

BARRIERS TO HEPATITIS C TREATMENT ACCESS ACROSS THE UNITED STATES: PERSPECTIVES OF PUBLIC HEALTH OFFICIALS AND ADVOCATES

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Background

- Uptake of HCV direct-acting antivirals (DAAs) has been limited by high drug prices and restrictive treatment eligibility criteria
- We aimed to understand how state health agencies have responded to financial and policy barriers to HCV treatment access

Methods

- Qualitative study with 18 health officials and advocates in six state health agencies and non-governmental organizations
- Key informant semi-structured interviews between June 2016 and March 2017
- Interviews transcribed and analyzed using content analysis to identify dominant themes and contrasts
- State names and job titles not reported to respect participants' desire for anonymity

Results

Treatment cost triggers multiple barriers to coverage

- Restrictive treatment eligibility criteria
- Lack of transparency
- Impact of cost less severe than first feared

Variation between Fee For Service and Managed Medicaid

- Variable policies even within states
- Complex prior authorization requirements

Stigma, patient engagement and provider availability

- Stigma around HCV and substance use
- Lack of urgency
- Shortage of treating providers

Political and fiscal environment

- Variable political and fiscal support
- Media, advocacy, and judicial rulings
- Potential repeal of the Affordable Care Act

HIV/HCV Coinfection provides additional mechanisms

- AIDS Drug Assistance Programs
- HIV program infrastructure

Conclusions/implications

- ⦿ There are dynamic mechanisms by which treatment cost affects treatment access, but price is not the only problem
- ⦿ Additional research is needed on variation in managed Medicaid plan policies, reducing stigma surrounding HCV, and characterizing provider capacity in high-need areas