

B4. Western Medical Provider Survey

Western Medical Provider Survey

The CPG developed and distributed a 16-question survey to elicit knowledge, attitudes, beliefs, and behavioral information from western/allopathic medical care providers. Western medical providers were defined as medical doctors (M.D.), physician assistants (P.A.), and nurse practitioners (N.P.). A total of 1,233 surveys were mailed or hand-delivered to local health clinics, hospitals, and private practitioners. A total of 327 surveys were returned, yielding a 27% response rate.

Methodology

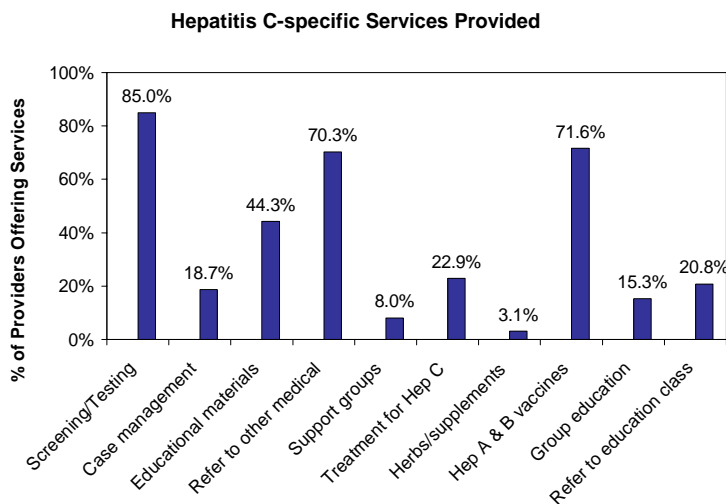
A. Design

Survey questions were designed as multiple choice or selection criteria questions. Some questions were open-ended to elicit more in-depth answers. In an attempt to identify trends and themes, some questions were repeated to other targeted survey participants (i.e. medical providers, infected or affected persons with HCV).

B. Method

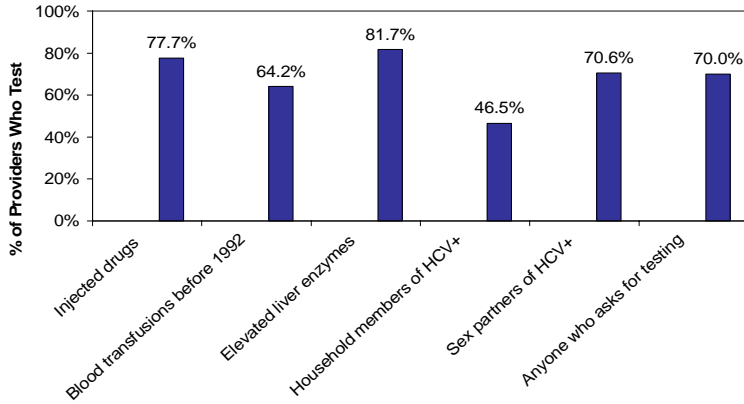
Surveys were distributed by mail or hand-delivered between October 9 and November 8, 2002. A cover letter explaining the survey purpose and deadline, the survey, and a self-addressed stamped envelope were included in each mailing to optimize response rates.

Quantitative Findings



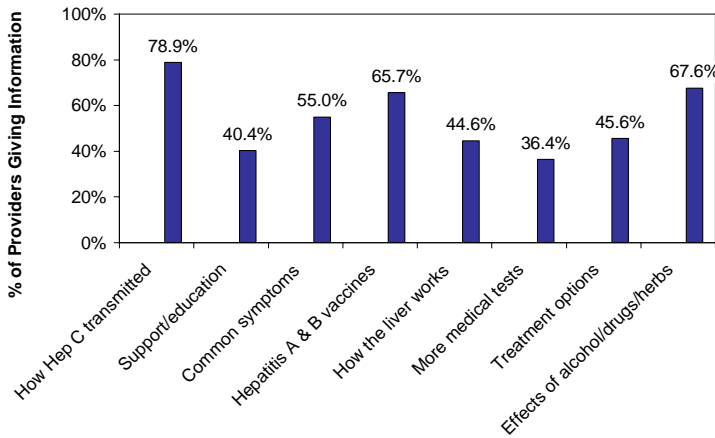
When asked what type of hepatitis C-specific services they provided, 85% of providers offered screening and testing, 72% offered hepatitis A&B vaccines, and 70% provided referral to other medical providers. 44% offered educational materials, and 23% offered treatment for hepatitis C.

Who Do You Test for Hepatitis C



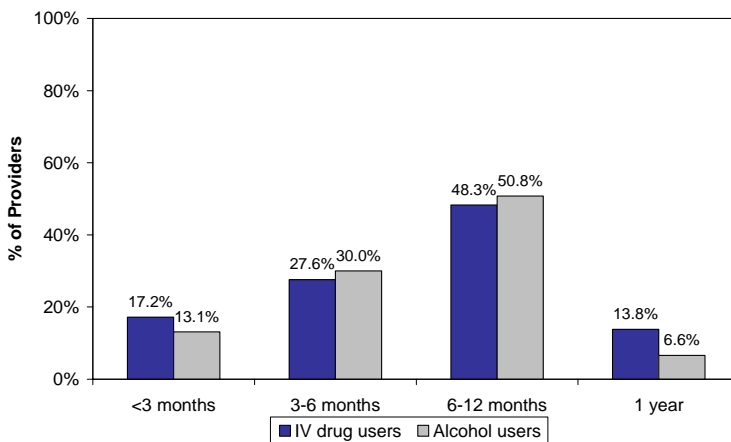
When asked which clients are tested for hepatitis C, 82% of providers tested when clients had elevated liver enzymes, 78% tested for clients who either had injected or inhaled drugs, and 71% tested sex partners of someone who was HCV positive. 70% of providers indicated that they tested anyone who requested testing.

Information Provided to Clients at Testing



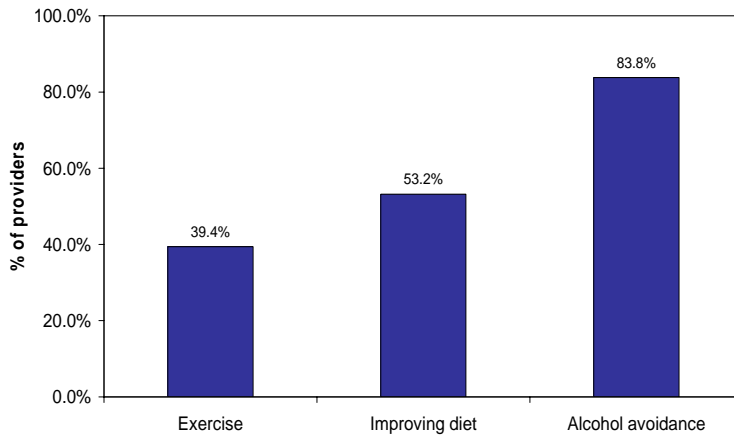
When asked what type of information was provided to clients upon testing, two-thirds of providers indicated they gave information on the effects of alcohol, drugs, and/or herbs on the liver, and 62% provided information on how the liver works and how to protect it. 58% provided information on how hepatitis C is transmitted and prevented, and treatment options.

Waiting Period for Drug & Alcohol Users to Begin Treatment



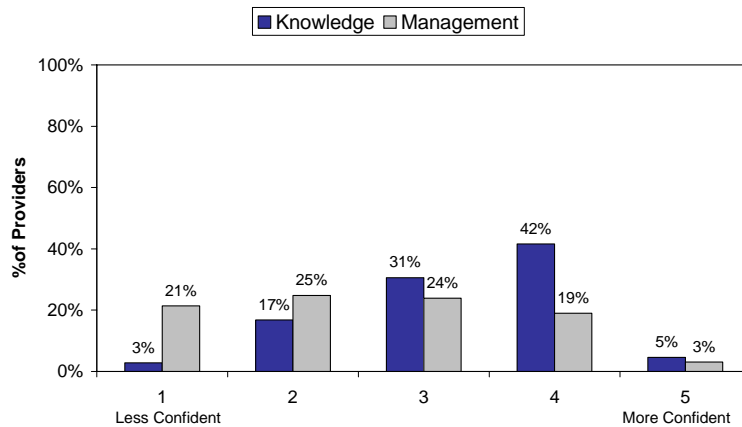
When asked the waiting time they required for patients to begin treatment, one-third of those responding indicated that they did not provide treatment. Of those who responded and indicated that they did provide treatment, a 6-12 month wait period was required by 48% of providers for IDU, and 51% for alcohol users.

% of Medical Providers Counseling Clients on Life Style Changes



When asked if they counseled hepatitis C patients on lifestyle changes, 61% of providers gave counseling on exercise, and 84% provided counseling on alcohol avoidance, and 53% on improving the client's diet. Some of the other discussion topics were avoiding Tylenol, avoiding the risk of infecting others, and changes in drug and alcohol use. Nearly 70% of providers indicated that they offered hepatitis A vaccine, and 73% offered hepatitis B vaccine.

Provider Confidence Level in Knowledge and Management of Hepatitis C



When asked to describe their level of confidence in their knowledge of hepatitis C on a scale of 1 to 5, with 5 being more confident, there was a mean response of 3.18. The mean response when asked to rate their confidence in managing hepatitis C positive clients was 2.37.

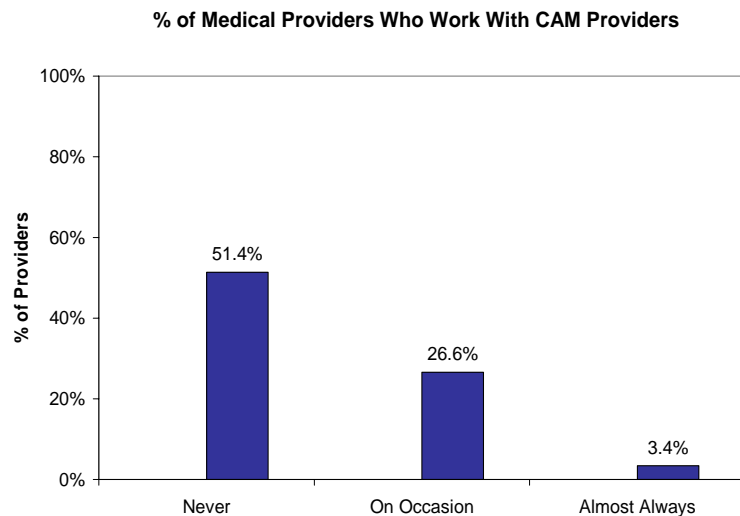
% of Western Medical Providers Ranking Five Most Important Services		
1	Hepatitis C education	74.6%
2	Alcohol and Drug Services	73.1%
3	Hepatitis C Treatment	62.4%
4	Medical care	51.4%
5	Hepatitis A&B vaccines	46.2%
6	Health Insurance	40.4%
7	Case management	26.0%
8	Health care costs	21.7%
9	Mental Health Counseling	20.8%
10	Support groups	19.3%
11	STD/HIV services	14.4%
12	Syringe/needle exchange	11.3%
13	Complementary or alternative care	4.6%
14	Housing assistance	2.8%
15	Job assistance	1.8%
16	Food and/or clothing assistance	1.5%
17	Rent and/or utility assistance	1.2%
18	Transportation	0.9%
19	Nursing care	0.9%
20	Child care	0.6%

% of Providers Referring to Services	
Alcohol and drug services	56.0%
Hepatitis A&B vaccines	49.2%
Hepatitis C testing	48.3%
STD/HIV testing	47.1%
Mental Health Counseling	36.7%
STD/HIV treatment	36.7%
Education class	34.3%
Health Insurance	28.4%
Diet/nutrition	27.2%
Support groups	26.3%
Case management	26.0%
Financial assistance	11.9%
Transportation assistance	11.6%
Syringe/needle exchange	10.7%
Housing	8.9%
Food and/or clothing assistance	8.6%
Rent and/or utility assistance	8.6%
Complementary or Alternative Care	6.7%

Providers were asked to what services they referred. Alcohol & drug services were the most frequently referred service, followed by hepatitis A&B vaccines, hepatitis C testing, STD/HIV testing, and mental health counseling.

% of Western Medical Providers Experiencing Barriers to Services	
Mental Health Counseling	25.4%
Alcohol and drug services	20.5%
Health Insurance	20.5%
Support groups	15.0%
Financial assistance	14.1%
Housing	14.1%
Rent and/or utility assistance	13.5%
Case management	12.5%
Education class	12.2%
Transportation assistance	12.2%
Food and/or clothing assistance	11.6%
Diet/nutrition	11.0%

25% of providers reported experiencing barriers for mental health counseling, and nearly 21% reported barriers to both alcohol & drug services and health insurance. 8% of providers said they encountered barriers for referrals to health insurance. Some of the barriers mentioned in the comments included the limited availability of mental health services, lack of insurance for services, and long waiting lists.



Providers were asked how often they worked with complementary and alternative providers. 51% said “never,” 27% said “on occasion,” and 3% said “almost always.”

Qualitative Findings

The following open-ended questions were asked and responses received.

Question 1: What, if any, hepatitis C-specific services does your office provide?

Responses (n=21):

- Not applicable or referral (43% or n=9)
- Screening for pregnant women and children (24% or n=5)
- Alternative or homeopathic medicine (19% or n=4)
- Skin treatment or selected testing (10% or n=2)
- Research (5% or n=1)

Question 3: Which of the following clients do you test for hepatitis C?

Responses (n=53):

- Clients with risky behavior or exposure (blood, alcohol abuse, IDU, MSM) (32% or n=17)
- Clients with symptoms (renal insufficiency or liver problems)(15% or n=8)
- Chinese, Vietnamese, Vietnam Vets (14% or n=7)
- Clients with other STDs (12% or n=6)
- Pregnant women or children (10% or n=5)
- Tattoos (8% or n= 4)
- Clients with hepatitis A and/or hepatitis B (6% or n=3)
- All clients (4% or n=2)
- Health care workers (2% or n=1)

Question 4: If information is provided to clients upon testing for hepatitis C, what information do you include?

Responses (n=20):

- Other education or information (40% or n=8)
- None or n/a (35% or n=7)
- Referral (primary care provider, clinic) (20% or n=4)
- Unclear question (5% or n= 1)

Question 5a: If you provide standard hepatitis C treatment on-site: what type of treatment do you provide?

Responses (n=22)

- Referral (68% or n=15)
- Mental health (14% or n=3)
- Not Applicable (9% or n= 2)
- Lanuindie, Ribavirin (9% or n=2)

Question 6: If you refer to a specialist for hepatitis C care, do you experience any barriers to making a referral?

Responses (n=124):

Access to Services (49% or n=61)

- Long wait (3-6 months), paperwork, lack of specialists, scheduling, dysfunctional services or system, HMOs, language barriers, transportation
- MCHD doesn't have after hours clinic, OHSU doesn't follow through with appointments, Oregon Clinic
- GIs don't want to see these patients

Insurance (38% or n=47)

- No insurance, restricted insurance, eligibility for OHP, cost/financial

Patient attribute (13% or n=16)

- Alcoholism, substance abuse, depression, patients don't follow up

Question 8: Do you counsel hepatitis C positive patients to consider any of the following life style changes?

Responses (n=68):

Drug avoidance (72% or n=49)

- Tylenol (15)
- Hepatotoxic drugs (9)
- NSAIDs (2)
- Herbal and/or alternative (3)
- Over-the-counter(3)
- Injection drug use (2)
- Acetaminophen (2)
- Alcohol (1)
- Coffee(1)

Other (19% or n=13)

- Stress and/or pain management (7)
- Medical care and/or counseling (2)
- Domestic skills (2)
- Immunization for hepatitis A & B (1)
- No sharing of blood (1)

Safe sexual behavior (9% or n=6)

Question 13: Check the five services you feel are most important for people living with hepatitis C.

Responses (n=7):

- Question difficult or unclear (4)
- Not relevant or applicable (3)

Question 14: In your management of hepatitis C patients, which support and/or treatment programs do you generally refer patients to?

Responses (n=24):

- Not applicable (67% or n=16)
- On-site (17% or n=4)
- Social worker (8% or n= 2)
- General practitioner (8% or n= 2)

Question 15: If you circled “yes” to barriers, please describe the problems you had in getting the service(s).

Responses (n=190):

Access to Services (45% or n=85)

- Availability of services: Mental health, alcohol & drug treatment (38)
- Waitlists , time (24)
- Access to prescribers (mental health, alcohol & drug, and primary care providers) (10)
- Incarceration (5)

Insurance (35% or n=67)

- No coverage for mental health, A&D, nutrition (17)
- Eligibility (17)
- No insurance, cost (31)
- Can't get OHP (2)

Education (12% or n=22)

- Don't know resources available or where to refer (19)
- Don't understand HCV (2)
- Unclear of needle exchange options (1)

Patient Attribute (8% or n= 11)

- Lack of interest (6)
- Don't pass clean and sober requirement (3)
- Confusing way to apply or obtain services...inefficient for uneducated patients (2)

Miscellaneous Western Medical Provider Statements

- There is very little availability of mental health care in this state, poor access to prescribers, no money for therapy, and long waits to access.
- Alcohol & drug services: rarely available, long waiting lists. Mental health is overwhelmed in this city and close to a joke now! I'm lucky to get my homeless patients into a shelter and even then, the shelters are often dangerous.
- Difficult and long wait for mental health & social services. Drug addiction programs are inadequate, slow, and not long enough. One of my hepatitis C+ IDU patients tried multiple “short term” programs. He died of an OD in a park!
- No one wants to see these patients.
- None of my patients qualify for or seek treatment.
- Time, time, time, time.

Summary & Intervention Opportunities: Western Medical Provider Survey

1. Provider Education

Ongoing information-sharing targeted to medical providers regarding the availability of free client-centered HCV education classes, peer-based HCV support groups, and provider trainings may strengthen existing expertise.

There are opportunities to further prevention and care through increases in education on transmission risks and the effects of alcohol on liver health. Educational activities should focus on:

- Blood-to-blood transmission of HCV and activities which facilitate blood borne infections (injection drug use)
- Use of latex barrier during sex with a HCV-infected person when there is a presence of blood and/or sexually transmitted disease
- Consistent messages on the use of Tylenol, pain relievers, and anti-inflammatory medications
- Alcohol abstinence counseling or referrals; alcohol risk reduction counseling should be encouraged in lieu of abstinence where appropriate.
- Recommendations for hepatitis A and hepatitis B vaccines among patients with HCV

Distribution of HCV educational literature directed to local medical clinics and private practitioners may be useful to both providers and patients.

2. Barriers to Service

- Expanded access to insurance, mental health, and A&D services would benefit HCV affected persons without insurance, underinsured, and among persons without citizenship or documentation.
- Coordination among allopathic medical care and CAM providers could improve health outcomes for persons living with HCV.
- Research on the impact of CAM on persons at various stages of liver disease could further legitimize CAM services among cautious allopathic providers and strengthen coordination.
- Distribution of research findings on IDU successes in completing therapy could improve treatment availability to this population.

3. Testing

- Antibody testing for HCV remains sensitive, resulting in a high percentage of false positive results when no risk history exists. Providers can further narrow their testing population to persons with an injection drug, transfusion, transplant, and/or elevated enzyme history to maximize result accuracy and reduce testing costs.
- Provider initiation of discussion on drug use transmission risks and liver health may reduce client fear about disclosure and strengthen patient-provider communication.

4. Provider Capacity for Treatment

There exist opportunities to increase the number and capacity of primary medical providers to provide Interferon and Ribavirin therapy. Increases in knowledge of HCV and confidence in managing patients with HCV can be achieved through ongoing training activities which offer participation incentives, such as continuing education credits. Training should be conducted by experienced and recognized western medical colleagues.