

CHRONIC MEDICAL DISEASES AND HEALTHCARE UTILIZATION IN PEOPLE WHO CURRENTLY INJECT DRUGS (PCID) WITH HEPATITIS C (HCV) IN NEW YORK CITY

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Background: With the success of engaging PCID in HCV treatment, it is crucial to evaluate for non-HCV medical conditions. PCID often have co-morbidities related to or independent of their substance-use, which greatly impact their health. Characterizing non-HCV chronic diseases and healthcare utilization will significantly impact opportunities for both HCV and overall healthcare engagement among PCID.

Methods: Baseline data from 114 participants in an ongoing study of HCV care for PCID delivered at a syringe services program (SSP) in New York City are presented here. HCV RNA-positive participants were eligible if they had injected drugs in the past 90 days and were not currently engaged in HCV treatment. Participants were randomized to receive either on-site HCV treatment at the SSP or referred to local HCV providers. Structured interviews gathered data about chronic disease prevalence and healthcare utilization.

Results: Among 114 participants, the mean age is 42.7 years; 78.1% male; 57.9% Hispanic; 30.7% non-Hispanic white; 6.1% non-Hispanic black; 97.3% insured. 59.6% were homeless within the last 3 months. 34.8% reported a chronic disease other than HCV, the most common being HIV co-infection (9.6%), hypertension (5.3%) and asthma (4.4%). Of patients with at least 1 non-HCV chronic disease, 82.1% had seen a healthcare provider for a non-HCV reason within 90 days compared to 37.0% without a chronic disease. At baseline, 29.8% had at least one healthcare visit within 90 days for preventive care, 14.0% for acute complaints and 11.4% for mental health.

Conclusion: In PCID with HCV, there is a significant non-HCV chronic disease burden and high healthcare utilization. In this cohort of PCID without linkage to HCV treatment, many reported recent engagement with healthcare. This indicates missed opportunities for initiating HCV care and the potential need for increased screening or improved tactics in introducing HCV care in primary care settings.

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