Abstract
Background: Hepatitis C (HCV) is a prevalent cause of morbidity and mortality. Updated screening guidelines, public awareness campaigns, and new direct-acting antiviral agents are likely to increase the number of patients seeking HCV care. Infectious diseases (ID) physicians have been identified as a group well suited to manage HCV, but the current and anticipated role of ID physicians has not been sufficiently evaluated.

Methods: Adult ID physicians were surveyed regarding their opinions and current practices related to HCV care through the Emerging Infections Network (EIN) via a 10-question survey. Results: Of 1,172 EIN members in the U.S., Canada, and Puerto Rico, 550 (47%) responded. Most (71%) responded that ID physicians should evaluate and/or treat all HCV infections with gastroenterology/hepatology support, while a minority (25%) responded that ID physicians should only evaluate and/or treat patients with mild-moderate liver fibrosis or HIV co-infection. Overall, 54% of respondents currently evaluate and/or treat HCV in some capacity, either as HCV mono-infection (40%) and/or HCV/HIV co-infection (47%). Fifty-two percent of physicians who do not currently evaluate and/or treat HCV mono-infection indicated interest in doing so in the future. Factors influencing this decision include clinical capacity/infrastructure, interferon-free regimens for all genotypes, and training/experience. Respondents who do not plan to evaluate and/or treat HCV mono-infection in the future (27%) most commonly cited insufficient capacity/infrastructure, lack of desire, and inadequate training/experience as their rationale. Most ID physicians (61%) did not feel that graduate medical education prepared them to evaluate and/or treat HCV, and members indicated a need for a broad range of training resources.

Conclusion: More than 90% of respondents believe that ID physicians should be active in HCV care. The majority of ID physicians who wish to manage HCV mono-infection already provide this service, although many may increase this area of their practice. Expanding graduate medical education, emphasizing continuing medical education, and developing novel management paradigms will be necessary to optimize HCV care in the future.

Introduction
- Hepatitis C (HCV) is a common cause of morbidity and mortality in the U.S.
- Updated screening guidelines, public awareness campaigns, and new therapies are likely to increase the number of patients seeking care.
- ID physicians have been identified as an important provider group to manage HCV, but the current and anticipated role of ID physicians has not been sufficiently evaluated.

Methods
- Adult ID physicians in the U.S., Canada, and Puerto Rico were surveyed regarding their opinions and current practices related to HCV care through the Emerging Infections Network (EIN).
- A 10-question survey was distributed by electronic mail or facsimile between 1/28/14 and 3/3/14; two reminders were sent to nonrespondents to maximize response.

Chi-square tests measured associations between categorical variables. (SAS v9.3, Cary, NC)