

INCREASING NUMBER OF PROVIDERS TREATING HEPATITIS C AFTER DIRECT ACTING ANTIVIRALS IN THE UNITED STATES: IMPLICATIONS FOR TREATMENT ACCESS.

Kapadia S.N.¹, Johnson P.¹, Schackman, B.R.¹, Bao Y.¹

¹ Weill Cornell Medicine, New York NY

Disclosure of Interest Statement: Dr. Kapadia is a co-investigator on research grants to Weill Cornell Medicine from Gilead Sciences Inc. Dr. Bao and Dr. Schackman have no conflicts of interest to disclose.

Background: In the interferon era, access to hepatitis C (HCV) treatment was limited by specialist availability. This especially impacts people who inject drugs, who may have difficulty accessing medical specialists. Since direct acting antivirals (DAAs) were introduced, more non-specialist providers may offer this simpler treatment. We hypothesized that the overall number of HCV treatment providers, and specifically primary care providers, has increased since DAA introduction.

Methods: We used a United States (US) commercial insurance dataset to estimate the number, specialty, and geographic distribution of HCV treatment providers. Providers were included if they prescribed any HCV antiviral. We compared the providers in 2013 (before all-oral DAA regimens were available) to 2015 (after all-oral DAA regimens were introduced). We also used Gini coefficients to assess changes in the concentration of treatment provision among providers.

Results: The number of HCV treatment providers increased from 2,106 in 2013 to 6,863 in 2015. The largest percentage increase was in primary care providers, from 187 (9%) in 2013 to 693 (13%) in 2015. The majority of providers continued to be gastroenterologists/hepatologists (67% in 2013, 63% in 2015). The number of ZIP Codes with at least one provider increased from 1198 to 2424; almost all (99% in both years) were considered urban. Provision of treatment became more concentrated among providers over time: the Gini coefficient (95%CI) in 2013 was 0.28 (0.26-0.3), and in 2015 was 0.51 (0.5-0.52).

Conclusions: In the first year after all-oral DAAs were released, the number of providers and number of ZIP codes with a provider increased substantially in a commercially insured population. The change in prescribing patterns for HCV treatment may imply that treatment became more accessible for the US population. Despite this trend, prescriptions continued to be provided mostly by specialists in urban areas and were more concentrated among high-volume prescribers.