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PRIME Net Hepatitis C Survey

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Primary Care Multi-Ethnic Network (PRIME Net)

Informed Consent Cover Letter for Anonymous Surveys Hepatitis C Clinician Survey

Robert Leverence, MD from RIOS Net and the Department of Internal Medicine of the University of New Mexico in collaboration with CaReNet and the Southeast Regional Clinicians Network is conducting a research study. The purpose is to seek a better understanding of primary care clinicians' views and management of Hepatitis C.

You are being asked to participate in this study because of your membership in one of the affiliate networks of PRIME Net (RIOS Net, CaReNet, and the Southeast Regional Clinicians Network) or you are a member of the University of New Mexico Preceptorship Network. Approval for this project has been granted from each of the institutional review boards from the three participating networks.

The survey should take less than 10 minutes to complete. Your involvement in the study is voluntary, and you may choose not to participate. You may refuse to answer any of the questions. There are no known risks in this study. There are no names or identifying information associated with this survey. All data will be kept private with only the RIOS Net research team having access to it. Data will be reported as group or subgroup data.

If you have any questions about this research project, please feel free to contact Shirley Alexander at (505)-272-3489 or salexander@salud.unm.edu. If you have questions regarding your legal rights as a research subject, may call the UNMHSC Human Research Review Committee at (505) 272-1129.

Your participation in this survey represents your informed consent.

Simply complete the survey and mail it back in the envelope provided, or mail your completed survey to this address:



PRIME-Net Hep C Survey
Attn: Sonia
Family Practice Center, 3rd Floor
MSC 095040
1 University of New Mexico
Albuquerque, NM 87131

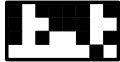
You can also fax the survey to: (505) 272-4701. Questions or problems with the paper survey? Please contact: primenet@salud.unm.edu.

Thank you for your time and consideration.

Sincerely,

Shirley Alexander
Sr. Program Manager, RIOS Net
Family & Community Medicine

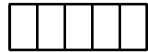




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Not Like This--> ⊗ ⊙



Hepatitis C Clinician Survey

Clinicians have limited patient contact in the office due to many competing demands. Hepatitis C screening, diagnosis, and treatment are often variably explored and current medical recommendations are not consistent. We would like to know your views about screening and management of Hepatitis C. Please be candid with your responses.

This questionnaire should take approximately 10 - 15 minutes to complete for which you will earn 0.5 hours of CME credit.

1. Compared to the common medical problems you face in practice, how important would you consider Hepatitis C to be?

- More Important Important Somewhat Less Important Much Less Important

2. Compared to the common medical problems you screen for in practice, how important would you consider screening for Hepatitis C to be?

- More Important Important Somewhat Less Important Much Less Important

3. Common risk factors that increase the likelihood of Hepatitis C infection include intravenous drug abuse and blood transfusion/organ transplant before July 1992. How do you assess patients for these concerns even if not for the explicit intention of screening for Hepatitis C. (Check all that apply)

A. intravenous drug abuse

- I do not routinely assess for this risk factor.
- I ask patients who give a history of other illicit drug use.
- I ask patients who have HIV.
- I ask patients who have abnormal liver function tests.
- I routinely ask new patients
- Other: _____

If you routinely ask new patients, do you use either a prompt or intake form?

- Yes
- No

3.B. Blood transfusion or solid organ transplant before July 1992.

- I do not routinely assess for this risk factor.
- I ask patients who have abnormal liver function tests.
- I ask patients who give a history of hepatitis.
- I ask all new patients.
- Other: _____

4. Abnormal ALT levels may also indicate infection with Hepatitis C. Under what circumstances do you order serum ALT levels? (Check all that apply)

- I do not routinely order serum ALT levels.
- I order an ALT when patients have other risk factors for hepatitis.
- I order an ALT when patients give a history of hepatitis.
- I order an ALT as routine screening for new patients.
- I order an ALT for periodic screening of established patients.
- Other:_____

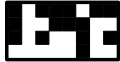
5. In clinical situations where one of the three concerns addressed above is present, how often do you screen for Hepatitis C by ordering a Hepatitis C antibody?

A. Patients with a history of intravenous drug abuse.

- Always Frequently Sometimes Infrequently Never Not Applicable

B. Blood transfusion or solid organ transplant before July 1992.

- Always Frequently Sometimes Infrequently Never Not Applicable



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5.C. Patients with abnormal serum ALT level (obtained either by screening or by review of previously ordered labs).

Always Frequently Sometimes Infrequently Never Not Applicable

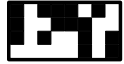
6. Please indicate whether each of the following factors influence your approach to the assessment and screening for Hepatitis C risk factors:

	Yes	No	N/A
A. Guideline recommendations	<input type="radio"/>	<input type="radio"/>	
B. The high prevalence of Hepatitis C among my patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. The low prevalence of Hepatitis C among my patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Treatment effectiveness (in regard to inducing long term remissions or in regard to better clinical outcomes.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Treatment ineffectiveness (in regard to inducing long term remissions or in regard to better clinical outcomes.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. The consequences of untreated hepatitis C can be serious for some people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. The consequences of untreated hepatitis C are not serious for most people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. Treatment availability	<input type="radio"/>	<input type="radio"/>	
I. Treatment tolerance	<input type="radio"/>	<input type="radio"/>	
J. Financial barriers	<input type="radio"/>	<input type="radio"/>	
K. Too many other competing issues to deal with in the limited time available in the encounter	<input type="radio"/>	<input type="radio"/>	
L. The presence of important co-morbidities in patients(e.g. alcohol use, mental health issues such as depression)	<input type="radio"/>	<input type="radio"/>	

M. Other:

7. How confident are you in your knowledge of confirmatory/diagnostic tests (i.e. Hepatitis C RIBA and Hepatitis C PCR) now being used in the assessment of patients who are Hepatitis C antibody positive?

Very Confident Somewhat Confident Not Confident at all



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8. How confident are you in your knowledge of current anti-viral therapy for Hepatitis C (e.g. choice of drug, potential side effects)?

- Very Confident Somewhat Confident Not Confident at all

9. Please indicate the extent to which you agree or disagree about whether primary care providers should be doing the following with respect to Hepatitis C.

A. Screening

- Strongly Agree Agree Unsure Disagree Strongly Disagree

B. Diagnosis

- Strongly Agree Agree Unsure Disagree Strongly Disagree

C. Treatment with anti-viral therapy:

- Strongly Agree Agree Unsure Disagree Strongly Disagree

D. Monitoring and follow-up:

- Strongly Agree Agree Unsure Disagree Strongly Disagree

E. Referral for consultation and co-management of Hepatitis C:

- Strongly Agree Agree Unsure Disagree Strongly Disagree

9.F. Referral for all Hepatitis C management:

Strongly Agree Agree Unsure Disagree Strongly Disagree

10. To your knowledge, the number of patients in your practice who are Hepatitis C positive, and for whom you consider yourself their primary care provider, is approximately:

- none (Check box and go to Q. 24)
 1 - 5
 6 - 10
 11 - 20
 More than 20

11. During the past year how many new diagnoses of hepatitis C have you made? (A new case is any case in which the patient did not know they had Hepatitis C until you tested them.)

- None
 1 - 5
 6 - 15
 More than 15

12. Which of the following do you routinely offer to patients with Hepatitis C? (Please check all that apply)

- Counseling about alcohol avoidance
 Counseling about acetaminophen avoidance
 Hepatitis A vaccination/testing
 Hepatitis B vaccination/testing
 HIV testing
 VDRL/RPR testing
 Other: _____

13. Approximately what percent of patients in your practice with Hepatitis C have you referred for treatment?

- Less than 25 %
- 25 - 75 %
- More than 75 %

What is the primary reason(s) for your referral rate?

14. Have you ever prescribed anti-viral therapy for Hepatitis C?

- No (Check box and go to Q.17)
- Yes

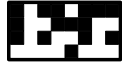
15. What types of anti-viral therapy have you given? Check all that apply.

- Interferon
- Pegylated Interferon
- Ribaviran
- Other: _____

16. How many patients have you personally treated in the past year for Hepatitis C? (By "treatment" we mean you have prescribed treatment.)

- None
- 1 - 5
- 6 - 10
- Greater than 10

If greater than 10, please tell us how many:



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17. For those patients who you have referred for treatment, who did you refer them to? (Check all that apply) (If None, then fill circle & go to Q.23)

- None of my patients have undergone treatment or referral for treatment
- A local primary care colleague.
- A distant primary care colleague.
- A local non-university specialist.
- A distant non-university specialist.
- A local university consultant.
- A distant university consultant.
- Other: _____

18. For those patients who you have referred for treatment, please estimate what percent were able to complete their full course of treatment:

- Less than 25%
- 25 - 75%
- Greater than 75%
- Don't Know

19. How satisfied are you with the current availability of Hepatitis C treatment services for your patients?

- Very Satisfied Somewhat Satisfied Somewhat Unsatisfied Very Unsatisfied

What is the primary reason(s) for your satisfaction/dissatisfaction?

20. How satisfied are you with the current quality of treatment services for Hepatitis C?

- Very Satisfied Somewhat Satisfied Somewhat Unsatisfied Very Unsatisfied

What is the primary reason(s) for your satisfaction/dissatisfaction?



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21. For your patients with Hepatitis C who you have treated or who you have referred for treatment:

A. How many had trouble tolerating treatments?

All Most Few None Don't Know or Not Applicable

B. How many had trouble complying with treatments?

All Most Few None Don't Know or Not Applicable

C. How many had trouble with transportation issues related to treatment?

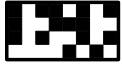
All Most Few None Don't Know or Not Applicable

D. Other problems related to getting treatment?

22. For your patients who started treatment yet stopped it prematurely, what do you believe are the primary reasons treatment was stopped? (Please rank)

Not applicable. None of my patients have stopped treatment prematurely. Go to Q.23

- Poor tolerance of treatment
- Poor access to treatment services or staff
- Financial problems
- Poor compliance
- Other: _____



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23. For your patients who have not undergone treatment for Hepatitis C, what do you believe are the primary reasons? (Please rank)

Not applicable. All my patients have undergone treatment, fill circle and go to Q.24

- Alcohol use, psychiatric morbidity, or other contra-indication
- Poor access to treatment services or staff
- Insurance companies will not cover treatment
- Lack of insurance
- Lack of patient interest in treatment
- Poor tolerance of treatment (recently or in the past)
- My personal views of treatment
- Other: _____

24. Would you be interested in attending a telemedicine conference series or other distant learning opportunity in order to develop specific proficiency for treatment of Hepatitis C?

- Yes
 - Maybe
 - No
- (If you are interested or want more information, please contact: rleverence@salud.unm.edu)

25. Do you have any other thoughts on current or future approaches to the identification, evaluation and management of patients with Hepatitis C?



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Are you a resident in training?

- Yes
- No

How many years ago did you complete your primary care residency?

- Not applicable.
- Less than 5
- 5 - 10
- 10 - 20
- More than 20

Which statement best describes your clinical practice?

- Community Health Clinic
- Indian Health Service
- University faculty
- Veterans Administration
- Solo practitioner
- Other group practice

What is your specialty?

- Family Practice
- Pediatrics
- Internal Medicine
- Nurse practitioner / Physician Assistant

Please select the category that best describes the community in which your primary practice is located: (Your primary practice is the location at which you spend the greatest percentage of your time seeing patients.)

- Town <= 25,000 people
- Town > 25,000 but < 100,000 people
- City of 100,000 to 500,000 people
- Urban or suburban area in city of > 500,000 people (not inner city)
- Inner city of area of metropolis > 500,000 people

Thank you for taking the time to complete this survey. Your input will help the PRIME-Net research networks understand the problems of treating Hepatitis C.



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PLEASE PLACE YOUR CME ASSESSMENT IN THE ENVELOPE PROVIDED TO ASSURE THAT YOUR RESPONSES REMAIN ANONYMOUS.

In order to earn your CME credit, please complete the following assessment. Your Hepatitis C Clinician Survey responses will be anonymously processed and will not be linked to your responses to this CME assessment in any way.

1. Did this questionnaire meet its objective of gathering information on your attitudes, knowledge, and practices with regard to Hepatitis C?

Yes No

Comments

2. Do you feel the questionnaire was clearly written, avoiding confusing instructions, terms or jargon?

Yes No

Comments

3. Do you feel any important questions about Hepatitis C were missing from the questionnaire?

Yes No

Comments

4. Do you feel the questionnaire was biased in any manner?

Yes No

Comments

First Name

Last Name

PIN (please enter the last 4 digits of your SSN)

Address

City, State and Zip



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Thank You

We appreciate your participation in PRIME-Net's Hepatitis C Clinician Survey and CME. For further information, please visit: <http://hsc.unm.edu/som/primenet/> or contact: primenet@salud.unm.edu

Further Educational Activities on Hepatitis C

If you are interested in more information about this topic, you can participate in the following activities:

Hepatitis C, Primary Care Providers, and Telemedicine: An Education Model for Treatment and Management of Hepatitis C Patients: Project ECHO (0.5 CME credits) has a primary care Hepatitis C Treatment CME Survey. Sponsored by the University of New Mexico Health Science Center.
<http://hsc.unm.edu/som/surveys/echo/index.shtml>

NIH Consensus Development Program (1 CME credit) provides a comprehensive review of current management issues related to Hepatitis C.
<http://consensus.nih.gov/2002/2002HepatitisC2002116html.htm>

Hepatitis C Support Project (up to 2 CME credits) is a non-profit organization established to educate, and provide service and support to communities and medical providers. Hepatitis C CME activities are available through this site.
<http://www.hcvadvocate.org/>

Hepatitis C: What Clinicians and Other Health Professionals Need to Know is a CDC web-based module (a Fact Sheet and a FAQ page with multiple links) designed to educate health professionals on the epidemiology, prevention, diagnosis, and treatment of Hepatitis C. CME credit assignment is temporarily unavailable.
<http://www.cdc.gov/ncidod/diseases/hepatitis/c/fact.htm>

This document certifies that

_____ Participated in the following CME activity conducted by this office:

Hepatitis C Clinician Survey

Completed: _____, 200____
For .5 hours AMA Category 1 Credit

Authorization:

Ellen M. Cosgrove, MD
Senior Associate Dean for Education
University of New Mexico Health Sciences Center

I certify that I participated in the above CME activity for the credits listed.

Participant Signature