

Chronic Medical Diseases and Healthcare Utilization in People Who Currently Inject Drugs with Hepatitis C in New York City

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HCV

Accessible
Care



BACKGROUND

- There is a paucity of data exploring non-HCV chronic diseases in PWID
- Co-morbidities may be related to or independent of their substance-use, and greatly impact health
- Health care engagement for co-morbidities may be limited
- Characterizing non-HCV chronic diseases will provide information on how PWID are already engaging in the health care system for non-HCV conditions and identify opportunities for HCV screening

METHODS

Design, participants and interventions

- Baseline data from the first 114 participants in a randomized trial of HCV care for PWID delivered at a syringe services program compared to referral
- Eligible participants were HCV RNA-positive, injected drugs in the past 90 days and were not currently engaged in HCV treatment
- Structured interviews gathered data about chronic disease prevalence and healthcare utilization

Analysis

- Healthcare visits were grouped into either: preventive care, acute complaints or mental health
- Preventive care defined as no associated ER or hospitalizations for the given condition and engaging in prevention of disease that the patient does not currently have or addressing chronic medical conditions
- Healthcare utilization questions asked about visits at different levels of care in the past 90 days

RESULTS- DEMOGRAPHICS

Mean Age (years, range)	42.7 (21-77)
Sex	
Female	25 (21.9%)
Male	89 (78.1%)
Race/Ethnicity	
Hispanic or Latino/a	66 (57.9%)
Non-Hispanic White	35 (30.7%)
Non-Hispanic Black	7 (6.1%)
Non-Hispanic Other or multiple races	6 (5.3%)
Homeless (within 90 days)	68 (59.6%)
Health Insurance^a	
Public (Medicaid)	95 (83.3%)
Medicare	12 (10.5%)
Other	5 (4.3%)
None	3 (2.6%)
Non-HCV Chronic Diseases	
None	75 (65.8%)
One	37 (32.5%)
More than One	2 (1.8%)

^a Sum of responses is greater than 100% due to multiple responses by individual participants

MORE INFORMATION



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RESULTS

Table 1. Chronic diseases, characteristics and health care utilization

Characteristic ¹	No chronic diseases (n=75)	At least 1 chronic disease (n=39)	Total (n=114)
Mean Age (years)	40.67	46.74	42.17
Healthcare utilization (within 90 days)^{2,3}			
Preventive Care	23 (30.1%)	11 (28.2%)	34 (39.8%)
Acute Complaint	10 (13.3%)	6 (15.4%)	16 (14.0%)
Mental Health	8 (10.7%)	5 (12.8%)	13 (11.4%)
Hospitalization (within 90 days)			
Substance Use	2 (1.8%)	0 (0.0%)	2 (1.8%)
Injury	2 (1.8%)	2 (1.8%)	4 (3.5%)
Infection	3 (2.6%)	1 (0.9%)	4 (3.5%)
Psychiatric	1 (0.9%)	1 (0.9%)	2 (1.8%)
Other	0 (0.0%)	2 (1.8%)	2 (1.8%)
Multiple	2 (1.8%)	0 (0.0%)	2 (1.8%)
Substance Use Therapy (within 90 days) (n=89)			
Buprenorphine	4 (6.9%)	3 (9.7%)	7 (7.9%)
Methadone	50 (86.2%)	25 (80.6%)	75 (84.3%)
Residential detoxification	6 (10.3%)	4 (12.9%)	10 (11.2%)
Previous experience with Hepatitis C Care			
Tested	75 (100%)	38 (97.4%)	113 (99.1%)
Referral to HCV Care (n=107)	32 (45.7%)	27 (73.0%)	59 (55.1%)
Offered Treatment (n=107)	17 (24.3%)	18 (48.6%)	35 (32.7%)

¹ n = 114 unless otherwise noted

² Total is less than sum of responses due to multiple responses by individual participants

³ 25 participants (13 with no chronic disease and 13 with at least 1) reported seeing a medical provider without a reason

Figure 1. Non-HCV chronic disease distribution (n=39)

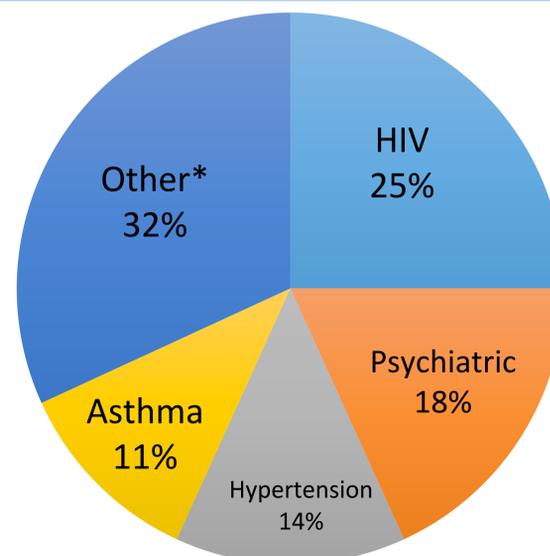


Figure 1. Additional information: Other* chronic diseases

Other* chronic diseases include one diagnosis of each of the following:

- Non-specific heart disease
- Type 2 diabetes mellitus
- Arthritis
- Anemia
- Chronic back pain
- Epilepsy
- Hypothyroidism
- Lung cancer
- Neuropathy
- GERD
- Chronic stomach pain
- Vein compression
- Gout

CONCLUSIONS

- In this cohort of PWID with Hepatitis C, there is a significant non-hepatitis C chronic disease burden and high healthcare utilization
- Despite many participants being aware of their HCV and recently engaging in outpatient care, there was limited referral to HCV treatment
- PWID are frequently engaging with the healthcare system for non-HCV reasons
- There are many missed opportunities for HCV screening in primary care, substance use treatment, emergency department and inpatient settings given PWID's frequent engagement in all of these settings

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