

# Physician perspectives on initiating treatment of hepatitis C during hospitalization

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## Background

- Hepatitis C (HCV) is chronic, prevalent, and disproportionately affects people who use drugs in the United States (US)
- One strategy to decrease HCV prevalence is to start treatment while patients are hospitalized for reasons unrelated to HCV
- Factors affecting the success of this approach are not well-characterized in the literature
- Subspecialty providers in fields that treat substantial numbers of patients with HCV are well-positioned to describe variables affecting treatment provision

## Methods

- We conducted semi-structured interviews with 20 subspecialty physicians at institutions across the US
- Participants were subspecialists in Addiction Medicine, Hepatology, and/or Infectious Diseases and worked at least part-time in an inpatient clinical setting
- Participants were recruited via purposive and snowball sampling to reach those at institutions that allowed inpatient HCV treatment as well as those that did not
- Interviews were recorded, professionally transcribed, and analyzed using a rapid matrix technique

## Results

Participant characteristics (n=20†)	
<b>Gender‡</b>	
Male	4 (26%)
<b>Race</b>	
White	14 (75%)
Black	0 (0%)
Asian	3 (16%)
More than one race/Other	2 (11%)
<b>Ethnicity</b>	
Hispanic	2 (11%)
Non-Hispanic	17 (89%)
<b>Age (years)</b>	
30-39	12 (63%)
40-49	6 (32%)
50-59	1 (5%)
<b>Subspecialty provider type</b>	
Addiction Medicine	10 (50%)*
Infectious Diseases (ID)	10 (50%)*
Hepatology	3 (15%)
<b>U.S. geographic region</b>	
Northeast	3 (15%)
Southeast	3 (15%)
Central	2 (10%)
West	12 (60%)
<b>Comfort with DAA (Agree or Strongly Agree)</b>	
Know how to identify appropriate patients to start on treatment	17 (89%)
Aware of important drug-drug interactions with DAA	16 (84%)
Know which tests should be ordered prior to starting DAA	16 (84%)

†One participant did not complete the quantitative survey  
 ‡All participants identified as cisgender  
 \*Three participants identified as subspecialists in both Addiction Medicine and Infectious Diseases

### Four major themes emerged:

#### 1. Hospitalization can be a gateway to care for patients who otherwise might not receive HCV treatment

*“We also really try to take comprehensive care of people, acknowledging that many of the patients that we are seeing on the consult service do not have primary care in the outpatient setting. This is really an opportunity to link them to care, but also to provide some of the important comprehensive substance use disorder and general medical care that they may need.” - #11, Addiction Medicine*

#### 2. Patients are vulnerable to being lost to follow-up in the transition from inpatient to outpatient care

*“I have a hard time getting a patient a follow-up appointment before they discharge from the hospital. If I'm gonna start a medicine like these, I would wanna make sure that they're gonna be seen in close follow up.” - #4, Addiction Medicine*

#### 3. The inpatient payment model negatively affects widespread implementation of programs to treat HCV during hospitalization

*“Basically, the hospital doesn't wanna pay for the hepatitis C medications out of the inpatient pharmacy budget, which is interesting and evidence of a dysfunctional funding mechanism” - #20, Addiction Medicine and Infectious Diseases*

#### 4. Treatment protocols and project “champions” can support inpatient HCV treatment initiatives

*“I think having a guide, an algorithm, a playbook to help to navigate these different processes is important. I think also highlighting the amount of time and/or energy that would necessarily be required to navigate these things is also really important when trying to scale up treatment.” - #13, Infectious Diseases*

## Conclusions

- Physicians view hospitalization as a potential opportunity for patients to start HCV treatment
- However, they have concerns about patients becoming lost to follow-up after hospital discharge
- Insurance issues in the US – specifically bundled payments for hospitalization – are a major barrier to inpatient HCV treatment.
- Interviewees described factors that could promote success of programs to start HCV treatment during hospitalization, including implementing standardized protocols for treatment with clear process ownership and dedicated funding for care navigators and systems champions

## Implications

- Dedicated funding and clinical support for hospital-based providers could make inpatient treatment of HCV more accessible
- Patients could be discharged with the entire course of HCV treatment in hand to minimize the need for follow-up.
- Broad restructuring of healthcare funding mechanisms could facilitate the provision of important HCV care to patients during hospitalization.