

Public reporting burden of this collection of information is estimated to average 90 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-1027).

MODERATOR DISCUSSION GUIDE
Internet Focus Groups for Exploratory Research
with Primary Care Physicians (DVH)
2017

I. Background (5 minutes)

- Moderator introduces himself/herself and thanks participants for coming.
- Identifies topic in broad terms and explains that the purpose of the discussion is to find out more about practicing primary care physician opinions and behaviors regarding screening guidelines.
- Encourages participants to speak freely.
- Confidentiality policy is read and shown on screen.
 - Privacy is important to all of us, so neither your name nor information that could be associated with you, will be used in the final report. In fact, we will use first names only during the conversation. The discussion is being audio recorded so we can have an accurate record of the discussion. All audio files and transcripts will be secured. These discussions are for research purposes only. I'm going to take a moment to read our Privacy Policy.
 - "We ask that you not share any information, participant comments, or the identities of any participants in the focus group discussion with your colleagues, family or friends. May I please have a verbal agreement from everyone?"
- Goes over ground rules - no right or wrong answers, everyone should voice their opinion, respect others' in the group
- The sole sponsor is CDC.

II. Introductions (5 minutes)

- First Name
- Location (City, State)
- Type of medical practice (size, specialty, patient population)

III. Electronic Medical Records (10 minutes)

- Do you use Electronic Medical Records in your practice? Which system do you use? How did you or your practice decide to use that system? What are your thoughts on EMRs?
- PROBE: Do you typically follow the recommendations that come up in prompts? Explain.

IV. Hepatitis C Screening and Diagnosis (5 Minutes)

I'd like to discuss a specific test now.

Online Voting Tool: In the last year, how many of your patients tested positive for hepatitis C antibodies?

- Not sure or don't remember
 - 0
 - 1-2
 - 3-4
 - 5-9
 - 10-14
 - 15-19
 - 20-24
 - More than 25
-
- What led to those patient getting tested?

V. Hepatitis C Screening/Testing Practices (15 minutes)

Online Voting Tool: Please indicate your agreement or disagreement with the following statements where 1 equals strongly disagree and 5 equals strongly agree. (Strongly Disagree, Disagree, Neither, Agree, Strongly Agree)
[Statements show up separately on screen]

I test for hepatitis C if the following factors are present:					
• Blood transfusion (before 1992)	1	2	3	4	5

• Elevated ALTs	1	2	3	4	5
• Tattoos	1	2	3	4	5
• HIV	1	2	3	4	5
• Born from 1945-1965	1	2	3	4	5
• Multiple sexual partners	1	2	3	4	5
• History of injection drug use	1	2	3	4	5
• History of any drug use	1	2	3	4	5
• History of incarceration	1	2	3	4	5

I'd like to show CDC's recommendation on the screen.

(ON SCREEN)

CDC's *recommendation* states that:

Adults born during 1945–1965 should receive one-time testing for HCV without prior ascertainment of HCV risk.

- What do you think about the recommendation? Explain.

VI. Implementation of the CDC Hepatitis C Screening Recommendation (15 minutes)

- For those of you who said you *are not* testing your patients born during those years, why not?
- For those of you who *are* testing your patients born during those years.
 - What has been your experience?
 - Have you found any cases of hepatitis C among people born during these years?
- Regardless of whether or not you test your patients born from 1945 to 1965, how many of you remember seeing a prompt to do so in your EMR system?
 - What was your reaction?

VII. Rationale for the CDC Hepatitis C Screening Recommendation (20 minutes)

You will review supporting statements/rationale points separately and then use the online voting tool to indicate if the rationale point is compelling to you: 1 means “not at all compelling”. 5 means “very compelling”.

75% of people with hepatitis C were born during 1945-1965	1	2	3	4	5
People born during 1945-1965 have a prevalence of HCV infection five times higher than other adults.	1	2	3	4	5
HCV-related mortality is rising in the United States; from 1999 - 2007, deaths from HCV rose 50%, climbing to 19,000 in 2013.	1	2	3	4	5
About 50% of the approximately 3.5 million people living with hepatitis C are unaware of their infection.	1	2	3	4	5
Testing for hepatitis C based on elevated ALT levels is estimated to miss 50% of chronic infections.	1	2	3	4	5
Treatment can halt disease progression and cure for more than 90% of people with hepatitis C in 8-12 weeks.	1	2	3	4	5
One-time birth year testing is estimated to identify 800,000 infections and, with linkage to care and treatment, avert more than 120,000 HCV-related deaths.	1	2	3	4	5
\$1.5-\$7.1 billion could be saved in liver disease-related costs could be saved by testing and treating people born from 1945-1965 who are infected.	1	2	3	4	5
Testing and treatment costs are significantly lower than costs associated with untreated liver disease.	1	2	3	4	5
Patients can be cured quickly, and, the healthcare system will benefit from a reduction in long-term costs.	1	2	3	4	5
In the United States, about 1% of people are living with hepatitis C virus (HCV) infection, but people born from 1945-1965 have an HCV antibody prevalence of 3.25%.	1	2	3	4	5

- What’s your overall reaction to these points? Are any of them more persuasive than others? Are there any that you need more information or elaboration?
- Which, if any of these points really stood out for you?

- For those of you not currently testing your patients born from 1945-1965, do any of these point prompt you to revisit testing this group of patients?

VIII. Diagnosis and Treatment (10 minutes)

- After a positive antibody test, what are your next steps for that patient? Do your labs do reflex testing?
- Once a RNA positive test result is received, what are your next steps?
 - What do you tell the patient?
 - What do you say about treatment?
 - Do you take any other actions?
- Do you refer to specialists or treat your patients with hepatitis C yourself?
 - Have you encountered any barriers with regards to treatment?
 - Probes: Candidate for treatment? Authorizations? Access?
- Are there any patients you would not recommend for treatment? (People who inject drugs)

IX. Wrap Up (5 minutes)

Before we wrap up, what else do you want to share or do you have any feedback you want to give CDC about their recommendation on hepatitis C testing?

Thank you.