears/misunderstandings
Stigmatization
Substance use
Psychiatric comorbidities
Logistical concerns
Communication Differences

Site Background

- STAR Health Center, State University of New York, (Downstate Medical Center), Brooklyn New York
- PCMH Certified Level 3; Ryan White Funding
- 1171 HIV + patient; 55% Female, 45% Male
- 82% African American, 14% Latino, 2% White, 2% other
- 17% Coinfected:
  - 201 patient HCV Ab+, **146 VL positive**, 51 VL negative
  - Yearly rescreening of high risk patients
- HCV care with integrated HCV clinic within HIV clinic
- 5 MD (3 MD provide all HCV care); 3 Midlevels (2NP, 1PA)

HCV Program

- HCV Coordinator Tracey Griffith (nursing/CM background)
  - Tracks Retention, HCC screening, Pts on Treatment, Groups, CM services
- Supportive Services
  - Adherence
  - Pharmacy services
  - Mental Health and Psychiatry
  - Substance use (buprenorphine)
  - Care Coordination (Patient navigation)
  - Case management
  - Nutrition
  - HCV Groups, Peers
- Hepatology Clinic (Approximately 120 pts--monoinfected)
  - Every Monday Morning, Hepatologist, Surgery, NP, GI/Liver Fellows

Study Design

- Prospective Case Control comparing barriers in monoinfected and coinfected patients
- Hypothesis: Coinfected patients faced more barriers than Monoinfected patients
- Patients recruited from Hepatology clinic (monoinfected) and STAR Clinic (HIV Coinfected)
- Quantitative Questionnaire
  - Administered questionnaire adapted from NHANNES
  - 2:1 Coinfected to Monoinfected patients (120:60)
- Qualitative Focus Groups
  - 15 respondents in each group

Qualitative Questionnaire

- Instrument was Adapted from NHANNES, Administered by HCV Coordinator and Family Practice Resident
- Convenience Sample from both clinics
- Examples of Questions:
  - Demographic data (age, race, gender, HIV, MH/SA)
  - “Did your doctor tell you that you need to be treated”
  - “What reason was given if you should not be treated”
    - Not needed; no liver disease; wait till later; no reason given
  - “Why did you not get treated?”
    - Side effects;shots; other medical issues; hope of better tx in future; not discussed; not motivated; worried @ relapsed

Qualitative Questionnaire

- After Administered survey tool, patients were offered to join focus group (Also ran by same research team)
- Focus group were recorded
- Examples of Examples
  - What have you been told about HCV and treatment options?
  - What are your overall thoughts about HCV treatment? For or against?
  - What are your challenges towards engaging in HCV treatment?
  - What are your expectations of HCV treatment?
  - Knowing the side effects of HCV treatment, would you still consider treatment?

Results

- **Coinfected:**
- 101 Surveys completed
- 11 for focus group
- Older patients
  - 52% (55-64)
- Mostly African American 78%
- Majority Male 62%
- Substance use 26%
- MH illness 37%

Monoinfected:

51 Surveys completed

11 in depth interview

Younger patients

35% (45-54)

More ethnically diverse

26% latino

Majority Female 62%

Substance use 7.8%

MH illness 13.7%

Baseline Characteristics

Gender	Mono (%)	Coinf (%)	OR	95% CI
Male	19 (37.3)	**66 (61.7)**	1	Referrant
Female	**32 (62.7)**	40 (37.4)	.372	(.186.743)
Age	**Mono (%)**	**Coinf (%)**	**OR**	**95% CI**
26-44	9 (17.7)	11 (10.3)	1	Referrant
45-54	**18 (35.3)**	31 (29)	0.71	(.247,2.04)
55-64	14 (27.5)	**56 (52.3)**	0.3	(.106,0.88)
>65	10 (19.6)	9 (8.4)	1.36	(.385,4.79)
RACE	**Mono (%)**	**Coinf. (%)**	**OR**	**95% CI**
White	8 (15.7%)	5 (4.7%)	1.00	Referrant
Black	28 (54.9%)	**83 (77.6%)**	0.21	(0.06, 0.7)
Hispanic	**13 (25.5%)**	17 (15.9%)	0.48	(0.13, 1.81)
Other	2 (3.9%)	2 (1.9%)	0.63	(0.07, 5.97)

Were you advised to be treated?

- No difference in Treatment Recommendations

	Mono	Coinf	OR	95% CI
Yes	45	98	.688	(.23, 2.0)
No	6	9	1	Referrant

- Fifteen patients not recommended for treatment
- Of the 9 Coinfected:
  - 3 told to wait for new options, 3 no reason,
    3 had no LFT/Liver disease, 1 do nothing
- Of the 6 Monoinfected:
  - One was told to wait

Why did you not get Treated?

Barrier	Monoinfected	Coinfected
Side effect	17%	0%
Other med issue	50%	56%
Know other on tx & if influenced	33% (1 influenced to start tx)	22% no influence
Motivated	**50%**	**0%**
Hope for new rx	**17%**	11%
Not discussed	66%	33%
Comfortable with MD	100%	89%
Worry about complication	**50%**	44%

Neither group was affected by shots, cost of meds, worry of relapse, or responding to meds

What have you learned about HCV?

Fact	Monoinfected	Coinfected
Look fine	98%	99%
Blood exposure	96%	95%
Shake hands	8%	11%
Kiss someone	33%	24%
Sex	6%	14%
IVDU	100%	98%
Avoid ETOH	94%	96%
Avoid Spread	88%	92%

Coinfected Focus Group

- 2 Male, 7 Female, 9 treatment naïve, 2 previously treated
- Felt a burden / less motivated
- Less motivated—**fear of added pill burden and side effects**
- Feel treatment would **not be as effective** as it would be for someone who is monoinfected
- Many were told the treatment **could not cure the infection**
- Are very afraid of the **mental health issues**
- **Poor social support and unstable living arrangements**
- Were told HCV was **not important to treat** and the other medical issues are more significant
- Expecting **side effects** to occur

Monoinfected InDepth Interviews

- 8 treatment naïve, 1 completed treatment, 2 on treatment
- **Very motivated** especially with much more family support
- **Informed** HCV can be cured and side effects was not really emphasized but they were informed of them
- Had **no fears** or felt there would be any issues with treatment
- Informed **HCV is just as important** as other infections
- Thought they had **more treatment options** than coinfected

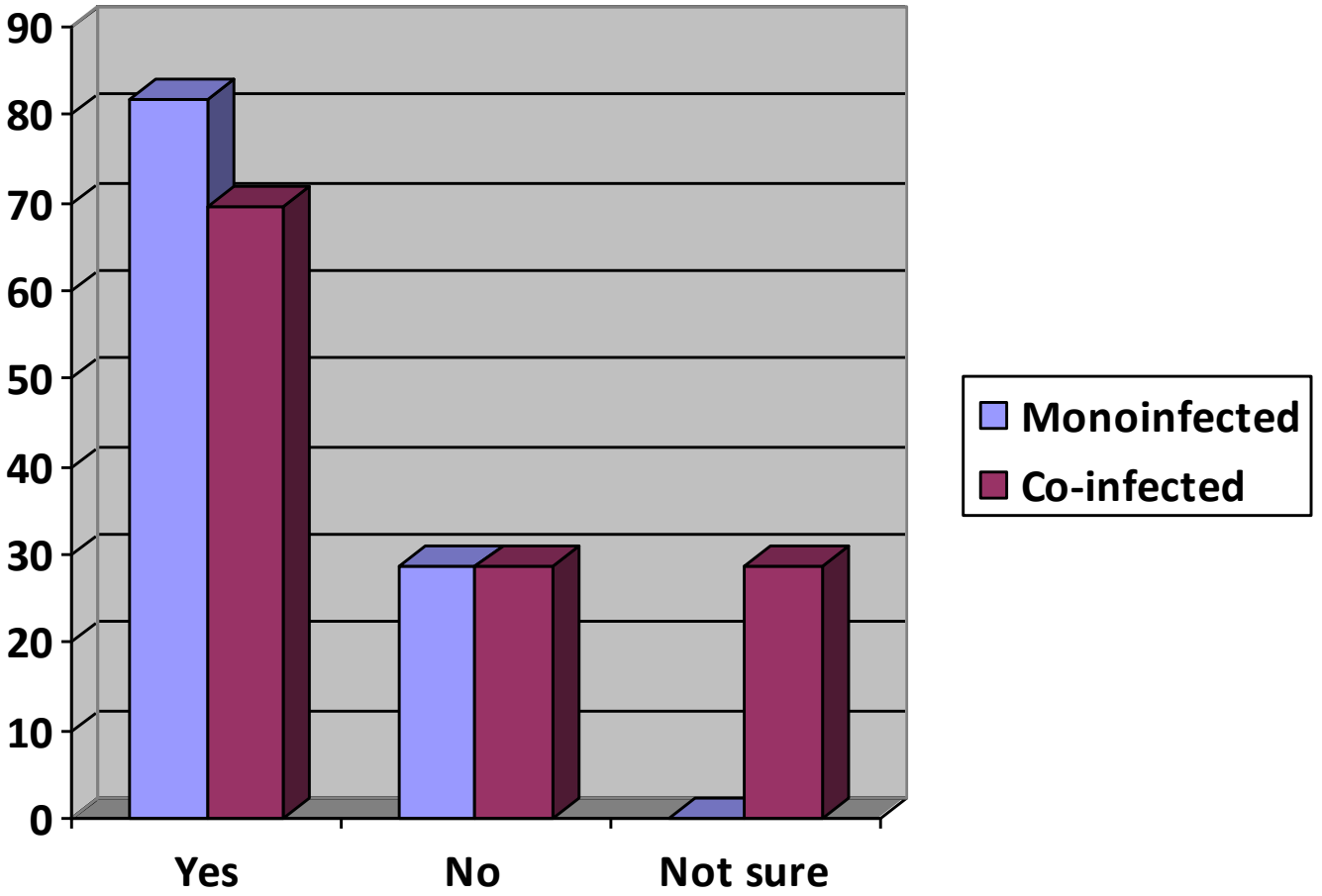
Quotes Focus Groups

- Monoinfected:
  - “Experiencing side effects is rough, however if you are willing to look at the big picture, HCV tx is beneficial. The side effects are not the same for everyone”
- Coinfected:
  - “I have been told that treatment for HCV would not be cured in a person with HIV the way it would be cured in someone who does not have HIV”
  - “My biggest challenge is knowing if I cannot take care of myself, I may become a burden for my family. It’s encouraging to know clinic staff will be supportive if my family is not”

Main Differences Qualitative Data

- **Monoinfected**
  - Better Informed re: Tx success
  - Better Access
  - Motivated
  - Need for treatment high
  - Still concerned of AE but desire for tx outweighs it
- **Coinfected**
  - Conflicted on tx success
  - Less Access to new Meds
  - Less motivated b/c competing priorities
  - Did not see urgency for Tx
  - Less support
  - Concern for Side effect

Are you in support or against HCV Treatment?



Conclusion

- Quantitative—fair assessment of barriers
  - Baseline differences between groups
  - Motivation higher among Mono-infected
  - No difference in HCV education
  - Mono: Concern of AE but worry @ complication and hope for new meds outweighed this
- Qualitative---better impression of barriers
  - Motivation and urgency of treatment higher in monoinfected
  - Coinfected concerns over AE and psych AE and support system outweighed treatment
  - Differences in impression of Treatment response between the 2 groups

Limitations

- Administered Survey
  - Smaller size than expected
  - Socially desirable responses?
  - Do not have genotype data
- Qualitative Aspect (focus group/in depth interview)
  - Monoinfected population may be highly motivated, self selected
  - Focus group/in depth interviewees voluntary—select for outspoken participants
  - Socially desirable responses?

Lessons Learned

- How to best motivate patients coinfected
  - Support systems, risk vs. benefits
- Realistic Expectation among monoinfected
- Introduction of research into clinic, exposure to staff--helpful
- Some fears and barriers may resolve when IFN free regimens are available