

# DEMOGRAPHIC AND SOCIOECONOMIC DIFFERENCES AMONG HEPATITIS C PATIENTS SEEN IN COMMUNITY AND SPECIALIST OUTPATIENT CARE SETTINGS IN NEW BRUNSWICK, CANADA

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## Background:

Care of patients with hepatitis C (HCV) is provided in both specialist offices and community-based outpatient settings in New Brunswick. Specialist offices tend to be hospital-based or among other physician offices while the community-based clinics are centered in areas where many high risk individuals live. This study utilizes the hepatitis C positive and at-risk (HEAR) database to analyze differences in characteristics among these two groups.

## Methods:

Personal health data was collected with informed consent via questionnaires or medical records. Baseline characteristics for all community-dwelling patients enrolled between April 2014 and April 2016 were included in the analysis.

## Results:

A total of 374 patients were included (34.8% community vs. 65.2% specialist office). Patients seen in the community setting were younger (median age 43.7 vs. 49.1 years), less likely to have a primary care provider ( $p=0.007$ ), be unemployed ( $p<0.001$ ), have been incarcerated ( $p=0.007$ ) and reported sharing drug paraphernalia ( $p=0.025$ ). Community clinic patients also had significantly younger mean age at first use of alcohol (13.6 vs. 14.7 years,  $p=0.044$ ), marijuana (14.6 vs. 15.8,  $p=0.040$ ), and opioids (23.9 vs. 26.5 years,  $p=0.036$ ) over those seen in specialist offices. They also had significantly higher proportions of current use ( $\leq 6$  months) of alcohol, marijuana, cocaine, opioids, and benzodiazepines.

## Conclusion:

In Canada, specialist access for HCV is traditionally limited to a referral-based system through a patient's primary care provider. The key differences noted between patients in community clinics with the option for self-referral versus those who present for visits in specialist offices demonstrates that in areas where community clinics do not exist, individuals from high risk groups may either not be receiving a referral or fail to present for appointments due to physical and/or psychological barriers in the access of the specialist offices.

## Disclosure of Interest Statement:

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