

Appendix D

Minnesota Primary Care Practitioners Survey and Results

The Minnesota Primary Care Practitioner's Survey on Viral Hepatitis:

Background and Methods

In 2002, the Minnesota Department of Health (MDH) conducted an assessment of hepatitis prevention activities in the state that highlighted the need for more information about the hepatitis prevention and control practices of primary care providers in Minnesota. To address this need, the MDH conducted a mailed survey with 1800 Minnesota primary care providers, including physicians, nurses, and physician's assistants in the fall of 2002. The survey included questions about physician and clinic characteristics, screening and risk assessment practices for hepatitis A, B, and C, use of national guidelines for hepatitis prevention and control, hepatitis reporting procedures, scope of hepatitis C practice and expertise, partner services, and training needs for hepatitis.

MDH obtained a list of physicians' assistants from the State of Minnesota Mailing List and lists of nurses and physicians practicing in Minnesota from the Minnesota Board of Nursing and the Minnesota Medical Foundation, respectively. We randomly selected 600 physicians, 600 nurses, and 600 physicians' assistants from these lists. Both the nurse list and physician list included information about specialty, so we selected nurses and physicians from the subset indicating a primary care specialty. Specialty information was not available in the physician's assistant list. Providers who did not return their survey received a reminder postcard one week after the initial mailing, and a second copy of the survey three weeks after the initial mailing.

The overall survey response rate was 39%, including 177 physicians (36% response), 221 nurses (44% response), and 153 physician assistants (36% response). Providers who practiced in another state, were retired or no longer involved in providing primary health care, or practiced in an unrelated specialty, such as dermatology or surgical specialties, were not included in the analysis.

Provider characteristics: Primary specialty and work setting

Table 1 provides a description of the primary specialty of survey respondents. Of the 551 respondents, the majority reported that their primary specialty was Family Practice (n=320, 58.1%), followed Internal Medicine (n=77, 14.0%), and Obstetrics and Gynecology (n=68, 12.3%). Slightly more physicians reported working in Internal Medicine when compared with nurses and physicians' assistants, and more nurses reported Obstetrics and Gynecology as their primary specialty compared to the other two provider groups (data not shown).

Table 1: Primary specialty of survey respondents (n=551)

Primary Specialty	n (%) respondents
Family Practice	320 (58.1)
Internal Medicine	77 (14.0)
Obstetrics and Gynecology	68 (12.3)
General Practice	33 (6.0)
Gynecology	24 (4.4)
Infectious Diseases	12 (2.2)
Adolescent Medicine	6 (1.1)
General Preventive Medicine	6 (1.1)
Other	5 (0.9)

Most respondents reported working in private practice (n=242; 43.9%). Twenty-four percent worked in community clinics (n=132), 13.1% worked for Managed Care Organizations (n=72), 6.7% worked in hospitals (n=37) and 3.1% (n=17) worked in academic medical centers or college health services. Other work settings reported by survey respondents included corrections, long-term care facilities, rural health, VA medical centers, and tribal health/Indian Health Services.

Screening, vaccination, and risk assessment practices for hepatitis A, B, and C

It was more common for providers to report having standard protocols for performing risk assessments, and for testing, vaccination and treatment for hepatitis B compared to hepatitis A and C (Table 2). Only 8.5% of providers surveyed reported having a standard protocol for when to perform a risk assessment for hepatitis A, 35.9% for hepatitis B, and 18.5% for hepatitis C. Compared to standard protocols for risk assessment for hepatitis, more providers reported having a standard protocol regarding testing, vaccination, and treatment for these diseases: 23.8% for hepatitis A, 50.5% for hepatitis B, and 23.0% for hepatitis C. Between 15 and 25 percent of providers were unsure whether or not their practice had protocols in either of these areas.

Table 2: Standard hepatitis procedures at medical practices of respondents

	Hepatitis A (n=551) n (%) respondents	Hepatitis B (n=544)* n (%) respondents	Hepatitis C (n=547)** n (%) respondents
Standard protocol for risk assessment	47 (8.5)	195 (35.9)	101 (18.5)
Standard protocol for testing, vaccination (HAV, HBV), and treatment	131 (23.8)	275 (50.5)	126 (23.0)

*7 respondents missed these questions

**4 respondents missed these questions

Survey respondents answered a series of questions about hepatitis risk factor questions collected from patients during medical history taking (Table 3). Most providers indicated that they ask patients about their occupation, past illicit drug use, history of sexually transmitted diseases, history of chronic liver disease, patient sexual orientation/sexuality, and sexual activity with more than one partner in the previous six months. Fewer providers indicated that medical histories include questions about the following hepatitis risk factors: information about clotting factor disorders, past hemodialysis, and travel to sites with high rates of viral hepatitis infection.

Table 3: Hepatitis risk factor information collected from patients during medical history taking

Hepatitis risk factor	n (%) respondents
Patient's occupational history	508 (92.5)
Past illicit drug use	494 (90.0)
History of sexually transmitted diseases	459 (83.8)
History of chronic liver disease	425 (79.0)
Patient sexual orientation/sexuality	383 (69.6)
>1 sex partner in past 6 months	362 (65.8)
History of clotting factor disorder	315 (57.4)
History of hemodialysis	256 (46.7)
Travel to or work at sites with high rates of viral hepatitis	228 (41.7)

A total of 84.5% (n=465) of respondents indicated that they take patient medical histories themselves, 40.4% (n=222) respondents said that other staff take medical histories, and 46.7% (n=257) reported that patients complete medical history forms. For 51.2% of respondents, more than one person (the provider, other staff, and/or patients) completes medical history taking. Providers reported collecting medical history information from patients annually (n=339; 62.0%), at a patient's first visit (n=267; 48.5%), at each patient visit (n=72; 13.2%), as indicated depending on the patient's chief complaint (n=63; 11.5%), or at every complete physical exam

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(n=38; 6.9%). Thirty-nine percent (n=214) indicated taking medical histories at more than one of these times.

Patient Vaccine and Testing Needs

Table 4 summarizes respondents' estimates of the proportion of their patients that need hepatitis A and B vaccine and hepatitis C testing. Among survey respondents, approximately 1-2% indicated that none of their patients need hepatitis A and B vaccine and hepatitis C testing. About 80% of respondents estimated the need among patients to be between 1-25% for both hepatitis A vaccine and hepatitis C testing. It was more common for respondents to estimate a higher proportion of need for hepatitis B vaccine among patients relative to hepatitis A vaccine or hepatitis C tests; however, less than half of respondents estimated the proportion of patients needing hepatitis B vaccine to be greater than 25%.

Table 4: Provider estimate of patient need for Hepatitis A and B vaccine and Hepatitis C testing

Estimated proportion of patients in need	Hepatitis A vaccine (n=514)* n (%) respondents	Hepatitis B vaccine (n=456)** n (%) respondents	Hepatitis C testing (n=491)*** n (%) respondents
0%	10 (1.9)	4 (0.9)	11 (2.2)
1-25%	417 (81.1)	259 (56.8)	381 (77.6)
26-50%	54 (10.5)	100 (21.9)	76 (15.5)
>50%	33 (6.4)	93 (20.4)	23 (4.7)

* 37 respondents missed this question

** 95 respondents missed this question

*** 60 respondents missed this question

Respondents also estimated the proportion of their patients that do not have access to hepatitis A and B vaccine and hepatitis C testing, either because the patient or the clinic cannot pay for these services. Respondents estimated that similar proportions of patients do not have access to hepatitis A vaccine, hepatitis B vaccine and hepatitis C testing. About 40% of providers surveyed estimated that none of their patients are without access to these services, and approximately half reported that between 1 and 25% of their patients do not have access. Only 10% of respondents estimated that more than 25% of their patients are without access to hepatitis A and B vaccine and hepatitis C testing.

Hepatitis C Caseload

About a third of all respondents reported that they had not diagnosed HCV infection in patients in the previous three months, and half indicated they were not currently treating any patients for the disease (Table 5). About 55% of providers surveyed diagnosed between one and nine patients with hepatitis C in the three months prior to receiving the survey. Fewer, 42.2%, reported that they were currently treating between one and nine patients for hepatitis C infection. Less than 10% of respondents had diagnosed ten or more patients or were currently treating ten or more patients for hepatitis C infection. It was more common for physicians to report having diagnosed and treated patients with hepatitis C than it was for nurses and physician's assistants (data not shown).

Table 5: Provider estimate of the number of patients recently diagnosed or under treatment for Hepatitis C (HCV) infection

Number of patients	Hepatitis C diagnosis (n=548)* n (%) respondents	Hepatitis C treatment (n=548)* n (%) respondents
None	197 (36.0)	280 (51.1)
1-9	297 (54.2)	231 (42.2)
10-25	47 (8.6)	26 (4.7)
26-49	5 (0.9)	9 (1.6)
50 or more	2 (0.4)	2 (0.4)

* 3 respondents missed this question

Hepatitis B and C Pretest Counseling

Table 6 describes who at the respondents' practice provides pretest counseling for hepatitis B and C. Eighty percent of respondents indicated they provide this service to patients tested for hepatitis B (n=429) and 74.9% (n=402) for hepatitis C themselves. Respondents indicated it is less common for someone other than him/herself, such as a nurse or health educator, to provide pretest counseling to patients for both hepatitis B and C. A total of 13.4% (n=72) of respondents indicated that pretest counseling is not provided to patients at their practice for hepatitis B and 19.9% (n=107) for hepatitis C. Most providers indicated that just one person at their practice is responsible for hepatitis B and C pretest counseling for patients, however, for 24.1% (n=129) and 18.1% (n=97) of respondents, more than one type of provider counsels patients for hepatitis B and C, respectively.

Table 6: Who provides hepatitis B and C pre-test counseling to patients?

	Hepatitis B (n=536)* n (%) respondents	Hepatitis C (n=537)** n (%) respondents
Pretest Counseling not provided	72 (13.4)	107 (19.9)
Survey Respondent	429 (80.0)	402 (74.9)
Nurse	130 (24.3)	84 (15.6)
Health Educator	37 (6.9)	29 (5.4)
More than one provider	129 (24.1)	97 (18.1)

*15 respondents missed this question

**14 respondents missed this question

Table 7 summarizes topics covered during hepatitis B and C pretest counseling sessions. Respondents reported that pre-test counseling sessions for hepatitis B most frequently cover information about hepatitis B risk factors and modes of transmission, hepatitis A and B vaccinations and the test and meaning of test results. Two thirds of respondents indicated that hepatitis B counseling sessions include information about methods to reduce transmission of hepatitis. Fewer respondents reported covering information about testing sexual partners and household contacts for hepatitis, and health maintenance strategies during pre-test counseling sessions for hepatitis B. Results for topics covered during pre-test counseling for hepatitis C are similar.

Eleven percent (n=52) of respondents did not indicate which topics they cover in hepatitis B pre-test counseling, and 14.7% (n=63) did not indicate the topics covered during hepatitis C pretest counseling sessions. Most respondents cover more than one topic (n=355; 76.5%) during pretest counseling for hepatitis B, and 34.5% (n=160) of respondents cover all of the topics listed in Table 7 during these sessions. For hepatitis C, 83.7% (n=360) cover more than one topic, and 35.1% (n=151) cover all of the topics listed in Table 7 during these sessions.

Table 7: Topics covered during pre-test counseling for Hepatitis B and C

	Hepatitis B (n=464*) n (%) respondents	Hepatitis C (n=430)** n (%) respondents
Risk factors	402 (86.6)	358 (83.3)
Modes of transmission	395 (85.1)	353 (82.1)
Hepatitis A and B vaccinations	330 (71.1)	266 (61.9)
The test and meaning of test results	322 (69.4)	298 (69.3)
Methods to reduce hepatitis transmission	308 (66.4)	272 (63.3)
Testing of sexual partners and household contacts	257 (55.4)	220 (51.2)
Health maintenance strategies if the result if positive	200 (43.1)	204 (47.4)
All topics	160 (34.5)	151 (35.1)
Unsure	14 (3.0)	12 (2.8)

*Excludes 15 respondents that missed Q24 and 72 respondents that reported that no counseling is done at their practice

**Excludes 14 respondents that missed Q24 and 107 respondents that reported that no counseling is done at their practice

Partner Notification practices for hepatitis B and C positive patients

Approximately 80% of providers surveyed instruct patients diagnosed with hepatitis B or C to inform their sexual or needle-sharing partner of the need for testing and/or treatment for HBV or HCV infections. Only 3-5% of respondents indicated that staff at their practice contact the partners of hepatitis B or C positive patients either by phone or mail, and about 13% indicated that partner notification is not practiced at all (5% of those specified this is because they do not see any hepatitis B or C positive patients). Another 5% of respondents reported that they rely on the Department of Health to contact partners, and 5% were not sure how or if partner notification is practiced at their practice. Thirty-three respondents missed this question.

Provider hepatitis information and training needs

About a third of respondents reported that their practice has copies of national prevention guidelines from the Centers for Disease Control and Prevention for hepatitis A, B, and C. Fewer reported having the *National Institutes of Health Consensus Development Statement for the Management of Hepatitis C* (n=92; 16.8%). A large number of providers were not sure if their practices had copies of the CDC recommendations for hepatitis A (n=281; 51.1%), B (n=274; 50.2%), and C (303; 55.8%), or the NIH recommendations for hepatitis C (n=351; 64.2%).

Over half of all respondents felt that they had adequate and current training in issues related to hepatitis A (n=284, 52.5%) and hepatitis B (n=311, 57.4%). Fewer respondents (n=217; 40.0%) reported that they had adequate and current training in issues concerning HCV infections.

A total of 65.9% of respondents indicated an interest in receiving information, training, or technical assistance about treatment for hepatitis B and C, and about half of all respondents reported an interest in risk assessment for viral hepatitis and diagnosis (Table 8). Fewer respondents expressed an interest in receiving information, training, or technical assistance in counseling, hepatitis A and B vaccines and sexual history taking. A total of 22.1 percent of respondents (n=122) indicated interest in all of the topics in Table 8, and 20.1% of respondents (n=111) did not indicate interest in any of the viral hepatitis topics listed. In general, fewer physicians expressed interest in receiving viral hepatitis information, technical assistance, and

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training compared to nurses and physician’s assistants (data not shown). Nurses and physician’s assistants indicated about the same level of interest for each of the viral hepatitis topics listed.

Table 8: Provider interest in receiving viral hepatitis information, training, or technical assistance

Training, technical assistance topics	n (%) respondents
Treatment (HBV, HCV)	362 (65.9)
Risk assessment	278 (50.6)
Diagnosis	272 (49.5)
Counseling	243 (44.3)
Vaccines (HAV, HBV)	227 (41.4)
Taking sexual history	182 (33.2)
All topics	122 (22.1)
None	111 (20.1)

Summary

In summary, this survey provided the MDH with a snapshot of current viral hepatitis prevention, control and treatment practices of providers in the state. Overall, the survey highlighted that Minnesota primary care providers conduct some degree of risk assessment for hepatitis through medical history taking, many provide services such as pretest counseling for patients receiving hepatitis B and C tests and talk to hepatitis B and C positive patients about contacting their sexual or needle sharing partners about their risk for hepatitis infection. This is a positive finding in light of the fact that the providers surveyed estimated that a fairly low proportion of their patients need hepatitis screening or vaccination, especially for hepatitis A and C and few diagnose or treat many patients for hepatitis C. Despite a low prevalence of disease in their practices, primary care providers are addressing hepatitis issues in some capacity.

The survey also highlighted areas for improvement and some simple actions that the health department can take to help primary care providers improve their awareness of viral hepatitis prevention, control and treatment issues. For example, although many providers indicated that they include questions about hepatitis risk factors when taking patient medical histories, the majority reported that they do not have standard protocols for risk assessment or for testing, vaccination and treatment for viral hepatitis. One action the health department could take is to share examples of protocols with primary care providers, and provide technical assistance regarding how to implement these protocols. Another simple action the health department could take is to use existing MDH communications like the Disease Control Newsletter to remind

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providers about internet links to national prevention and control guidelines: two thirds or more of providers reported that they were not sure if their practice had copies of these national guidelines. Finally, only half of providers who responded to the survey indicated that they had adequate and current training in hepatitis A, B, and C issues and many expressed interest in receiving information, training or technical assistance in specific hepatitis topics. To respond to this need, the MDH could conduct a one or two day hepatitis workshop for primary care providers in the state, similar to a successful workshop held in Wisconsin in 2003.

Label

*Minnesota Primary Care Practitioners Survey
Viral Hepatitis*

Number and percent responding included after each response option: n(%)

1. During a typical week, do you provide patient care for at least 20 hours a week? (*Patient care includes seeing patients and performing surgery and related work such as record keeping, travel time, on-call, and telephone time. It excludes time spent in training, teaching, research, or travel between home and work.*)

1 Yes 520 (94.6)

2 No 30 (5.5)

missing = 1

2. What is your primary specialty? (Check one.)

1 Adolescent Medicine 6 (1.1)

2 Family Practice 320 (58.1)

3 General Practice 33 (6.0)

4 General Preventive Medicine 6 (1.1)

5 Infectious Diseases 12 (2.2)

6 Internal Medicine 77 (14.0)

7 Gynecology 24 (4.4)

8 Obstetrics and Gynecology 68 (12.3)

9 Other, please specify: 5 (0.9)

missing = 0

3. Which of the following best describes your work setting? (Check one.)

1 Private Practice 242 (43.9)

2 Community Clinic 132 (24.0)

3 Managed Care Organization 72 (13.1)

4 Hospital 37 (6.7)

5 City/County/State Health Department 8 (1.5)

6 Other, please specify: 66 (12.0)

missing = 0

Risk Assessment

4. Who in your practice completes medical history form information from patients? (Check all that apply.)

1 I do 465 (84.5)

1 A nurse or other staff member completes the medical history 222 (40.4)

1 Patients complete the medical history 257 (46.7)

1 Other, please specify: 2 (0.4)

missing = 1

At your practice, does medical history taking include questions about the following? (Check one box for each row.)

	Yes	No	Unsure
5. Traveling to or working in countries that have high rates of viral hepatitis infection?..... missing = 4	228 (41.7)	306 (55.9)	13 (2.4)
6. Patient sexual orientation/sexuality?..... missing = 1	383 (69.6)	159 (28.9)	8 (1.5)
7. Illegal drug use, including injecting and non-injecting illegal drugs?..... missing = 2	494 (90.0)	48 (8.7)	7 (1.3)
8. Patient Occupation?..... missing = 2	508 (92.5)	40 (7.3)	1 (0.2)
9. History of clotting factor disorder?..... missing = 2	315 (57.4)	212 (38.6)	22 (4.0)
10. History of chronic liver disease?..... missing = 13	425 (79.0)	91 (16.9)	22 (4.2)
11. History of hemodialysis?..... missing = 3	256 (46.7)	262 (47.8)	30 (5.5)
12. History of sexually transmitted disease?..... missing = 3	459 (83.8)	77 (14.1)	12 (2.2)
13. History of sexual activity with more than one partner in the previous 6 months?..... missing = 1	362 (65.8)	171 (31.1)	17 (3.1)

14. How often is the above medical history information collected from patients in your practice? (Check all that apply.)

- 1 During a patient's first visit to the practice 267 (48.5)
 - 1 On a yearly basis 339 (62.0)
 - 1 At every visit 72 (13.2)
 - 1 Other, please specify: depending on chief complaint 63 (11.5), at every complete physical 38 (6.9), other not specified 18 (3.3)
- missing = 4

Hepatitis A

15. Does your practice have a standard protocol regarding when to perform a risk assessment for hepatitis A?

- 1 Yes 47 (8.5)
 - 2 No 408 (74.1)
 - 3 Unsure 96 (17.4)
- missing = 0

16. Does your practice have a standard protocol regarding testing, vaccination, and treatment for hepatitis A?

- 1 Yes 131 (23.8)
 - 2 No 334 (60.6)
 - 3 Unsure 86 (15.6)
- missing = 0

17. Does your practice have a copy of the Centers for Disease Control and Prevention's *Prevention of Hepatitis A Through Active or Passive Immunization: Recommendations of the Advisory Committee on Immunization Practices (ACIP)*?

- 1 Yes 165 (30.0)
 - 2 No 104 (18.9)
 - 3 Unsure 281 (51.1)
- missing = 1

18. Based upon risk for the disease, estimate the percent of patients in your practice in need of hepatitis A vaccine. (Please provide your best guess estimate.)

Percent in need	n	%
0	10	1.9%
1 to 25	417	81.1%
26 to 50	54	10.5%
> 50	33	6.4%

missing = 37

19. Please provide your best guess for the percent of patients in your practice who are in need of hepatitis A vaccine but do not have access to vaccine through existing funding structures (i.e. either patient and/or clinic are unable to pay for it).

Percent without access	n	%
0	194	40.6%
1 to 25	238	49.8%
26 to 50	23	4.8%
> 50	23	4.8%

missing = 73

20. Who in your practice reports cases of hepatitis A to the Minnesota Department of Health (MDH)? (Check one.)

- 1 Laboratory 159 (29.5)
 - 2 Clinic staff 151 (28.0)
 - 3 Both 145 (26.9)
 - 4 Unsure 84 (15.6)
- missing = 12

Hepatitis B

21. Does your practice have a standard protocol regarding when to perform a risk assessment for hepatitis B?

- 1 Yes 195 (35.9)
 - 2 No 249 (45.8)
 - 3 Unsure 100 (18.4)
- missing = 7

22. Does your practice have a standard protocol regarding testing, vaccination, and treatment for hepatitis B?

- 1 Yes 275 (50.5)
 - 2 No 182 (33.4)
 - 3 Unsure 88 (16.2)
- missing = 6

23. Does your practice have a copy of the Center for Disease Control and Prevention's *Hepatitis B Virus: A Comprehensive Strategy for Eliminating Transmission in the United States Through Universal Childhood Vaccination: Recommendations of the Immunization Practices Advisory Committee (ACIP)*?

- 1 Yes 193 (35.4)
 - 2 No 79 (14.5)
 - 3 Unsure 274 (50.2)
- missing = 5

24. Who in your practice provides pre-test counseling to patients at risk for hepatitis B? (Check all that apply.)

- 1 I do 429 (80.0)
 - 1 Nurse 130 (24.3)
 - 1 Health educator 37 (6.9)
 - 1 Other, please specify: 17 (3.2)
 - 1 Nobody 72 (13.4)
- missing = 15

24a. What information is covered during pre-test counseling? (Check all that apply.)

- 1 Modes of transmission for hepatitis B 395 (85.1)
- 1 Risk factors for hepatitis B 402 (86.6)
- 1 The test and meaning of test results 322 (69.4)
- 1 Hepatitis A & B vaccinations 330 (71.1)
- 1 Health maintenance strategies if the result is positive 200 (43.1)
- 1 Methods to reduce hepatitis transmission 308 (66.4)
- 1 Testing of sexual partners and household contacts 257 (55.4)
- 1 Other, please describe: 16 (3.4)
- 1 Unsure 14 (3.0)

25. Based upon risk for the disease, estimate the percent of patients in your practice in need of hepatitis B vaccine. (Please provide your best guess estimate.)

percent in need	n	percent
0	4	0.9%
1 to 25	259	56.8%
26 to 50	100	21.9%
> 50	93	20.4%

missing = 95

26. Please provide your best guess for the percent of patients in your practice who are in need of hepatitis B vaccine but do not have access to vaccine through existing funding structures (i.e. either patient and/or clinic are unable to pay for it).

percent in need	n	percent
0	192	38.6%
1 to 25	255	51.3%
26 to 50	35	7.0%
> 50	15	3.0%

missing = 54

27. Who in your practice reports cases of hepatitis B to the Minnesota Department of Health (MDH)? (Check one.)

- 1 Laboratory 152 (28.2)
 - 2 Clinic staff 156 (28.9)
 - 3 Both 158 (29.3)
 - 4 Unsure 74 (13.7)
- missing = 11

Hepatitis C

28. Does your practice have a standard protocol regarding when to perform a risk assessment for hepatitis C?

- 1 Yes 101 (18.5)
 - 2 No 308 (56.3)
 - 3 Unsure 138 (25.2)
- missing = 4

29. Does your practice have a standard protocol regarding testing and treatment for hepatitis C?

- 1 Yes 126 (23.0)
 - 2 No 293 (53.6)
 - 3 Unsure 128 (23.4)
- missing = 4

30. Who in your practice provides pre-test counseling to patients at risk for hepatitis C? (Check all that apply.)

- 1 I do 402 (74.9)
 - 1 Nurse 84 (15.6)
 - 1 Health educator 29 (5.4)
 - 1 Other, please specify: 25 (4.7)
 - 1 Nobody 107 (19.9)
- missing = 14

30a. What information is covered during pre-test counseling? (Check all that apply.)

- 1 Modes of transmission for hepatitis C 353 (82.1)
- 1 Risk factors for hepatitis C 358 (83.3)
- 1 The test and meaning of test results 298 (69.3)
- 1 Hepatitis A & B vaccinations 266 (61.9)
- 1 Health maintenance strategies if the result is positive 204 (47.4)
- 1 Methods to reduce hepatitis transmission 272 (63.3)
- 1 Testing of sexual partners and household contacts 220 (51.2)
- 1 Other, please describe: 12 (2.8)
- 1 Unsure 12 (2.8)

31. Based upon risk for the disease, estimate the percent of patients in your practice in need of hepatitis C testing. (Please provide your best guess estimate.)

percent in need	n	percent
0	11	2.2%
1 to 25	381	77.6%
26 to 50	76	15.5%
> 50	23	4.7%

missing = 60

32. Please provide your best guess for the percent of patients in your practice who are in need of hepatitis C testing but do not have access to testing through existing funding structures (i.e. either patient and/or clinic are unable to pay for it).

percent in need	n	percent
0	189	39.8%
1 to 25	238	50.1%
26 to 50	29	6.1%
> 50	19	4.0%

missing = 76

33. Does your practice have a copy of the Centers for Disease Control and Prevention's *Recommendations for Prevention and Control of Hepatitis C Virus (HCV) Infection and HCV-Related Chronic Disease*?
- 1 Yes 153 (28.2)
 2 No 87 (16.0)
 3 Unsure 303 (55.8)
 missing = 8
34. Does your practice have a copy of the *National Institutes of Health Consensus Development Statement for the Management of Hepatitis C*?
- 1 Yes 92 (16.8)
 2 No 104 (19.0)
 3 Unsure 351 (64.2)
 missing = 4
35. Who in your practice reports cases of hepatitis C to the Minnesota Department of Health (MDH)? (Check one.)
- 1 Laboratory 148 (27.3)
 2 Clinic staff 154 (28.4)
 3 Both 153 (28.2)
 4 Unsure 88 (16.2)
 missing = 8
36. Indicate the approximate number of hepatitis C infected patients you have diagnosed in the past 3 years. (Check one.)
- 1 None 197 (36.0)
 2 1 - 9 297 (54.2)
 3 10 - 25 47 (8.6)
 4 26 - 49 5 (0.9)
 5 50 or more 2 (0.4)
 missing = 3
37. Indicate the approximate number of hepatitis C infected patients you are currently monitoring and/or treating. (Check one.)
- 1 None 280 (51.1)
 2 1 - 9 231 (42.2)
 3 10 - 25 26 (4.7)
 4 26 - 49 9(1.6)
 5 50 or more 2(0.4)
 missing = 3

Partner notification

38. When you diagnose a patient with hepatitis B or C, how does the clinic USUALLY notify sexual or needle sharing partners of the need for testing and/or treatment? (Check all that apply.)

missing = 33	Hepatitis B	Hepatitis C
a. Patient instructed to inform partners(s).....	418 (80.7)	403 (77.8)
b. Staff contacts partners by telephone.....	27 (5.2)	26 (5.0)
c. Staff contacts partners by mail.....	19 (3.7)	17 (3.3)
d. No partner notification.....	41 (7.9)	39 (7.5)
e. Other, please describe: _____	50 (9.7)	47 (9.1)

Training

39. Do you feel you have adequate and current training in issues concerning:

- a. Hepatitis A? 1 Yes 284 (52.5) 2 No 257 (47.5) missing = 10
b. Hepatitis B? 1 Yes 311 (52.4) 2 No 231 (42.6) missing = 9
c. Hepatitis C? 1 Yes 217 (40.0) 2 No 326 (60.0) missing = 8

40. In which of the following areas would you be interested in receiving information, training, or technical assistance on viral hepatitis? (Check all that apply.)

- 1 Diagnosis 272 (49.4)
1 Risk assessment 278 (50.5)
1 Sexual history taking 182 (33.0)
1 Vaccines (hepatitis A, B) 227 (41.2)
1 Treatment (hepatitis B, C) 362 (65.7)
1 Counseling 243 (44.1)
1 Other, please specify: 18 (3.3)
none = 113 (20.5)

Thank you for taking the time to answer these questions! Please return your completed survey in the enclosed stamped envelope.

Minnesota Department of Health
Attn: Peggy O'Halloran
STD & HIV Section
717 SE Delaware Street, Box 9441
Minneapolis, MN 55440-9441

Minnesota Primary Care Practitioners Survey
Viral Hepatitis

1. During a typical week, do you provide patient care for at least 20 hours a week? (*Patient care includes seeing patients and performing surgery and related work such as record keeping, travel time, on-call, and telephone time. It excludes time spent in training, teaching, research, or travel between home and work.*)
- 1 Yes
2 No

If you have more than one practice, please think of the practice in which you spend the most hours when answering the following questions.

2. What is your primary specialty? (Check one.)
- 1 Adolescent Medicine
2 Family Practice
3 General Practice
4 General Preventive Medicine
5 Infectious Diseases
6 Internal Medicine
7 Gynecology
8 Obstetrics and Gynecology
9 Other, please specify: _____

3. Which of the following best describes your work setting? (Check one.)
- 1 Private Practice
2 Community Clinic
3 Managed Care Organization
4 Hospital
5 City/County/State Health Department
6 Other, please specify: _____

Risk Assessment

4. Who in your practice completes medical history form information from patients? (Check all that apply.)
- 1 I do
1 A nurse or other staff member completes the medical history
1 Patients complete the medical history
1 Other, please specify: _____

At your practice, does medical history taking include questions about the following? (Check one box for each row.)

- | | Yes | No | Unsure |
|---|----------------------------|----------------------------|----------------------------|
| 5. Traveling to or working in countries that have high rates of viral hepatitis infection?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 6. Patient sexual orientation/sexuality?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 7. Illegal drug use, including injecting and non-injecting illegal drugs?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 8. Patient Occupation?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 9. History of clotting factor disorder?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 10. History of chronic liver disease?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 11. History of hemodialysis?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 12. History of sexually transmitted disease?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 13. History of sexual activity with more than one partner in the previous 6 months?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

14. How often is the above medical history information collected from patients in your practice? (Check all that apply.)

- 1 During a patient's first visit to the practice
- 1 On a yearly basis
- 1 At every visit
- 1 Other, please specify: _____

Hepatitis A

15. Does your practice have a standard protocol regarding when to perform a risk assessment for hepatitis A?

- 1 Yes
- 2 No
- 3 Unsure

16. Does your practice have a standard protocol regarding testing, vaccination, and treatment for hepatitis A?

- 1 Yes
- 2 No
- 3 Unsure

17. Does your practice have a copy of the Centers for Disease Control and Prevention's *Prevention of Hepatitis A Through Active or Passive Immunization: Recommendations of the Advisory Committee on Immunization Practices (ACIP)*?

- 1 Yes
- 2 No
- 3 Unsure

18. Based upon risk for the disease, estimate the percent of patients in your practice in need of hepatitis A vaccine. (Please provide your best guess estimate.) _____ %
19. Please provide your best guess for the percent of patients in your practice who are in need of hepatitis A vaccine but do **not** have access to vaccine through existing funding structures (i.e. either patient and/or clinic are unable to pay for it). _____ %
20. Who in your practice reports cases of hepatitis A to the Minnesota Department of Health (MDH)? (Check one.)
- 1 Laboratory
 - 2 Clinic staff
 - 3 Both
 - 4 Unsure

Hepatitis B

21. Does your practice have a standard protocol regarding when to perform a risk assessment for hepatitis B?
- 1 Yes
 - 2 No
 - 3 Unsure
22. Does your practice have a standard protocol regarding testing, vaccination, and treatment for hepatitis B?
- 1 Yes
 - 2 No
 - 3 Unsure
23. Does your practice have a copy of the Center for Disease Control and Prevention's *Hepatitis B Virus: A Comprehensive Strategy for Eliminating Transmission in the United States Through Universal Childhood Vaccination: Recommendations of the Immunization Practices Advisory Committee (ACIP)*?
- 1 Yes
 - 2 No
 - 3 Unsure
24. Who in your practice provides pre-test counseling to patients at risk for hepatitis B? (Check all that apply.)

- 1 I do
- 1 Nurse
- 1 Health educator
- 1 Other, please specify: _____
- 1 Nobody

24a. What information is covered during pre-test counseling? (Check all that apply.)

- 1 Modes of transmission for hepatitis B
- 1 Risk factors for hepatitis B
- 1 The test and meaning of test results
- 1 Hepatitis A & B vaccinations
- 1 Health maintenance strategies if the result is positive
- 1 Methods to reduce hepatitis transmission
- 1 Testing of sexual partners and household contacts
- 1 Other, please describe: _____
- 1 Unsure

25. Based upon risk for the disease, estimate the percent of patients in your practice in need of hepatitis B vaccine. (Please provide your best guess estimate.) _____ %

26. Please provide your best guess for the percent of patients in your practice who are in need of hepatitis B vaccine but do **not** have access to vaccine through existing funding structures (i.e. either patient and/or clinic are unable to pay for it). _____ %

27. Who in your practice reports cases of hepatitis B to the Minnesota Department of Health (MDH)? (Check one.)

- 1 Laboratory
- 2 Clinic staff
- 3 Both
- 4 Unsure

Hepatitis C

28. Does your practice have a standard protocol regarding when to perform a risk assessment for hepatitis C?

- 1 Yes
- 2 No
- 3 Unsure

29. Does your practice have a standard protocol regarding testing and treatment for hepatitis C?

- 1 Yes
- 2 No
- 3 Unsure

30. Who in your practice provides pre-test counseling to patients at risk for hepatitis C? (Check all that apply.)

- 1 I do
- 1 Nurse
- 1 Health educator
- 1 Other, please specify: _____
- 1 Nobody

30a. What information is covered during pre-test counseling? (Check all that apply.)

- 1 Modes of transmission for hepatitis C
- 1 Risk factors for hepatitis C
- 1 The test and meaning of test results
- 1 Hepatitis A & B vaccinations
- 1 Health maintenance strategies if the result is positive
- 1 Methods to reduce hepatitis transmission
- 1 Testing of sexual partners and household contacts
- 1 Other, please describe: _____
- 1 Unsure

31. Based upon risk for the disease, estimate the percent of patients in your practice in need of hepatitis C testing. (Please provide your best guess estimate.) _____ %

32. Please provide your best guess for the percent of patients in your practice who are in need of hepatitis C testing but do **not** have access to testing through existing funding structures (i.e. either patient and/or clinic are unable to pay for it). _____ %

33. Does your practice have a copy of the Centers for Disease Control and Prevention's *Recommendations for Prevention and Control of Hepatitis C Virus (HCV) Infection and HCV-Related Chronic Disease*?

- 1 Yes
- 2 No
- 3 Unsure

34. Does your practice have a copy of the *National Institutes of Health Consensus Development Statement for the Management of Hepatitis C*?

- 1 Yes
- 2 No
- 3 Unsure

35. Who in your practice reports cases of hepatitis C to the Minnesota Department of Health (MDH)? (Check one.)

- 1 Laboratory
- 2 Clinic staff
- 3 Both
- 4 Unsure

36. Indicate the approximate number of hepatitis C infected patients you have diagnosed in the past 3 years. (Check one.)

- 1 None
- 2 1 - 9
- 3 10 - 25
- 4 26 - 49
- 5 50 or more

37. Indicate the approximate number of hepatitis C infected patients you are currently monitoring and/or treating. (Check one.)

- 1 None
- 2 1 - 9
- 3 10 - 25
- 4 26 - 49
- 5 50 or more

Partner notification

38. When you diagnose a patient with hepatitis B or C, how does the clinic USUALLY notify sexual or needle sharing partners of the need for testing and/or treatment? (Check all that apply.)

	Hepatitis B	Hepatitis C
a. Patient instructed to inform partners(s).....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
b. Staff contacts partners by telephone.....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
c. Staff contacts partners by mail.....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
d. No partner notification.....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
e. Other, please describe: _____	1 <input type="checkbox"/>	1 <input type="checkbox"/>

Training

39. Do you feel you have adequate and current training in issues concerning:

- a. Hepatitis A? 1 Yes 2 No
- b. Hepatitis B? 1 Yes 2 No
- c. Hepatitis C? 1 Yes 2 No

40. In which of the following areas would you be interested in receiving information, training, or technical assistance on viral hepatitis? (Check all that apply.)

- 1 Diagnosis
- 1 Risk assessment
- 1 Sexual history taking
- 1 Vaccines (hepatitis A, B)
- 1 Treatment (hepatitis B, C)
- 1 Counseling
- 1 Other, please specify: _____

Thank you for taking the time to answer these questions! Please return your completed survey in the enclosed stamped envelope.

*Minnesota Department of Health
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STD & HIV Section
717 SE Delaware Street, Box 9441
Minneapolis, MN 55440-9441*

Appendix E

Viral Hepatitis Community Clinic Services Assessment and Results