

LOW HEPATITIS C TREATMENT RATES AMONG PATIENTS SCREENED AS INPATIENTS AT A RURAL ACADEMIC MEDICAL CENTER

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Background:

The rise in injection drug use in the rural US has led to increased admissions for injection-related conditions. Hepatitis C (HCV) infection might be diagnosed during such episodes of acute care. Linkage to HCV care in this group has been difficult, especially in rural settings.

Methods:

We reviewed the charts of patients admitted to an inpatient service at Dartmouth-Hitchcock Medical Center (DHMC) who had positive HCV serology in 2016.

Results:

In 2016, 504 inpatients were screened for HCV, of which 65 (13%) had positive serology. Of these, 50 (77%) had follow up HCV RNA testing, yielding 38 (76%) detectable results. Of the 53 with detected (38) or unknown viremia (15), 5 died on the index admission, 1 was discharged to hospice, 16 were referred to hepatology (GI) clinic and 11 to infectious disease (ID) clinic. Twenty received no referral.

Thirty-nine (73%) had a substance use disorder (SUD), of which 32 (82%) were actively using and 7 (18%) were in recovery. Thirty-three (85%) had ever injected.

Through December 31, 2017, 15 (31%) of the surviving 48 patients had no follow up at DHMC. Fourteen (29%) followed up in GI clinic, 11 (23%) in ID clinic and 8 (17%) in other clinics. Only 5 (10%) were treated for HCV and achieved cure, all of which had followed up in the GI clinic.

The odds of follow-up or treatment were independent of a history of SUD. Providers deferred treatment due to ongoing substance use or a focus on more urgent medical issues.

Conclusion:

Only 10% of patients screened positive for HCV during an inpatient admission to a rural academic medical center received treatment for HCV in the year following their diagnosis.

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