

Appendix 3 (as supplied by the authors) CTFPHC Hepatitis C FACE Survey Results

This document provides analysis on the priority stakeholder organizations place on hepatitis C and on the recommendation's Feasibility, Acceptability, Cost (affordability) and Equity (FACE)¹, from their perspectives. The objectives of the survey are to seek stakeholder feedback on the draft recommendation and to assess the FACE criteria that could inform considerations for implementation of the guideline.

The results from this survey are intended to supplement the literature evidence to help respond to the evidence-to-decision (EtD) criteria². The interpretation of the findings in the guideline was done by considering both the ratings and the comments from stakeholders. The list of stakeholder organizations who responded to the survey can be found at the end of this document.

Part 1. Is the Problem a Priority?

Question 1: Is hepatitis C a priority for your organization?

Narrative Reporting: Eighty-two percent of stakeholders rated hepatitis C as a high or moderate high priority for their organization (please see table 1).

Table 1. Number (%) of stakeholders reported that hepatitis C is a priority for their organization.

n=23	n	%	(95% CI)
Number (%) rating hepatitis C as a priority	19	82.6	(62.3, 93.6)

Part 2. Evaluating the Recommendation on Affordability, Equity, Acceptability and Feasibility

Stakeholders were asked to indicate the level (1 to 4) of affordability (resource use), equity, acceptability, and feasibility for each recommendation based on the FACE definitions.

Hepatitis C Recommendation

We recommend against screening for hepatitis C among Canadian adults who are ***not*** at elevated risk for hepatitis C (prevalence <0.5%).

Strong recommendation, very low quality evidence

This recommendation ***does not apply*** to pregnant women or adults who are ***at*** elevated risk for hepatitis C, such as:

- Individuals with current or past history of injection drug use
- Individuals who have been incarcerated
- Homeless individuals
- Individuals with known HIV
- Individuals who may have been exposed to contaminated blood products, including hemodialysis patients and certain recipients of tissues and organs
- Immigrants from hepatitis C endemic countries (prevalence >2%)

Considerations for Implementation:

- For populations at elevated risk (e.g. individuals with current or past history of injection drug use, individuals who have been incarcerated, homeless individuals, individuals with known HIV, Individuals who may have been exposed to contaminated blood products, Immigrants from HCV endemic countries (>2%)), clinicians may wish to follow the joint College of Family Physicians of Canada (CFPC) & Public Health Agency of Canada (PHAC) recommendations¹
- For ***immigrants*** who were born, travelled or resided in a high-endemic region (>2%), clinicians may wish to follow the joint CFPC/PHAC recommendations¹
- For ***indigenous populations*** and ***individuals born between 1950-1975*** who are at increased risk for hepatitis C, clinicians may wish to follow the joint CFPC/PHAC recommendations¹
- For ***indigenous populations*** and ***individuals born between 1950-1975*** who are ***not*** at increased risk for hepatitis C (<0.5 percent), clinicians should follow the current guideline, which recommends against screening individuals at low risk

¹The College of Family Physicians of Canada (CFPC) and the Public Health Agency of Canada (PHAC). Primary care management of hepatitis C. Updated 2009.

Link: http://www.cfpc.ca/uploadedFiles/Resources/Resource_Items/HEP_C_Guide_eng_2.pdf

FACE Definitions:

Affordability (resource use): Considering the **cost** of the intervention compared to how much the stakeholder would be able to pay. How large would the resource requirements be? Level 1 indicates *high* affordability and *low* resource use. Level 4 indicates *low* affordability and *high* resource use.

Equity: What would the impact on health equity compared to current status be? Would the intervention negatively or positively impact disadvantaged populations? Level 1 indicates positive impact on disadvantaged populations and *high* impact reducing health inequity. Level 4 indicates negative impact on disadvantaged populations and *high* impact on increasing health inequity.

Acceptability: Would the recommendation be acceptable to stakeholders (including your organization)? Level 1 indicates *high* acceptability to stakeholders. Level 4 indicates *low* acceptability to stakeholders.

Feasibility: Would the recommendation be feasible to implement? Would the recommendation be sustainable? Would there be important barriers that are likely to limit the feasibility of implementing the intervention? Level 1 indicates *high* feasibility to implement. Level 4 indicates *low* feasibility to implement.

Question 2: Please indicate the level (1 to 4) of affordability, equity, acceptability, and feasibility for the recommendation against screening for hepatitis C among Canadian adults not at elevated risk for hepatitis C. Please comment on what aspects of affordability, health equity, acceptability and feasibility has impacted your rating.

Narrative Reporting: 50% of stakeholders rated the recommendation as affordable and 57% rated it positively impacting equity. 64% of stakeholders rated the recommendation as feasible and 82% rated the recommendation as acceptable (please see table 2).

The results indicate large variation for affordability and health equity among stakeholder perceptions. Acceptability and feasibility results were less variable and showed more consistently positive responses.

Table 2. Number (%) of stakeholders reporting hepatitis C recommendation as affordable, positive impacting health equity, accessible, and feasible

	n ^a	%	95%
Number (%) rating the recommendations as <i>affordable</i> (n=20)	10	50	(29.9, 70.1)
Number (%) rating the recommendation as having positive impact on <i>equity</i> (n=21)	12	57.1	(36.5, 75.5)
Number (%) rating the recommendations as <i>acceptable</i> (n=22)	14	63.6	(43.0, 80.3)
Number (%) rating the recommendations as <i>feasible</i> (n=22)	18	81.8	(61.5, 92.7)

^a Ratings were excluded when the comments contradicted the ratings

List of Stakeholder organizations

23 stakeholders from 20 stakeholder organizations completed the FACE survey for the draft hepatitis C screening recommendations. Three additional stakeholder organizations provided written feedback to the CTFPHC on the draft recommendations without completing the FACE survey.

Table 3. Stakeholder Organizations

Action Hepatitis Canada *
American College of Physicians
BC Centre for Disease Control
BC Ministry of Health
Canadian Agency for Drugs and Technologies in Health (CADTH)
Canadian Association for the Study of the Liver (CASL)
Canadian Association of Advanced Practice Nurses (CAAPN)
Canadian Association of Gastroenterology
Canadian Association of Schools of Nursing
Canadian Liver Foundation *
Canadian Partnership Against Cancer (CPAC)
Canadian Society for International Health
College of Family Physicians of Canada (CFPC)
Community Health Nurses Canada
Council of Chief Medical Officers of Health (CCMOH) BC

Council of Chief Medical Officers of Health (CCMOH) Manitoba
Council of Chief Medical Officers of Health (CCMOH) Saskatchewan
Direction générale de la santé publique, MSSS (Québec)
Government of Yukon
Ministère de la Santé et des services sociaux du Québec
National Aboriginal Council on HIV/AIDS
National Collaborative Hepatitis C Network (NCHCN) *
Public Health Agency of Canada

* Stakeholder organizations who provided feedback on the draft recommendation to the CTFPHC, but who did not complete the FACE survey.

References

1. Pottie K, Siu W, Duclos P and the Members of the WHO Technical Consultation on Pain Migration. (2016). New recommendations to prevent pain during immunizations. WHO Position Paper, September 2015, 1-2. Retrieved from doi:10.1016/j.vaccine.2015.11.064
2. Schünemann H, Brożek J, Guyatt G, Oxman A,. GRADE handbook for grading quality of evidence and strength of recommendations; the GRADE working group. www.guidelinedevelopment.org/handbook. Updated 2013.