January 2021 Newsletter

WELCOME

Welcome to the sixth newsletter for the HCV Treatment Uptake in the New England Medicaid Population study.

UPDATE

We are pleased to announce that we have started conducting Zoom interviews with Medicaid representatives in the states participating in our study.

To date we have completed interviews with representatives from Massachusetts, New Hampshire, and Rhode Island. This month we plan to conduct interviews with Connecticut representatives.

Many thanks to the folks who have participated in these interviews:

- From Massachusetts: Dr. Jatin Dave, Dr. Paul Jeffrey, and Dr. Kim Lenz
- From New Hampshire: Dr. Jonathan Ballard, Margaret Clifford and Lisa Farrand
- From Rhode Island: Dr. Jerry Fingerut and Karen Mariano

We are also in the process of identifying and contacting practice sites in each participating state to interview key informants for the purpose of addressing the third study aim: Understand how patient, provider, and contextual factors support and impede HCV regimen uptake.

DISSEMINATION

We will be submitting an abstract for the 2021 Academy Health Annual Research Meeting. The presentation will highlight some findings from the second study aim: Identify patient, provider, and contextual factors that predict treatment among Medicaid members with a chronic HCV diagnosis.

We are also preparing a manuscript summarizing the findings from the first study aim. We will be circulating a draft to states for review in the coming months.

Want more information?

Please feel free to reach out to our project director, Carter Pratt: carter.pratt@umassmed.edu or 508-856-8817.

SPECIFIC AIMS OF THE STUDY

1. Using Medicaid claims data from Connecticut, Massachusetts, New Hampshire, and Rhode Island:

1a) Describe the percentage of Medicaid enrollees with HCV that are treated with DAA regimens over time, and track trends in specific regimens prescribed and specialties of prescribing provider.

1b) Examine the effect of marketplace and policy factors on uptake.

2. Using claims data, identify patient, provider, and contextual factors that predict treatment among Medicaid members with a chronic HCV diagnosis.

3. Understand how patient, provider, and contextual factors support and impede HCV regimen uptake.

HAPPY NEW YEAR