

Variance Between Clinicians and Guidelines in the Management of HIV/HCV Infection: Results by Specialty



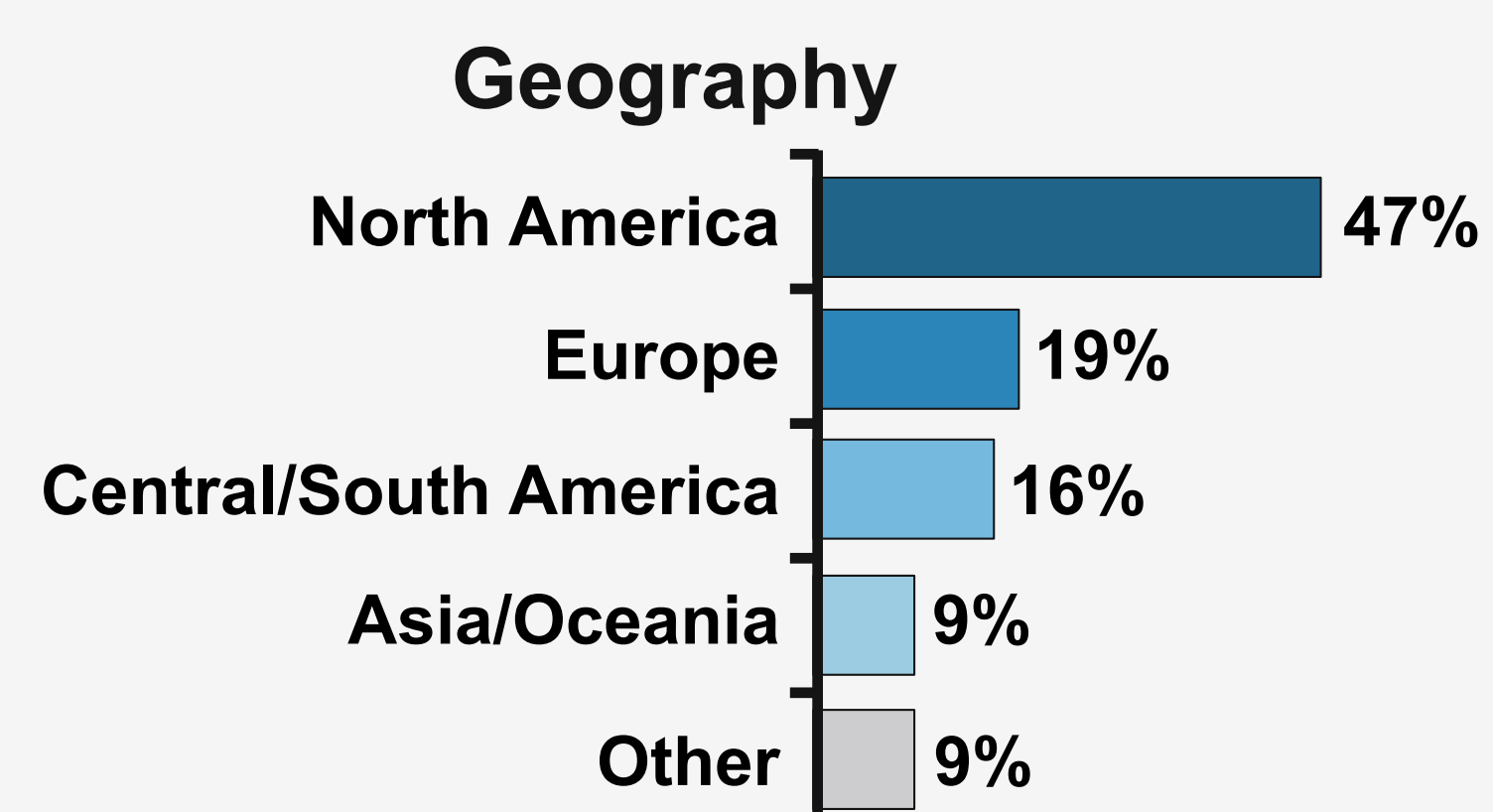
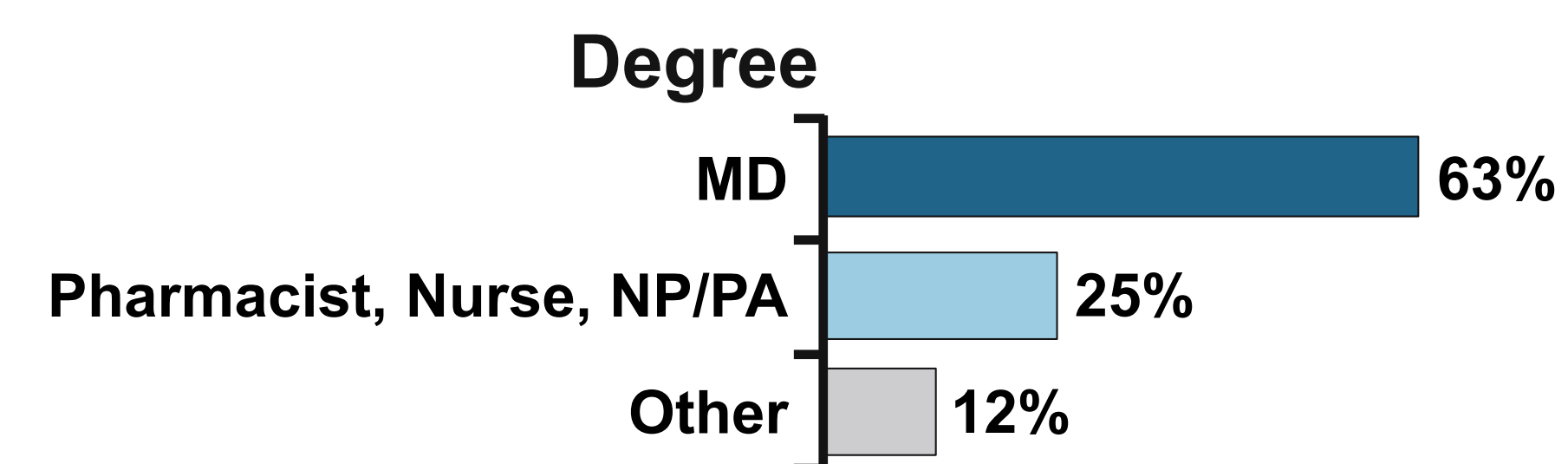
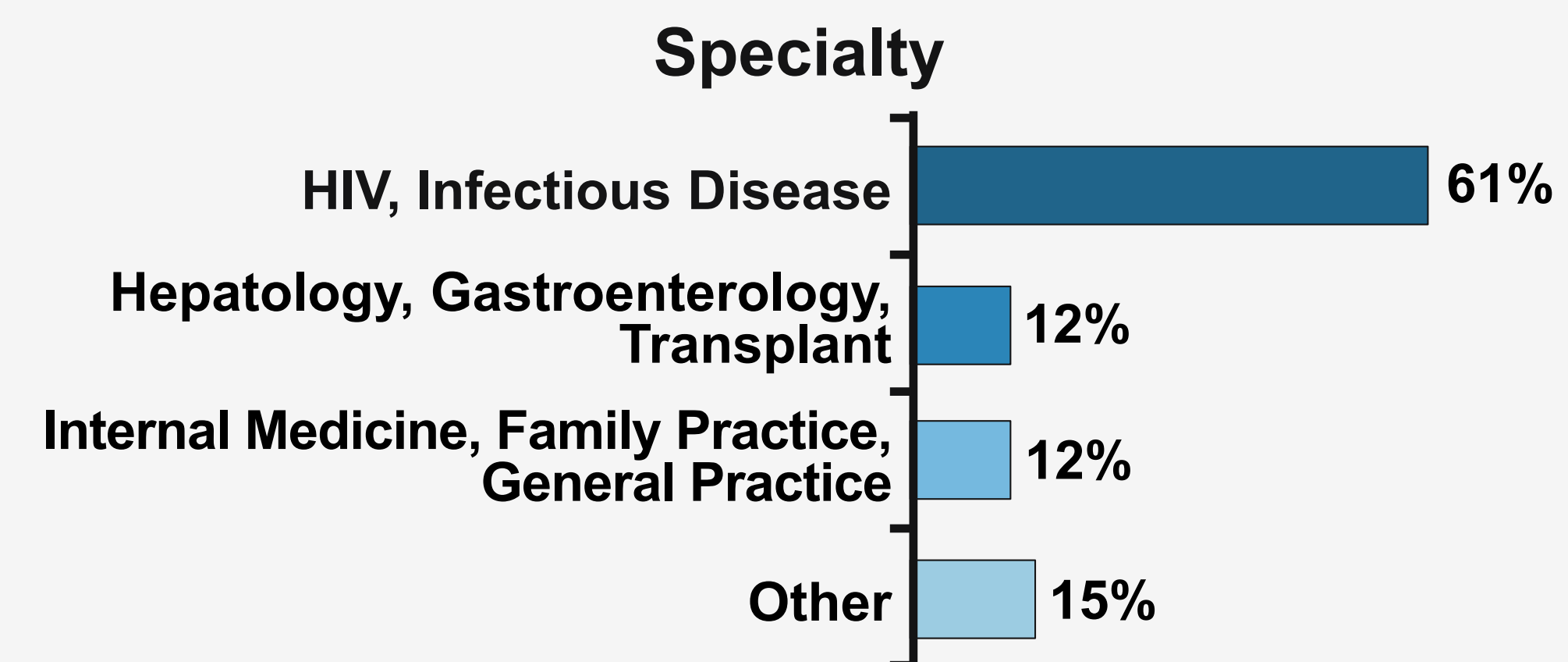
Zachary Schwartz, MSc, ELS*; Jenny Schulz, PhD*; Edward King, MA*; Susanna Naggie, MD, MHS†; Mark S. Sulkowski, MD‡
*Clinical Care Options, LLC, Reston, VA. †Duke University School of Medicine, Durham, NC. ‡Johns Hopkins University School of Medicine, Baltimore, MD.

1. Background

- In May 2018, we developed an online decision support tool based on recommendations from the AASLD/IDSA and DHHS guidelines for HIV/HCV patient scenarios
- This tool showed that clinicians' initial treatment plans differed from HIV and HCV guidelines for 36% of case scenarios,^[1] based on:
 - Drug interactions
 - HIV or HCV genotype
 - Renal function
 - HLA-B*5701 status
- Current subanalysis examines treatment plans by specialty

2. Participant Demographics

- From August 2018 through August 2019, N = 683 participants entered 972 patient case scenarios

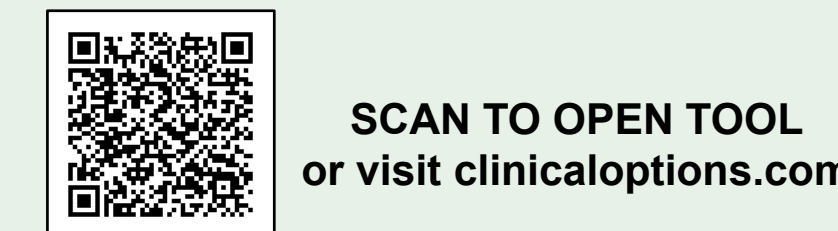


Reference: 1. Schwartz. IDWeek 2019. Poster 2549. www.clinicalcareoptions.com/publications/2019/10_2019_hcvhivcoinfection

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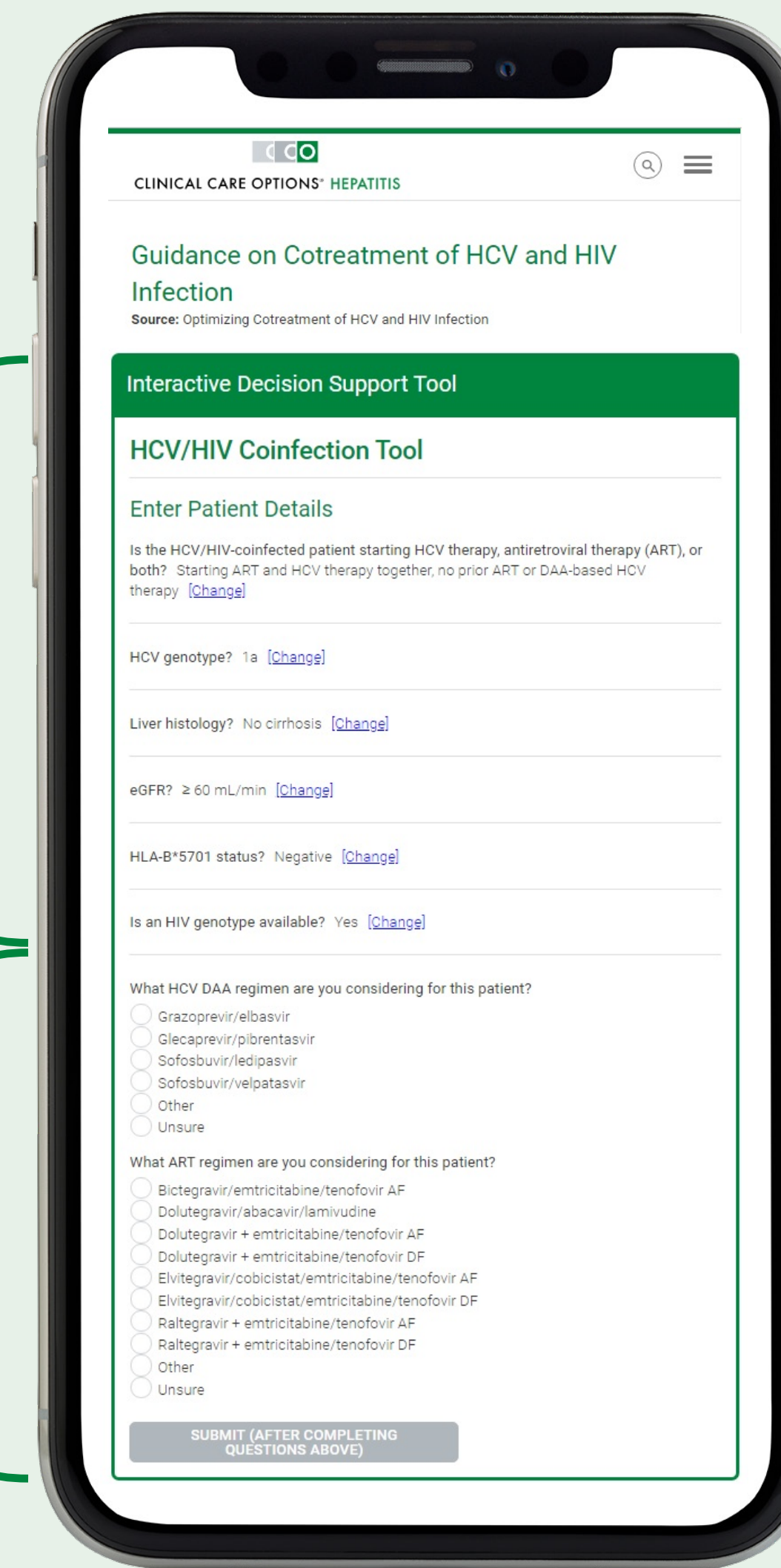
3. Methods

Online Decision Support Tool Provides Patient-Specific Recommendations From HIV and HCV Guidelines



1 Participant enters patient and disease characteristics:

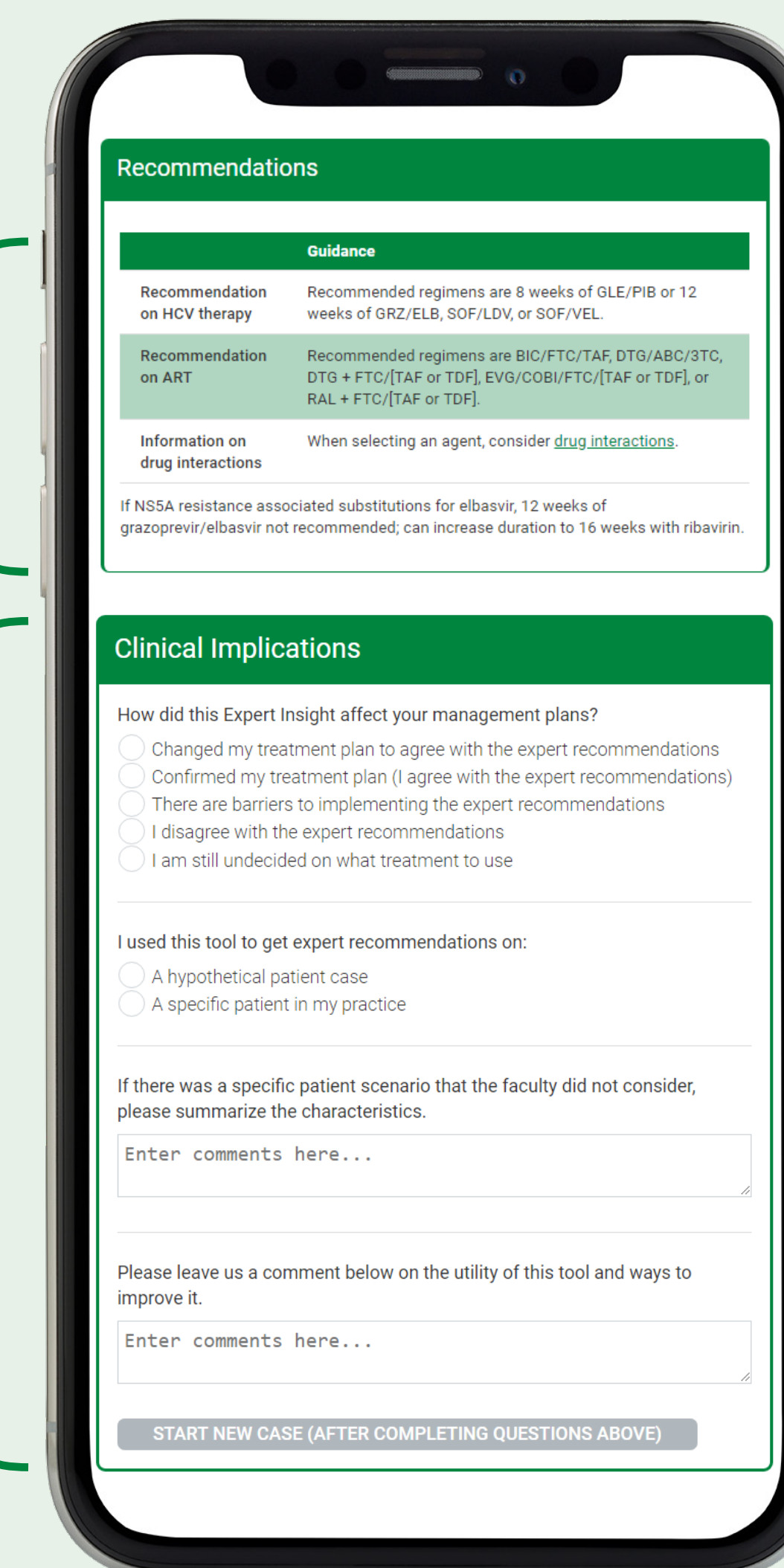
- Current ART/HCV therapy
- HIV and HCV genotypes
- Liver histology
- Renal function
- HLA-B*5701 status



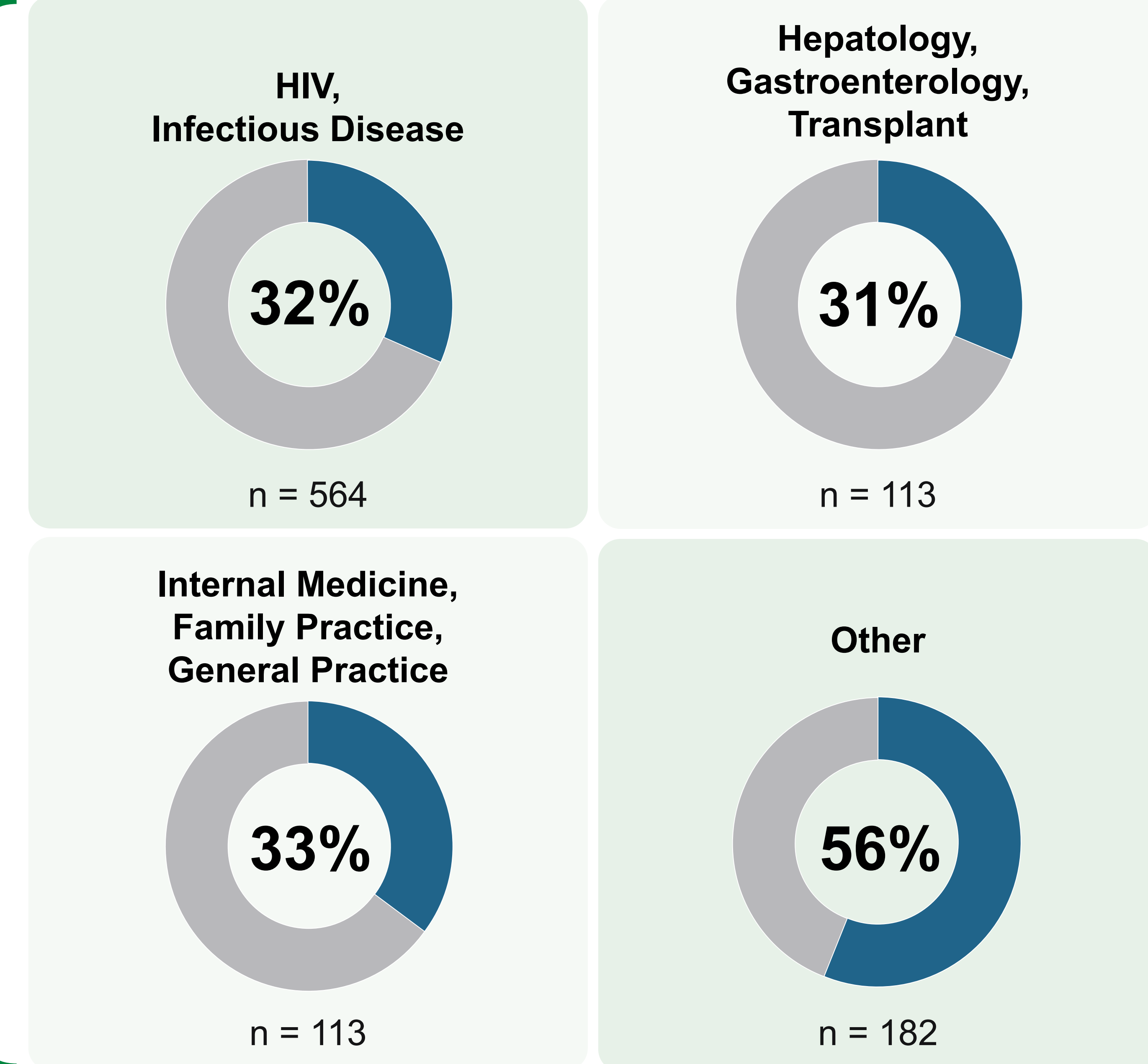
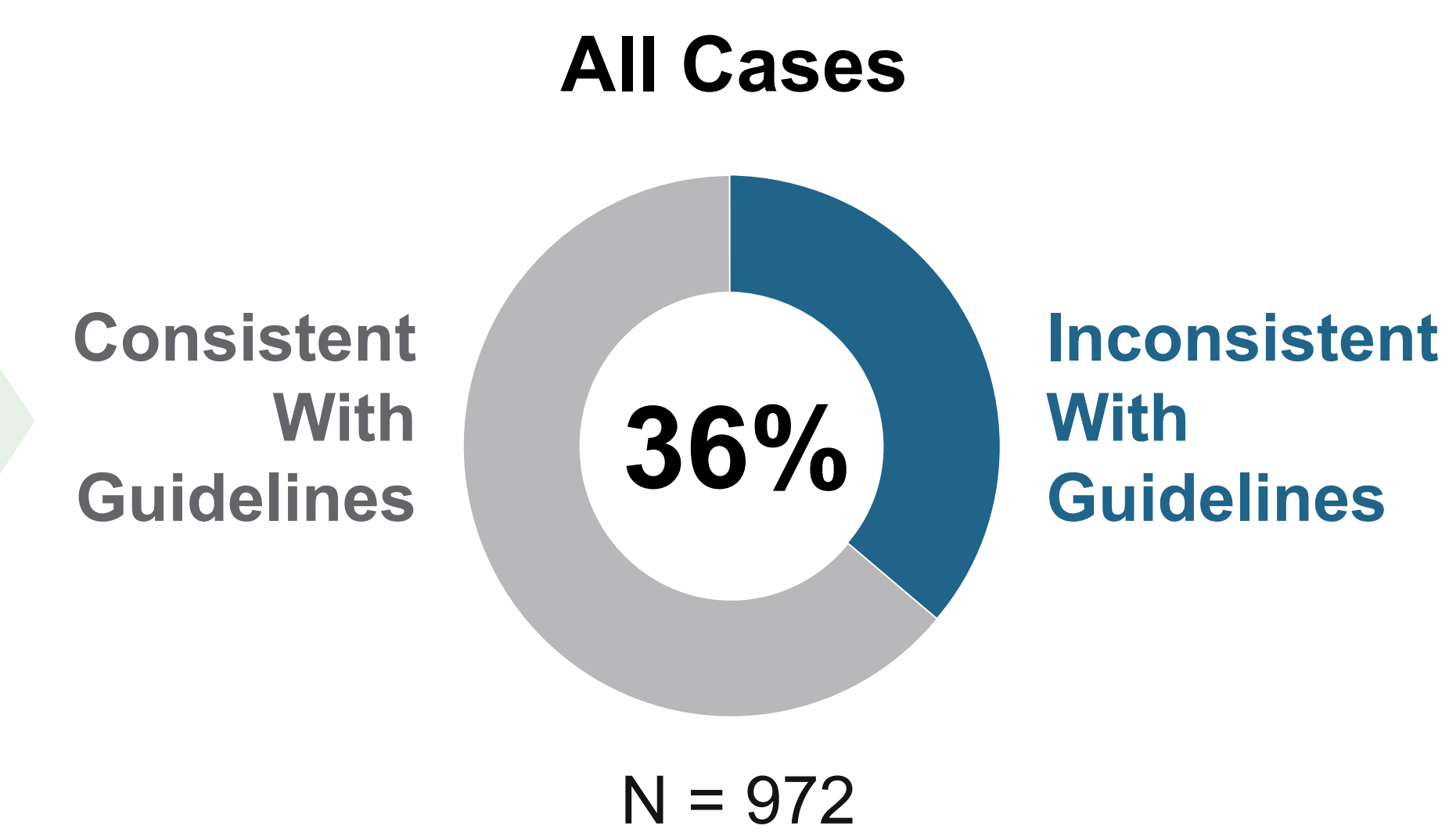
2 Participant indicates management plan

3 Participant receives guideline recommendations for that specific case

4 Participant is asked if guideline recommendations changed their management plan

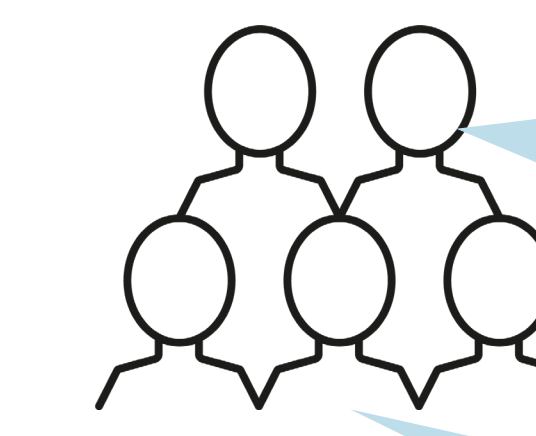
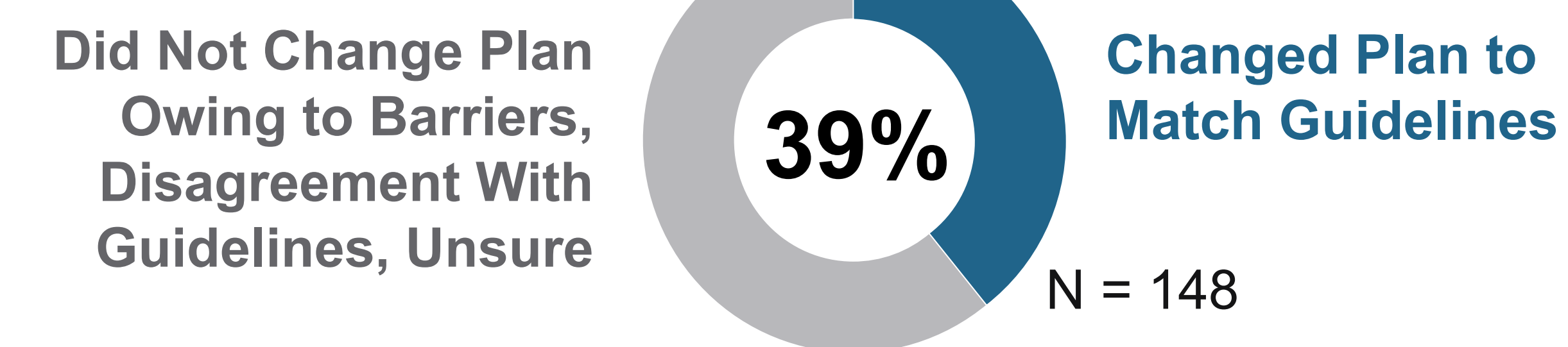


4. Baseline Management Plan by Specialty



5. Posteducation Impact

Subset of Cases Where Baseline Plan Differed From Guidelines and Participant Identified Future Plan



"Excellent simple review and confirmation of my choice"

"This tool could be a help when we don't have all the regimens available in our setting"

6. Conclusions

- Discordance between guidelines and clinicians' initial treatment plans for HIV/HCV coinfection was **consistent across key specialties of HIV/infectious disease, hepatology/gastroenterology/transplant, and internal medicine/family practice/general practice**
- Using an online tool **changed the intended treatment plan for many participants**, suggesting the tool's use can help optimize care of patients with HIV/HCV coinfection

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