# Comparison of sustained virologic response rate for Hepatitis C patients receiving treatment by interdisciplinary Family Medicine team versus Gastroenterologist referral

*The authors have no conflict of interest.*

**Affiliations:** 1. Saint Thomas Rutherford Hospital, Murfreesboro, TN • 2. Saint Louise Family Medicine Center/University of Tennessee Family Medicine Residency, Murfreesboro, TN
**Authors:** Courtney Baldridge, PharmD Candidate[1] • Nicholas Hodge, PharmD[1] • Amber Shadoan, MD[2] • Dudley C. Glass, MD[2] • Jonathan Hughes, PharmD, BCPS, BCACP[2]

## Background:

- Historically, HCV has been managed by specialists, but the simplicity of DAA regimens has eliminated barriers to care, making treatment by primary care providers (PCPs) possible.
- The purpose of this study was to assess whether patients treated in a family medicine residency program (FMRP)-affiliated patient centered medical home (PCMH) have superior cure rates in comparison to those referred to a gastroenterologist.

## Methods:

- **Single-center, prospective, observational study**
- Patients diagnosed with active HCV could either receive treatment by referral to a gastroenterologist or by the interdisciplinary family medicine team
- Patients received DAA treatment based on genotype, severity of liver fibrosis, comorbidities, and previous treatment.

**Table 1.** Inclusion and Exclusion Criteria

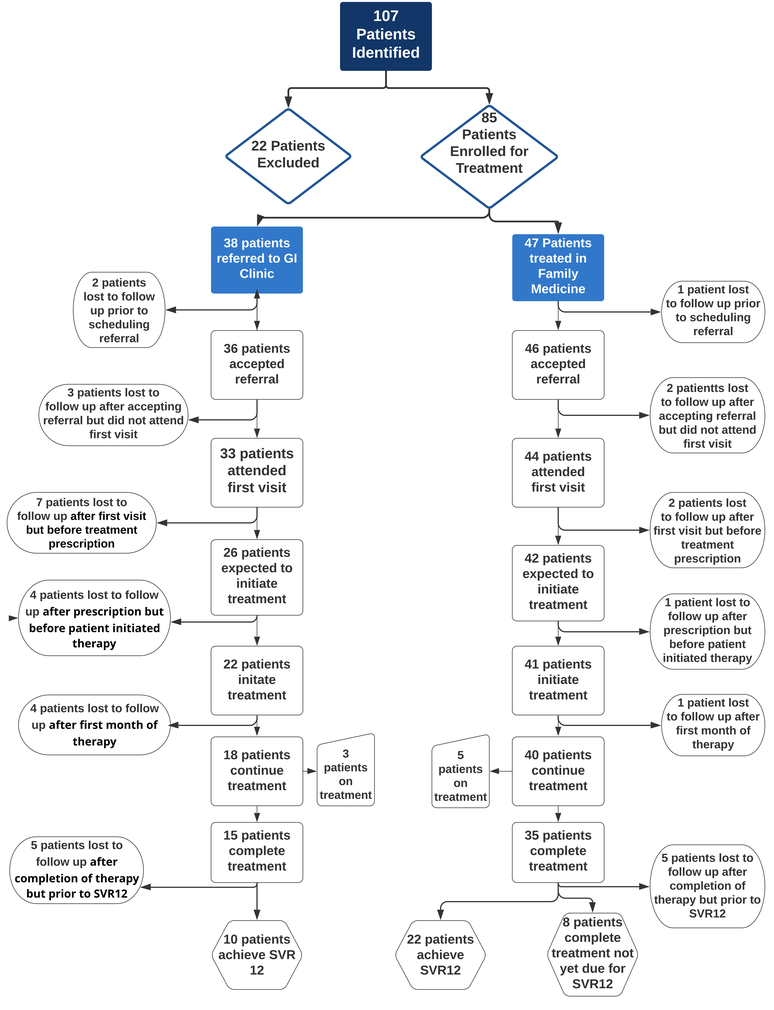
| Inclusion | Exclusion |
|---|---|
| 18 years and older<br>Active, chronic HCV | Deemed not a good treatment candidate due to:<br>• Poor appointment adherence<br>• Ongoing Substance Abuse<br>• Declined Treatment<br>• Unable to reach patient after diagnosis prior to treatment<br>• Moved out of state<br>• Expired prior to treatment initiation<br>• Referred to subspeciality due to complexity<br>• Spontaneously cleared infection |

**Primary Outcome:** Number of patients with a sustained virologic response at 12 weeks after treatment (SVR12)

## Results:

| Table 2. Demographics | | FMC treated | GI treated | P-value |
|---|---|---|---|---|
| **Demographic** | | | | |
| **Number of patients (n)** | | 47 | 38 | |
| **Mean Age (years)** | | 45 | 47 | |
| **Age Group, n (%)** | 18-25 | 1 (2) | 1 (3) | 0.29 |
| | 26-39 | 21 (45) | 12 (31) | |
| | 40-64 | 22 (47) | 24 (63) | |
| | >64 | 3 (6) | 1 (3) | |
| **Female, n (%)** | | 25 (53) | 24 (63) | 0.35 |
| **Race, n (%)** | Caucasian | 39 (83) | 33 (87) | 0.82 |
| | African American | 5 (11) | 4 (10) | |
| | Other | 1 (2) | 1 (3) | |
| | Declined | 2 (4) | 0 (0) | |
| **Payor, n (%)** | Self-Pay | 33 (70) | 18 (47) | 0.04 |
| | Commercial | 7 (15) | 11 (29) | |
| | Medicare | 5 (11) | 2 (5) | |
| | Medicaid | 2 (4) | 7 (19) | |
| **Cirrhosis, n (%)** | | 6 (13) | 1 (3) | 0.12 |
| **Genotype, n (%)** | 1a | 28 (60) | 17 (44) | 0.31 |
| | 1b | 3 (7) | 3 (8) | |
| | 2 | 4 (8) | 3 (8) | |
| | 3 | 1 (2) | 5 (13) | |
| | 3a | 6 (13) | 3 (8) | |
| | 4 | 0 (0) | 1 (3) | |
| | Unknown | 5 (10) | 6 (16) | |
| **Risk Factors, n (%) *** | IVDA | 34 (72) | 20 (52) | 0.09 |
| | Non-sterile tattoo | 11 (23) | 5 (13) | |
| | Sexual Partner | 11 (23) | 4 (10) | |
| | Blood Transfusion | 1 (2) | 2 (5) | |
| | Incarceration | 2 (4) | 6 (16) | |
| | Intranasal Cocaine | 3 (6) | 0 (0) | |
| | Needlestick | 1 (2) | 0 (0) | |
| | Unknown | 7 (15) | 10 (27) | |
| **Coinfection, n (%)** | HBV | 1 (2) | 0 (0) | 1.00 |
| **Previous Treatment, n (%)** | Naïve | 44 (94) | 32 (84) | 0.08 |
| | Peginterferon + ribavirin | 1 (2) | 0 (0) | |
| | Interferon + ribavirin | 1 (2) | 3 (8) | |
| | Ledipasvir/sofosbuvir | 1 (2) | 0 (0) | |
| | Unknown | 0 (0) | 3 (8) | |

**Figure 1.** Treatment Experience to Date




## Discussion:

- While patients in both groups achieved an SVR12 rate of 100% in those treated *per protocol*, more than double the patients treated by the interdisciplinary family medicine team achieved an SVR12 in the intention to treat analysis (65% vs. 29%, p=0.004)
- Despite treating significantly more patients without insurance, the FM treated patients were more likely to achieve an SVR12.

## Conclusion:

- Patients receiving HCV care in an FMRP-affiliated PCMH were less likely to become lost to follow-up and subsequently more likely to achieve a sustained virologic response.

THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER.

Ascension

Contact:
**Courtney Baldridge**
cbaldrid@uthsc.edu