

## **PARTICIPANT SATISFACTION AMONG THOSE ENROLLED IN THE KENTUCKY VIRAL HEPATITIS TREATMENT (KeY TREAT) STUDY ACHIEVING SVR**

### **Authors:**

Williams BD<sup>1</sup>, Schaninger T<sup>2</sup>, Lofwall MR<sup>1</sup>, Young AM<sup>3</sup>, Walsh SL<sup>1</sup>, Havens JR<sup>1</sup>

<sup>1</sup>Center on Drug and Alcohol Research, Department of Behavioral Science, University of Kentucky College of Medicine, <sup>2</sup>Division of Infectious Diseases, Department of Internal Medicine, University of Kentucky College of Medicine, <sup>3</sup>Department of Epidemiology, University of Kentucky College of Public Health

### **Background:**

KeY Treat aims to increase HCV treatment engagement in a rural Appalachian community by providing HCV screening and treatment free of charge.

### **Methods:**

A participant satisfaction survey was administered at the treatment outcome (SVR) visit (N=237). To reduce potential for bias, the KeY Treat study director, who was not involved in participants' care, administered the surveys. Participants were asked to rate overall satisfaction with study participation, availability of staff, respectfulness of staff, and likeliness of recommending KeY Treat to a friend/relative from 1 to 5, with 1 indicating "no satisfaction" and 5 "total satisfaction". They were also asked to rate their satisfaction with KeY Treat programmatic factors such as compensation and ability to enroll while using drugs.

### **Results:**

Of the 237 participants achieving SVR visit to date, the majority were male (57.6%) and White (96.6%), with a median age of 42 years. One-third (35.7%) were current PWUD. Overall participant satisfaction was rated at 4.92/5 and 100% of participants would recommend the study to friends/family. Staff availability and respectfulness to participants were rated at 4.97/5 and 5/5. Almost all (94%) participants indicated they would have enrolled without compensation and 99.1% of current PWUD said they were "more likely" to enroll given that drug use was not a barrier to participation.

### **Conclusion:**

KeY Treat participants achieving SVR indicated high satisfaction with the study and staff. While efforts were made to reduce the potential for bias with the choice of interviewer, satisfaction was only queried among those achieving SVR since those who did not were offered retreatment. Even with these limitations, participants achieving SVR were extremely satisfied, indicating that KeY Treat may serve as a model for HCV care in low resource rural areas adversely impacted by the opioid epidemic.

### **Disclosure of Interest Statement:**

KeY Treat was funded by the U.S. National Institutes of Health (NIH) under grant R01DA047952) and a study drug donation from Gilead Sciences, Inc.