

Hepatitis C Treatment Uptake by New Prescribers After the Introduction of Direct Acting Antivirals

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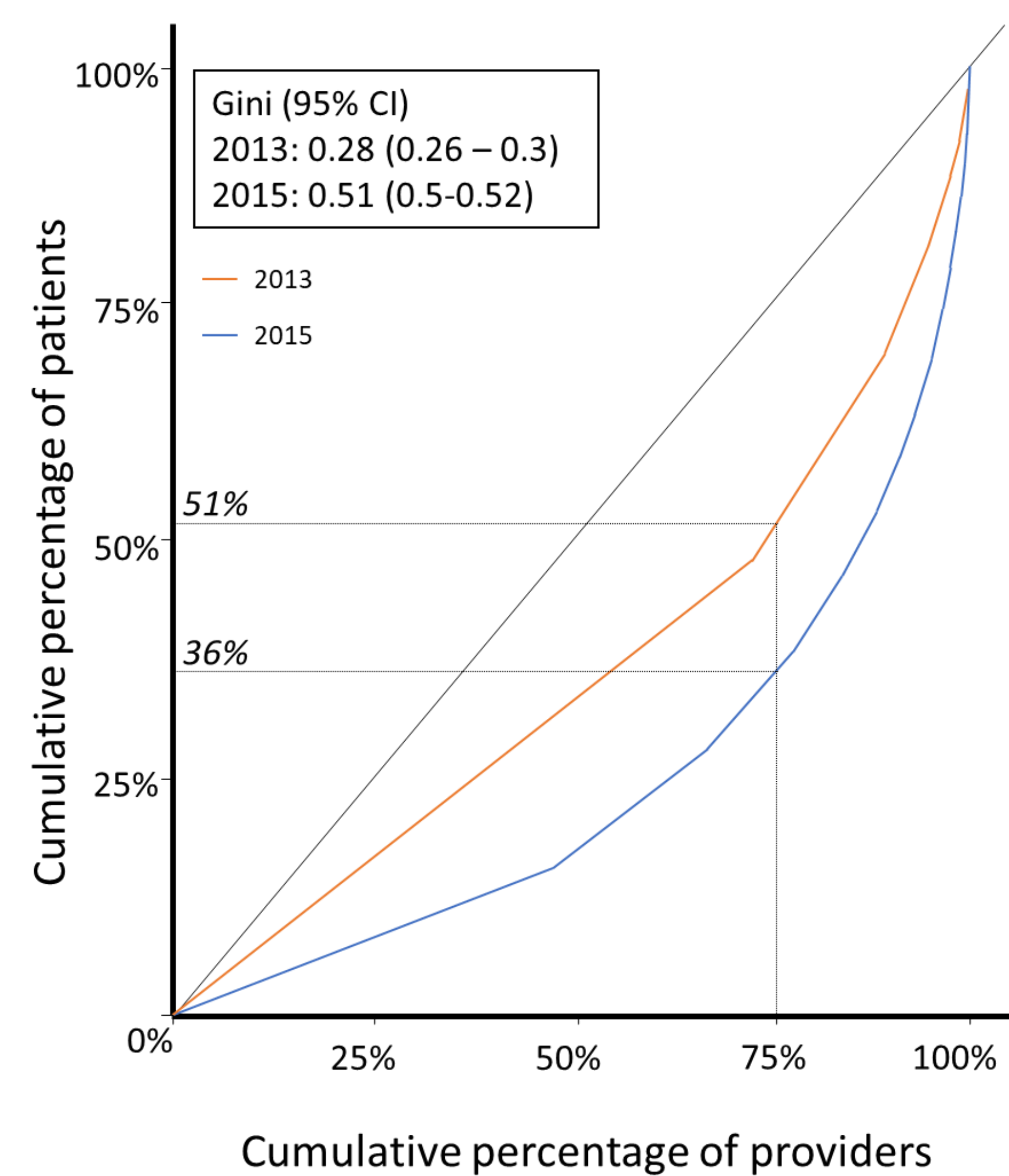
Background

- New HCV antiviral regimens, introduced in 2014, have increased treatment, but it is not known to what extent treatment is being offered by new providers.
- We aimed to analyze the change in the number, specialty, geographic distribution and average volume of commercially-insured patients among HCV treating providers in the United States after the introduction of DAAs

Research Methods

- Data from 2013-15 from Health Care Cost Institute (HCCI) database, which contains claims from over 50 million commercially insured individuals from 3 large insurers across all 50 states and Washington DC.
- We included providers if they were the prescriber of ≥ 1 prescription claim for any HCV antiviral medication (except ribavirin)
- We described changes in the number, specialty, and county location of providers, and the median volume of HCV-treated patients per provider
- We constructed Lorenz curves and calculated Gini coefficients for the volume of patients treat per prescriber

Concentration of HCV treated patients among providers

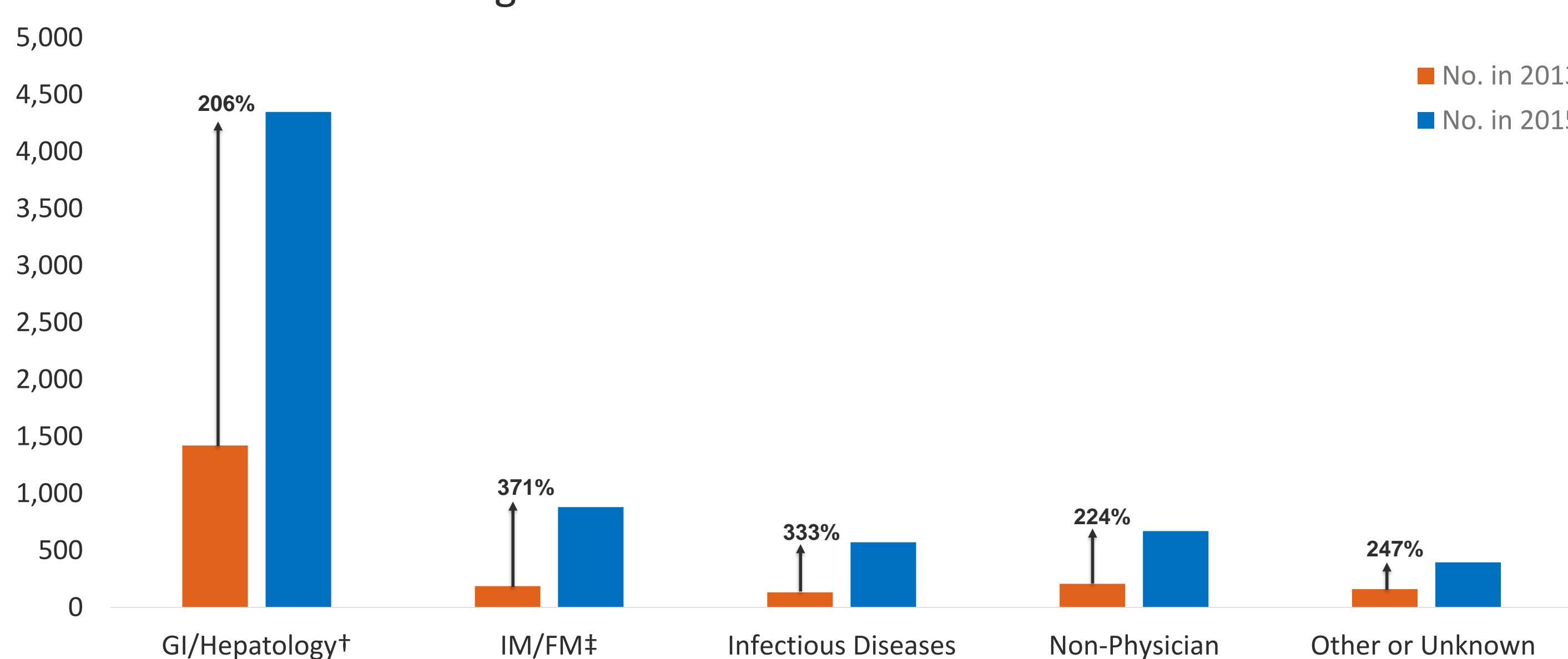


In 2013, the top 25% of providers treated 49% of patients.

In 2015, the top 25% of providers treated 64% of patients.

The number of hepatitis C treatment prescribers for commercially insured patients more than tripled from 2013 to 2015.

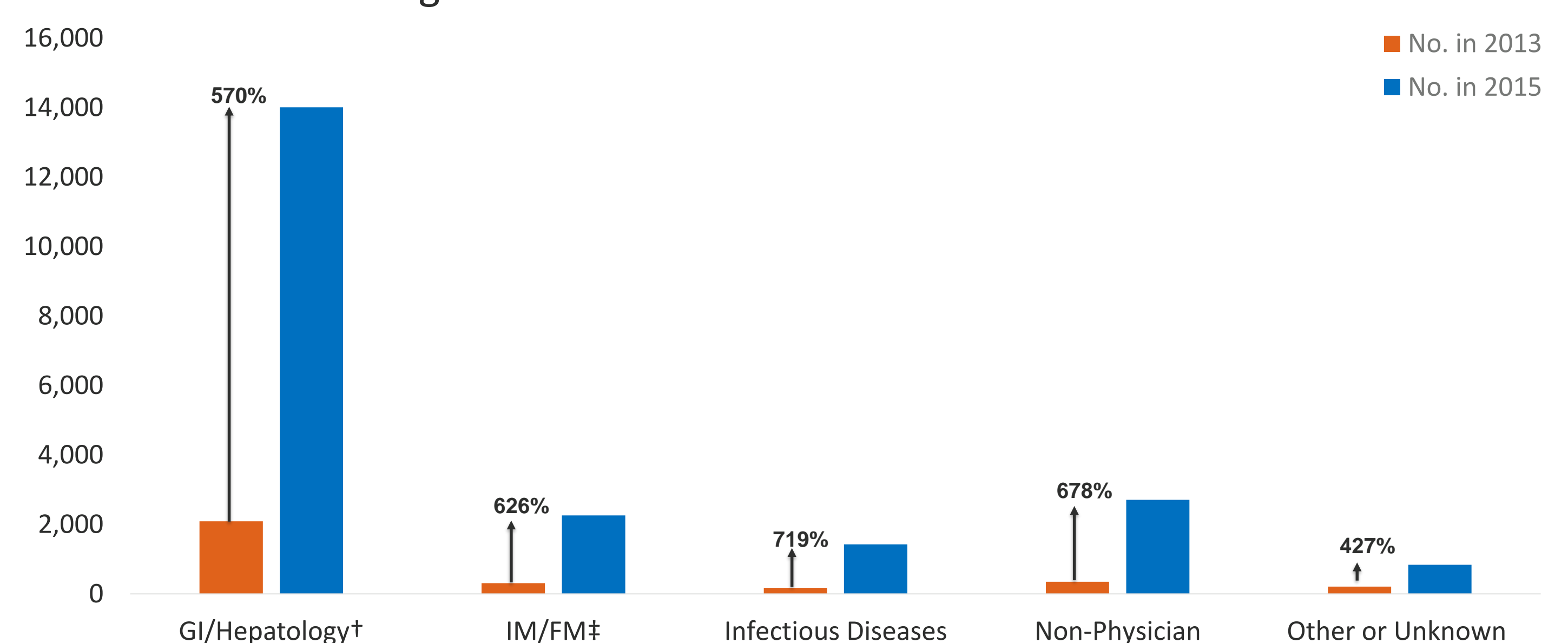
Change in Number of Providers 2013-2015



†GI/Hepatology: gastroenterology or hepatology providers
‡IM/FM Internal medicine or family medicine providers

Most new prescribers are gastroenterologists or hepatologists. Internal medicine and family medicine had the largest percent increase.

Change in Number of Patients Treated 2013-2015



Gastroenterologists and hepatologists continued to treat the majority of patients in 2015.

Conclusions

- Findings show a rapid rise in the utilization of HCV treatment for commercially insured individuals, accompanied by increasing provider uptake.
- Most patients continued to be treated by specialists.
- Prescribing became more concentrated among high-volume providers.
- The overall increase in providers, especially IM/FM, may signify improving access for patients.
- Trends may evolve over time and may vary for other payers, such as Medicaid.

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