

EXPLORING PERSPECTIVES OF PEOPLE WHO USE DRUGS ON HOSPITAL-BASED INTERVENTIONS FOR HEPATITIS C TREATMENT USING AN ACCESS TO CARE INTEGRATED FRAMEWORK – A QUALITATIVE ANALYSIS

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Background: Gaps remain in the hepatitis C virus (HCV) care cascade for people who use drugs (PWUD). Medical or surgical illnesses requiring hospitalisation are an opportunity to address addiction, but how hospital-based interventions could affect HCV care accessibility for PWUD remains unknown.

Methods: We conducted a qualitative study of hospitalised adults (n=27) with HCV and addiction admitted to an urban academic medical centre in the United States between June and November 2019. Interviews were individual, audio-recorded, transcribed, and dual-coded. We analysed data with coding specific for hospital-based interventions including screening, conducting HCV-related laboratory work-up, starting treatment, connecting with peers, and coordinating outpatient care. We analysed coded data for emergent themes using a framework approach based off an integrated framework of access to HCV care addressing components of negotiating HCV treatment candidacy including: identification of candidacy, service navigation, service permeability, appearing at services, adjudication, and offers/resistance.

Results: The majority of participants primarily used opioids (78%), were White (85%) and men (67%). Participants frequently reported HCV screening during previous hospitalisation with rare inpatient connection to HCV-related services. Participants expressed willingness to discuss HCV treatment candidacy during hospitalisation; however, lack of inpatient conversations led to perception that “nothing could be done” during admission. Participants expressed interest in completing inpatient HCV work-up to “get the ball rollin’” – consolidating care would enhance outpatient service permeability by reducing barriers. Others resisted HCV care coordination, preferring to focus on “immediate” issues including health conditions and addiction treatment. Participants also expressed openness to engaging with peers about HCV candidacy, noting shared drug experience as critical to a peer relationship when discussing HCV.

Conclusion: Hospitalised PWUD have varied priorities, necessitating adaptable interventions for addressing HCV. Hospitalisation can be an opportunity to address HCV access to care including identification of treatment eligibility, consolidation of care, and facilitation of HCV-related referrals.

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