

SELF-REPORTED COMPETENCY RELATED TO TESTING, MANAGEMENT AND TREATMENT OF HCV INFECTION AMONG PHYSICIANS PRESCRIBING OPIOID AGONIST THERAPY: THE C-SCOPE STUDY

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Background: This study evaluated competency related to HCV testing, management and treatment among physicians practicing in clinics offering OAT.

Methods: C-SCOPE is a study consisting of a self-administered survey among physicians practicing at clinics providing OAT in Australia, Canada, Europe and USA between April-May, 2017. A 7-point scale (1=None; 2=Vague knowledge/skills/competence; 3=Slight knowledge/skills/competence; 4=Average; 5=Competent; 6=Very competent, 7=Expert) was used to measure <average competence (score ≤ 4 of 7) related to HCV testing, management and treatment.

Results: Among 203 physicians (40% USA, 45% Europe, 14% Australia/Canada) 21% were addiction medicine specialists, 29% psychiatrists, and 70% were metro/urban [mean PWID managed, 51; years of experience, 11]. The majority perceived HCV testing (82%) and treatment (85%) among PWID as important. The minority reported <average competence with respect to regular screening (12%) and interpretation of HCV test results (14%), while greater proportions reported <average competence in advising patients about new HCV therapies (28%), knowledge of new treatments (37%), and treatment/management of HCV (40%). Adjusting for region, setting, and PWID managed, factors independently associated with <average competence to advise patients about new HCV therapies included being a psychiatrist (vs. general practitioner/internist, AOR 4.34; 95% CI 1.55, 12.11) and fewer years of experience (per year, AOR 1.07, 95% CI, 1.02, 1.13). Adjusting for region, setting, PWID managed, and experience, the only factor independently associated with <average competence to treat/manage HCV included being a psychiatrist (vs. general practitioner/internist, AOR

5.75; 95% CI 2.22, 14.88) and being an addiction medicine physician (vs. general practitioner/internist, AOR 2.84; 95% CI 1.18, 6.86).

Conclusion: Physicians treating HCV infection among PWID attending OAT clinics recognized the importance of HCV testing and treatment. However, self-perceived competency related to HCV management and treatment was low, highlighting the importance of improved HCV education and training among physicians practicing in clinics offering OAT.

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