COLLABORATIVE HCV LEARNING MODEL FOR PATIENTS AND CLINICIANS IN SUBSTANCE USE DISORDER CLINICS: 2016-2017 FINDINGS ON KNOWLEDGE AND PERCEPTIONS

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Introduction:

Few studies have assessed HCV-related knowledge and beliefs among persons with substance use disorders (SUD) and their care teams in the interferon-free era.

Methods:

Using a collaborative learning model, we developed a 1.5-hour HCV educational intervention for patients attending SUD centers across the US. One or more of each center's clinicians led the programs. From August 2016-April 2017, patients (n=374) and clinicians (n=52) completed IRB-approved surveys before the programs at 19 clinics. Post-program surveys were completed by 366 patients and 41 clinicians.

Results:

Patients' average age was 38 years; 42% were female; 62% Caucasian. Clinicians practiced an average of 9 years; 70% were counselors, 20% social workers, 5% nurses, and 5% psychologists/physicians. Fifty-one percent of patients reported history of injection drug use. Before and after education, 26% and 34% of patients reported believing they are at risk for HCV. Sixty-three percent of patients reported having ever been tested for HCV; post-education, 44% reported intent to get tested. On average, patients correctly answered 45% of HCV knowledge-based questions at baseline (median 46%; 9%-91%), and 69% (median 73%; 18%-91%) post-education (p<0.001). Baseline gaps in patient knowledge included: 38% knew HCV can be transmitted by cookers and rinse water; 70% thought HCV treatment requires injections; 24% knew reinfection after HCV cure is possible. Before and after the programs, 66% and 95% (p=0.008) of clinicians reported being confident/very confident in counseling patients on HCV risk factors. The proportion of clinicians who strongly agreed that all patients, regardless of SUD status, should receive HCV treatment was 66% and 85% before and after the programs (p=0.04).

Conclusion:

Collaborative education improves HCV knowledge among SUD patients and confidence in HCV counseling and attitudes toward treatment among clinicians. These findings, and remaining gaps identified through this study, can inform new HCV educational interventions.

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