

INTRODUCTION

- Hepatitis C virus (HCV) **elimination** depends on engaging all patients across the **care cascade**.
- Many **women** of reproductive age remain **untreated** or incompletely diagnosed.
- Only ~**17%** of postpartum **women** initiate direct acting antivirals (**DAA**), representing a critical **missed opportunity**.
- Understanding** patient **experiences** with HCV care is key to improving **linkage** and HCV cure.

AIM

To conduct a qualitative survey of women of childbearing age who have not completed the HCV care cascade, to understand their patient experiences accessing HCV care.

METHOD

- Design: Prospective cohort study in San Francisco Bay Area.
- Population and Inclusion Criteria: All women 18-50 y.o. seen 2019-2024 at a large urban healthcare system with EMR data:
 - Detected or quantifiable HCV RNA at most recent testing, OR
 - Reactive HCV antibody without any RNA testing.
- Manual chart review conducted** by trained navigators to examine additional lab data from outside laboratories.
- All patients with confirmed HCV viremia or needing RNA testing were **called** by navigators at least 3 times and successfully reached patients were offered:
 - HCV testing and a telehealth visit with an HCV clinician, AND
 - Participation** in a brief **qualitative survey** by phone.
- Survey** content:
 - Likert-scale questions** assessing **experiences**.
 - Two free-response **questions** capturing suggestions for **improving HCV care**, especially for **women**.

KEY TAKEAWAY

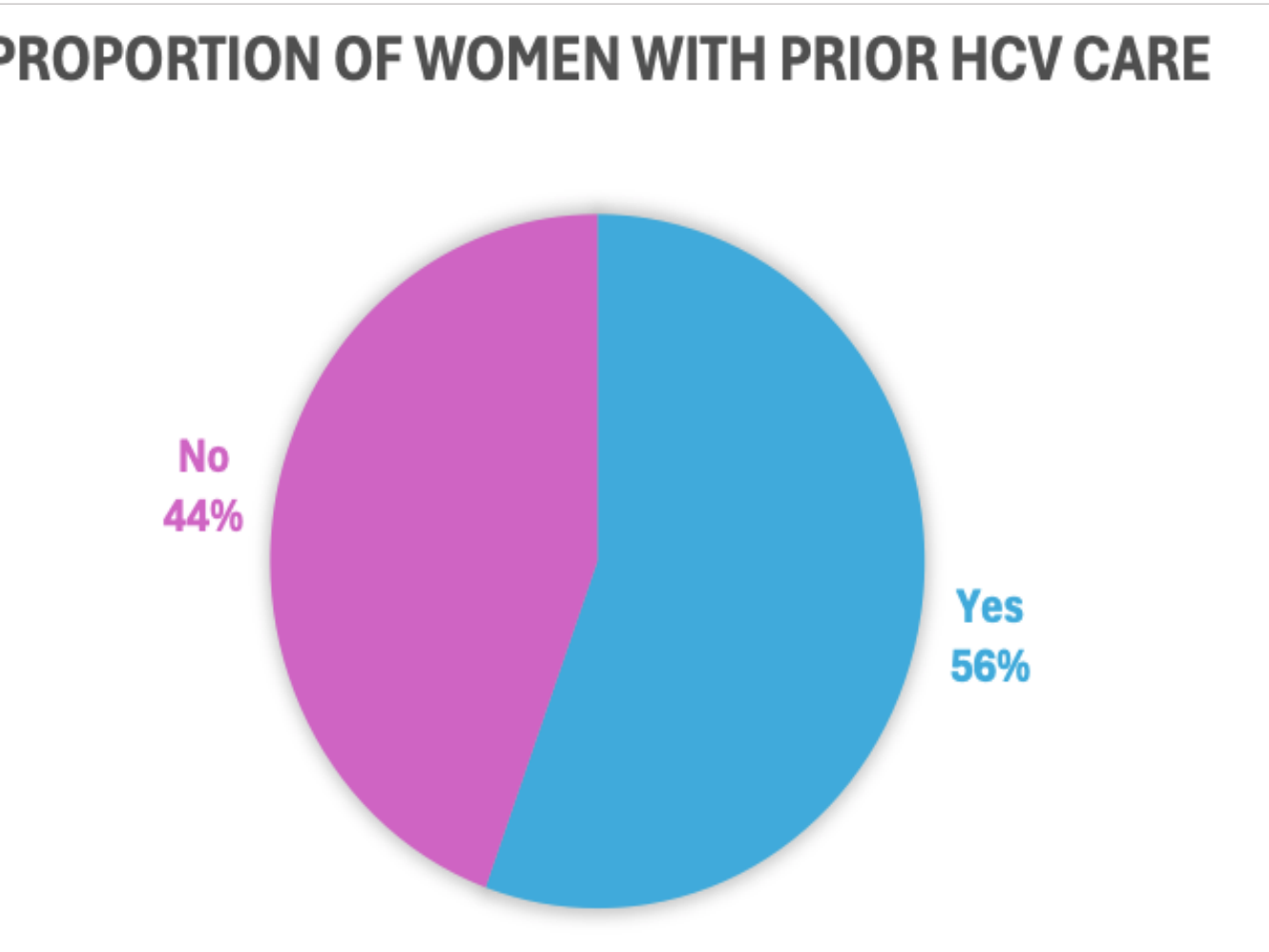
Women of reproductive age with untreated HCV report substantial care gaps.

Nearly half were never offered follow-up, education or treatment, but were appreciative of outreach and reengagement.

RESULTS

- The prospective cohort consisted of 95 women with viremia or without RNA testing.
- 42 were successfully contacted by phone within 3 attempts.
- 36 completed the survey (85.7%).

Figure 1. Proportion of women who have received HCV care in the past n=36.



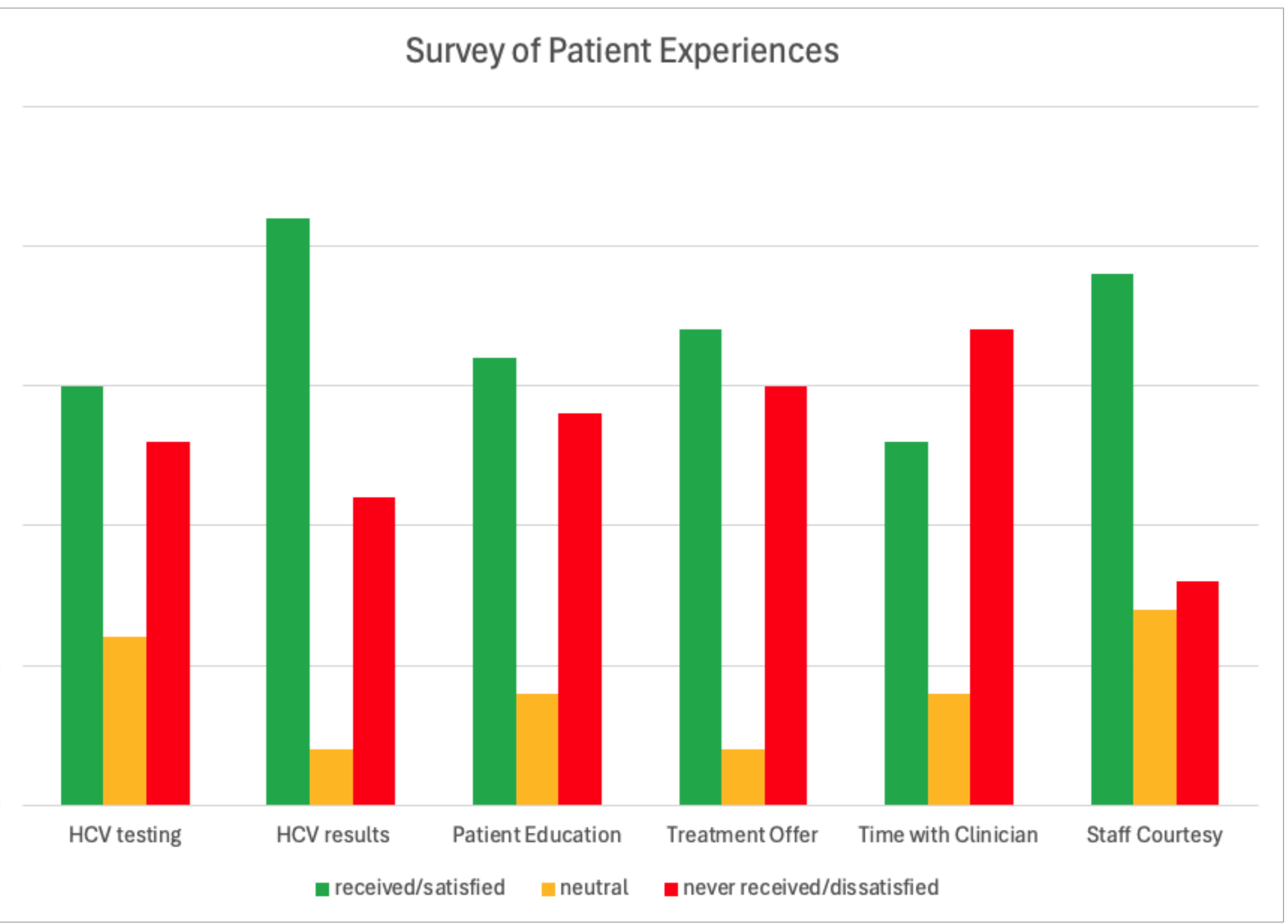
- Mean age of respondents: 38.8 years (SD 7.7).
- Majority were non-Hispanic White (64%) with Medi-Cal insurance (50%).

Table 1. Qualitative survey of women of childbearing age with untreated HCV: Free-response themes and quotes about how HCV care can be improved.

Response Theme	Question	Question
	How can HCV care be improved for all patients?	Are there ways that hepatitis C care can be improved for women?
Improve how clinicians listen to patients	Having medical professionals give pts more information instead of treating every pt like they are the same person. We know that pts get Hep C for different reasons.	Listen to women when talking about HCV.
	It is important to make sure, that healthcare workers are caring and sensitive as possible because hepatitis C is a sensitive subject and painful because Hep C can cause physical and mental pain (depression) which can prevent people from getting treated.	Specifically for women, having available female specialists could make the care process more comfortable.
	Show awareness of how hep C is exposed	Someone being more present, actively asking questions and advocating testing.
Make HCV care more streamlined, convenient, and accessible	Help make patients' experience streamlined, like when the Rx was sent to the home directly. Make things more convenient.	Talk and listen to women who have HCV. Helping people who have problems with transportation
	If tests were positive, looping people in with providers.	Help people while they are doing treatment, such as if a patient has to care for children.
	Helping people with transportation for Hep C treatment	Investing more in healthcare for women
	Mobile testing sites.	
Make HCV care more affordable and investing more in HCV	Lower the financial barriers to testing. Provide free testing for people.	Universal healthcare.
	There needs to be more providers that will work with Medicaid, because there are limited providers. More availability.	Putting more money towards women's health
	Everyone should have universal healthcare/ access to healthcare.	
	More specialists that will handle HCV treatment.	
Continue current processes and this kind of outreach to patients	This hospital is doing a pretty good job in reaching out to previous patients.	Nothing to change, the process is straightforward.
	The fact that this institution is personally reaching out to patient's and taking initiative to call them is helpful on the patient's wellbeing.	Nothing else needed
	Care for Hep C is pretty decent	Nothing else needed

- Most were actively viremic (55.6%).
- Only 27.8% had a PCP or were ever seen by hepatology.
- Of the 36, 2 had cirrhosis, 1 with diabetes, 5 with hypertension and 1 with hyperlipidemia.

Figure 2. Results of Likert-scale survey of patient experiences with HCV care in women of childbearing age.



CONCLUSIONS

- Women** of reproductive age with untreated **HCV** reported substantial **care gaps** but also provided **constructive**, actionable **feedback**.
- Findings highlight **critical missed opportunities** for **linkage** to care and **DAA** initiation.
- Patient-identified **solutions** include attentive **listening**, convenient **access**, and expanded **provider availability**.

REFERENCES

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