Hepatitis C virus (HCV) is a major health problem both in the US, affecting 2.7 to 3.0 million people, and globally, affecting 71 million people [1]. The prevalence of HCV is high among people who inject drugs [2]. The C-SCOPE Study is a self-reported, cross-sectional survey of 203 Addiction Medicine specialists, 25% were psychiatrists, and 70% were metro/urban [mean PWID managed, 51; years of experience, 11]. The majority perceived HCV testing, management, and treatment among PWID were assessed [3]. The Kirby Institute, UNSW Sydney, Sydney, Australia; 4. Merck Canada Inc., Montreal, Canada; 5. Merck Research Laboratories, Kenilworth, NJ; Merck & Co., Inc., Kenilworth, NJ, USA; 6. Institute of Neuropsychiatry and Addictions, IMM (Hospital del mar Medical Research Institute), and Department of Psychiatry, University Autonoma de Barcelona, Barcelona, Spain; 7. National Centre for Treatment of Drug Addiction, University Psychiatric Clinic Liubliana, Slovenia; 8. ICONCEPT, Center for Addiction-Medicine, Munich, Germany; 9. Addiction Treatment Centre Local Health Unit ASL Biella, Biella, Italy; 10. Kanton Health, St. Louis, MO, USA; 11. Albert Einstein College of Medicine and Montefiore Medical Center, New York, NY, USA.

Abstract

This study evaluated competency related to HCV testing, management, and treatment among physicians practicing in clinics offering OAT in Australia, Canada, Europe, and the US between April and May 2017. A 7-point scale was used to measure the level of knowledge/skills/competence: 1=Not at all important, 2=Very important, 3=Slight knowledge/skills/competence, 4=Average, 5=Competent, 6=Very competent, and 7=Expert.

Results:

- Among the 203 physicians, 40% were from the US (n=82), 45% were from Europe (n=92), and 14% were from Australia (n=29).
- 21% of physicians were addiction medicine specialists, 25% addiction psychiatrists, 26% addiction psychologists, 26% PCP/PIM, and 4% “other”.
- 70% of physicians were in addiction medicine specialists, 30% were in addiction psychiatrists, and 10% were in institutional settings and 30% were in clinics, centers, departments, or institutions. Physicians managed an average of 51 PWID patients personally and had an average of 11 years of experience.

Table 1. Physician and Institution Characteristics (N=203)

<table>
<thead>
<tr>
<th>Setting of Institution</th>
<th>Metro/Urban</th>
<th>Suburban/Small City/Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>N=203</td>
<td>141 (70%)</td>
<td>62 (31%)</td>
</tr>
</tbody>
</table>

Table 2. Physician Specialty Based on Self-Reported Ability to Advise Patients About New Therapies for HCV

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Pain Management</th>
<th>Addiction Medicine</th>
<th>Addiction Psychiatry</th>
<th>Psychiatry</th>
<th>G/F/PIM</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>N=203</td>
<td>51 (25%)</td>
<td>43 (21%)</td>
<td>40 (20%)</td>
<td>58 (29%)</td>
<td>53 (27%)</td>
<td>9 (4%)</td>
</tr>
</tbody>
</table>

Note: “Average competence was rated as answer choices of 40% to 60% (important), 2=Strong knowledge/skills/competence, 3=Slight knowledge/skills/competence, 4=Average, 5=Competent, 6=Very competent, and 7=Expert.

LIMITATIONS

- All data in this study come from a self-reported physician survey; therefore, the responses are subjective and may not represent real-world practice.
- Although the sampling strategy utilized in the C-SCOPE study was designed to increase the odds that it is a representative sample, it can only guarantee representativeness at the regional level but not within other metrics of OAT practices.
- Due to the cross-sectional nature of the data, causality cannot be inferred.

CONCLUSIONS

- The majority of physicians treating HCV infection among PWID attending OAT clinics view HCV testing and treatment as important.
- Despite viewing testing and treatment of HCV as important, a number of physicians self-reported less than average competency related to HCV management and treatment. Self-reported competency was higher.
- These low levels of reported competency in HCV management and treatment highlight a critical need for improved HCV education and training for practitioners working in drug and alcohol settings to help manage HCV among PWID.

References