TuSalud

Major Liver Groups Back a Public Health Strategy to Tackle Hep C

It’s time, leaders say, to decentralize hepatitis C care from urban areas and get nonspecialists to provide care.

November 19, 2019 By Benjamin Ryan

Mounting an effective campaign against hepatitis C virus (HCV) will require rethinking the current approach to testing and treatment of the virus and using a public health strategy, MedPage Today reports. It’s time, major liver group leaders say, to broaden access to HCV care and treatment such that it is not so restricted to urban areas and provided predominantly by liver specialists.

Direct-acting antiviral (DAA) treatment is now so effective and tolerable and often quite simple to oversee that in many cases, people undergoing HCV treatment can fare just as well receiving care from a primary care physician or nurse as they can from a hepatologist or infectious disease physician. The fact of the matter is, there simply aren’t enough of these specialists to handle the caseload of people with hep C who need treatment.

At The Liver Meeting, the Annual Meeting of the American Association for the Study of Liver Diseases, in Boston, four major global health organizations came together to establish a four-point plan for optimizing the fight against HCV. This includes simplifying hep C diagnosis and treatment, bringing primary care physicians up to speed on providing care for those with the virus and having health care providers share tasks related to HCV care, including allowing nonspecialists to handle less complicated cases.

The four liver groups include the American Association for the Study of Liver Diseases (AASLD), the European Association for the Study of the Liver (EASL), the Asian Pacific Association for the Study of the Liver and the Asociación Latinoamericana para el Estudio del Hígado. The Clinton Health Access Initiative (CHAI) also participated in developing the new strategy.

The good news is that in the United States, there are now fewer obstacles to obtaining insurance coverage for hep C treatment than even a few years ago. When the current era of highly effective treatment for HCV kicked off in 2013 and DAA treatment was much more expensive than it is today (competition has since lowered prices considerably), insurers put in place numerous restrictions that demanded people with hep C have more advanced liver disease before they could receive treatment.

That said, 20 state Medicaid programs still restrict DAA coverage. What’s more, certain state programs forbid people who inject drugs, who are the most likely to transmit HCV but also highly likely to become reinfected following DAA therapy, to receive treatment coverage.

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