

Hepatitis C Testing and Treatment in Montana: A Needs Assessment

Jacqueline Sliwinski, McKenzie Javorka, Bridgette Whiteman, and Kaitlin Fertaly
The Rural Institute for Inclusive Communities, University of Montana

Background

Hepatitis C is prevalent in Montana, with an estimated **13,553 residents** living with this infectious disease as of 2021. There are significant **long-term barriers** within the hepatitis C care continuum that impede the prevention and treatment of the disease. This needs assessment focused on **understanding HCV testing and treatment processes** in Montana from the perspective of providers and individuals at risk* or positive for HCV.

**Injection drug use accounts for nearly 70% of new HCV infections in the US. We therefore focused on people who inject drugs as the primary high-risk population in Montana.*

-  **Health systems**
5 participant facilities
-  **Laboratories**
5 participant facilities
-  **Harm reduction programs**
5 participant facilities
-  **Individuals at risk or positive for HCV**
27 participants

Participating Facilities' Testing Practices

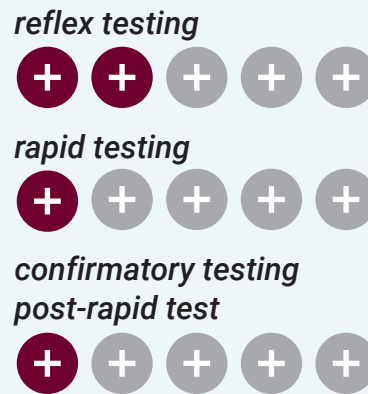
What is reflex testing?

Reflex testing is a CDC-recommended best practice to improve efficiency in HCV testing. HCV testing consists of two stages:

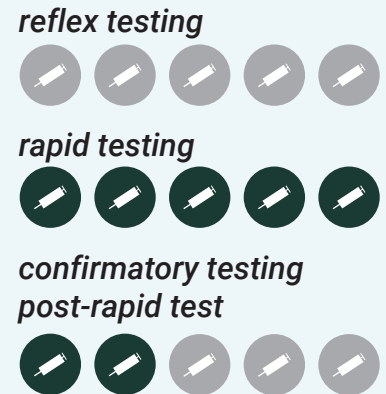
- **Antibody Test:** flags presence of virus
- **RNA Test:** determines presence of active HCV infection and viral load

Reflex testing means that a laboratory conducts an initial antibody test and, if the test is positive or reactive, *automatically* conducts a confirmatory RNA test using the same blood sample.

Number of Health Systems that offer:



Number of Harm Reduction Programs that offer:



Barriers to Testing



Lack of awareness

"Never thought about it because I didn't have it... I didn't know anything about it."

"I didn't really enjoy listening to them tell me that I was irresponsible with needle use."



Fear of results

"I was scared, because it was like a death result for me. I didn't know anything about it."

"They said I need to go back another time... where they pull more blood out of you. I never did that."



Lack of follow-up

Facilitators to Testing



Positive patient-provider relationships

"VA's more intimate with me. I know them . . . I even know the people in the lab."

FREE

Hepatitis C testing



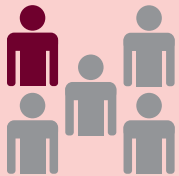
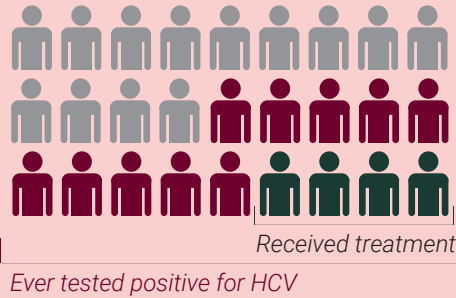
Hepatitis C education

"They answered all my questions and were very informative. They just explained it to me."

Access to Hepatitis C Treatment

We interviewed 27 individuals at risk or positive for HCV. Of the **14 individuals who had ever tested positive for HCV**, only **4 had received treatment**.

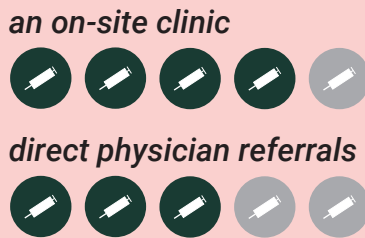
Results showed that better care coordination and empathetic, patient-centered care can **break down barriers** to treatment.



22% of the 27 participants were aware hepatitis C is **curable**

Harm reduction programs can facilitate access to hepatitis C treatment by providing care on site (if co-located with a community health clinic) or by conducting warm handoffs to physicians.

Number of participating Harm Reduction Programs in Montana that offer:



Facilitators to Treatment



Nonstigmatizing and quality care

“She was so thorough. She explained everything and every step that we were going to take together.”



Family and peer support

“When I got my mother involved... she was my rock that would come over and make sure I did it.”



Patient-centered treatment

“[Receiving care] is a little easier when doctors explain what everything means and are supportive.”

Barriers to Treatment



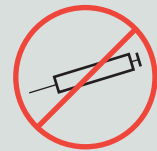
Lack of empathy

“I felt they could have been a little more compassionate. I felt that there was some apathy there.”



Stable housing requirements

“I hadn’t lived in the same place for long enough. I had to live in the same place for two years.”



Sobriety requirements

“I had to beg for treatment. I was clean for five years before they gave it to me.”



Focus on meeting basic needs

“I’m just trying to fulfill my survival every day, and it’s hard because I don’t have any resources or transportation.”

“We’re still people and we still have the right to receive the same quality of care as everyone else and to live.”