

## NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

**Submission Id:** 6333

### **Title**

*Exploring Primary Care Capacity & Other Factors associated with Hepatitis C Testing and Treatment in the State of Ohio*

### **Priority 1 (Research Category)**

Infectious Diseases (not respiratory tract)

### **Presenters**

Michael Topmiller, PhD, Mark Carrozza, MA, Jené Grandmont, Aaron Vissman, PhD

### **Abstract**

Context: The US Preventive Services Taskforce (USPSTF) recommends one-time Hepatitis C screening for all adults and routine periodic screening for higher-risk individuals and treatments are available that can cure more than 95% of people with Hepatitis C. Despite this, it is estimated that more than ½ of Hepatitis C cases are undiagnosed and more than 15,000 people die annually in the US due to the disease. It is important to understand the geographic variation, the availability of health care resources, and other factors associated with Hepatitis C screening and treatment rates. Objective(s): This research explores primary care capacity and other factors associated with Hepatitis C testing and treatment rates in Ohio. Study Design and Analysis: cross-sectional, geospatial analysis; geographic information systems (GIS) mapping of Hepatitis C screening and treatment. Dataset(s): Ohio Integrated Behavioral Health Dashboard. Outcome Measures: Medicaid enrollees ages 18-64 with opioid use disorder (OUD) screened for, diagnosed with, and treated for Hepatitis C (2021). Population Studied: Ohio counties. Results: There are clear geographic patterns for Hepatitis C screening and treatment. Southwestern Ohio has significantly higher screening rates compared to Northeastern Ohio (41.6% vs. 28.5%). High screening counties (top quartile) have significantly higher numbers of health center testing sites compared to low screening rate counties (6.1 vs. 0.8) and higher rates of primary care physicians per 100,000 (53.9 vs. 45.5), though the differences are not statistically significant. Opposite geographic patterns emerge for treatment, where northeastern Ohio has significantly higher rates (9.8% vs. 14.1%). Also, high treatment counties (top quartile) have fewer health care resources than counties with lower rates, including significantly fewer Hepatitis C physician specialists (infectious disease, hepatology, gastroenterology) and primary care physicians per 100,000 population. High treatment counties also have significantly smaller percentages of black populations. Conclusions: Eliminating Hepatitis C requires increased access to testing and treatment, which we found varied geographically across Ohio counties. We found that

better access to health centers and primary care physicians may improve screening rates but are not associated with increased treatment, suggesting Ohio Medicaid prior authorization and retreatment restrictions may limit access to treatment.

Downloaded from the Annals of Family Medicine website at [www.AnnFamMed.org](http://www.AnnFamMed.org). Copyright © 2024 Annals of Family Medicine, Inc. For the private, noncommercial use of one individual user of the Web site. All other rights reserved. Contact [copyrights@aafp.org](mailto:copyrights@aafp.org) for copyright questions and/or permission requests.