March 2023

FAILURE TO TREAT HCV IN PATIENTS SEEN IN A PREDOMINATELY AFRICAN AMERICAN SOCIOECONOMICALLY CHALLENGED POPULATION

Crisshy Auguste
Wayne State University School of Medicine, hi9695@wayne.edu

Paul H. Naylor PhD
Wayne State University School of Medicine, Division of Gastroenterology

Murray N. Ehrinpreis MD
Wayne State University School of Medicine, Division of Gastroenterology

Milton G. Mutchnik MD
Wayne State University School of Medicine, Division of Gastroenterology

FAILURE TO TREAT HCV IN PATIENTS SEEN IN A PREDOMINATELY AFRICAN AMERICAN SOCIOECONOMICALLY CHALLENGED POPULATION

Crisshy Auguste, Paul Naylor, Murray Ehrinpreis, and Milton Mutchnick

Background

To achieve a more effective elimination of HCV, more evidence-based information is needed in order to identify areas where intervention may be implemented. Given the fact that HCV is twice as likely to be in African Americans as non-AA patients, studies in clinics such as ours which see predominately AA patients should be useful. The objective of this study was to identify patients who were not treated after a visit to a GI clinic and to assess potential reasons for the failure to treat.

Methods

Data was collected from 2019 HCV patient EMR charts including demographics, laboratory studies, and treatment history. With respect to treatment, we evaluated linkage to the care we defined success as treatment within 6 months of the initial visit. Thus, data on treatment initiation was collected through the first 6 months of2020.

Results

There were 597 patients with at least one visit in 2019. An SVR had been achieved in 143 prior to the 2019visit (or at a visit in 2019) with 6 having failed to achieve an SVR. There were 196 patients started on treatment by July of 2020 and 252 patients (252/448= 56%) who were not treated within 6 months of their visit. Neither race nor gender was relevant to this failure to treat setting (Figure 1). Age for treated (61 years) vs Age for not treated (60 years) was not significantly different (p= 0.22). The primary reason for not treating was patient failure to follow up (n= 93; 76%). This was true for both gender and race (Figure 2). Insurance issues when mentioned in the EMR played a significantly lower part in the failure to treat (15/252= 6%). Other reasons for not treating included drug or alcohol (9) and low fibrosis scores with failure to return (9) There were also 2patients who were reluctant to agree to treatment. The majority of our patients had Medicaid 133 (53%) as their primary insurance, consistent with their being socioeconomically challenged. Medicare was the second most likely category of insurance (n=94; 37%)). There was no relationship between the categories of insurance and the reason for not being treated. Somewhat unexpected was that of the 252 patients, 123 (49%) had more than one visit and yet were not treated.

Conclusions

Significant numbers of patients failed to be treated after a visit to GI. While many of our patients were socioeconomically challenged, insurance was not a significant barrier to treatment. The primary reason was failure of the patient to return after a single visit. The failure to treat patients with multiple visits needs further investigation since the second visit should clearly have defined the patient infection by PCR. This study also suggests that a policy to initiate treatment immediately upon confirmation of infection via PCR would significantly improve linkage to care.

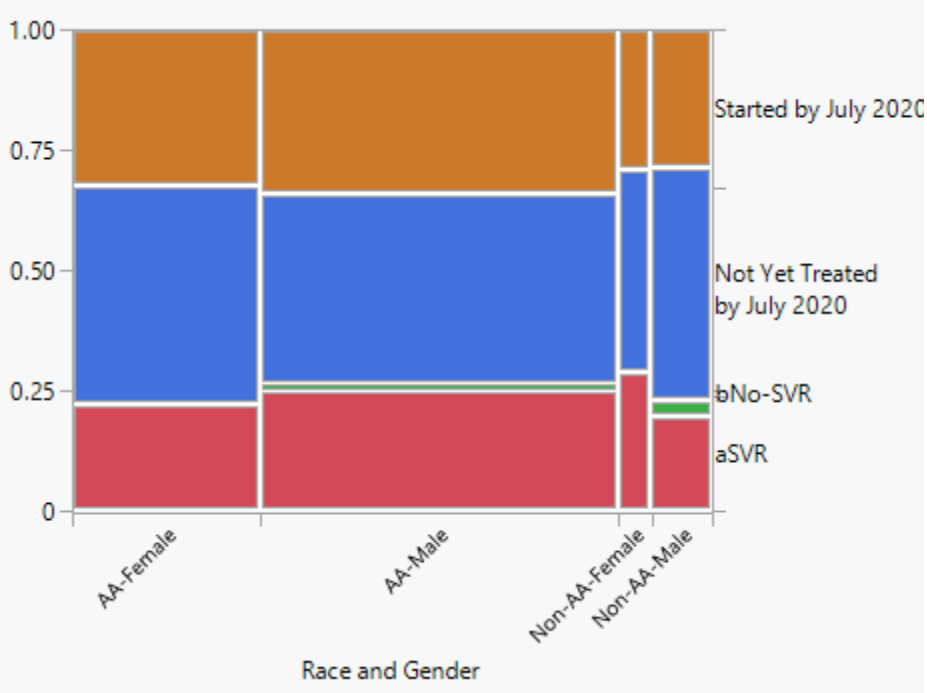

Figure 1 Treatment status of patients seen in 2019 as defined by race and gender. Patients seen in 2019 were categorized into patients previously treated (SVR or No-SVR), patients treated following a visit in 2019 (ie started by July 2020) and patients not treated within 6 month of their 2019 visit (Not Yet Treated by July 2020). Patients in progress at their 2019 visit were followed and placed in the SVR/No-SVR category.

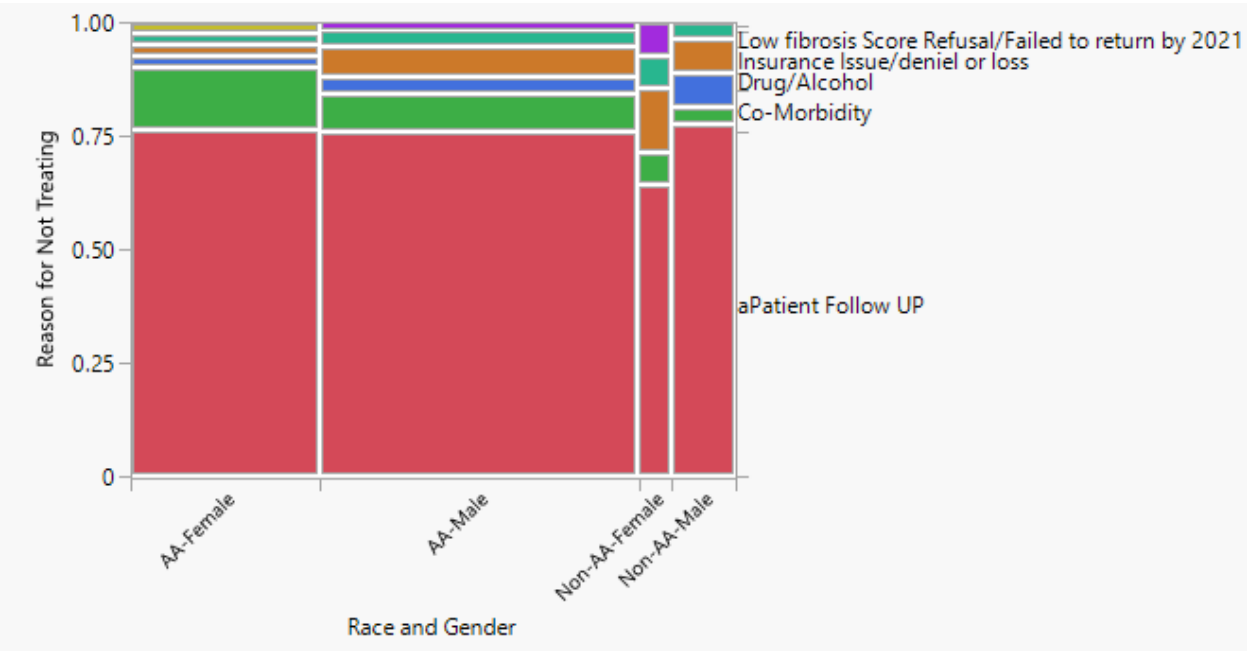

Figure 2. Reason for not being treated by race and gender. Patients seen in 2019 who were not treated are plotted by the reason for not treating. The predominate reason was failure of the patient to follow up with respect to initiating treatment.