

# HEPATITIS C CASCADE OF CARE IN A MULTIDISCIPLINARY SUBSTANCE USE BRIDGE CLINIC MODEL

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## BACKGROUND

- Hepatitis C virus (HCV) infection is common among persons who inject drugs<sup>1,2</sup>
- Treating HCV in patients presenting for treatment of substance use disorder (SUD) is an opportunity to improve linkage to and retention in care<sup>3,4</sup>
- Patients with opioid use disorder (OUD) are referred to the Vanderbilt University Medical Center (VUMC) Bridge Clinic within 3 months of hospitalization or emergency department evaluation for complications of substance use
- Multi-disciplinary team treats OUD with opioid agonist therapy and manages other medical and psychiatric comorbidities
- Objective: characterize the HCV cascade of care (CoC) in a bridge clinic setting and identify barriers to HCV treatment in this population

## METHODS

- Single-center, ambispective cohort study of patients enrolled in the VUMC Bridge Clinic from 7/1/20 – 12/31/21
- All Bridge Clinic patients were reviewed (N=230); patients with active HCV were monitored from initial evaluation through treatment and sustained virologic response, measured at least 12 weeks after completing therapy (SVR12)
- Descriptive statistics including demographics and progression through the CoC are presented

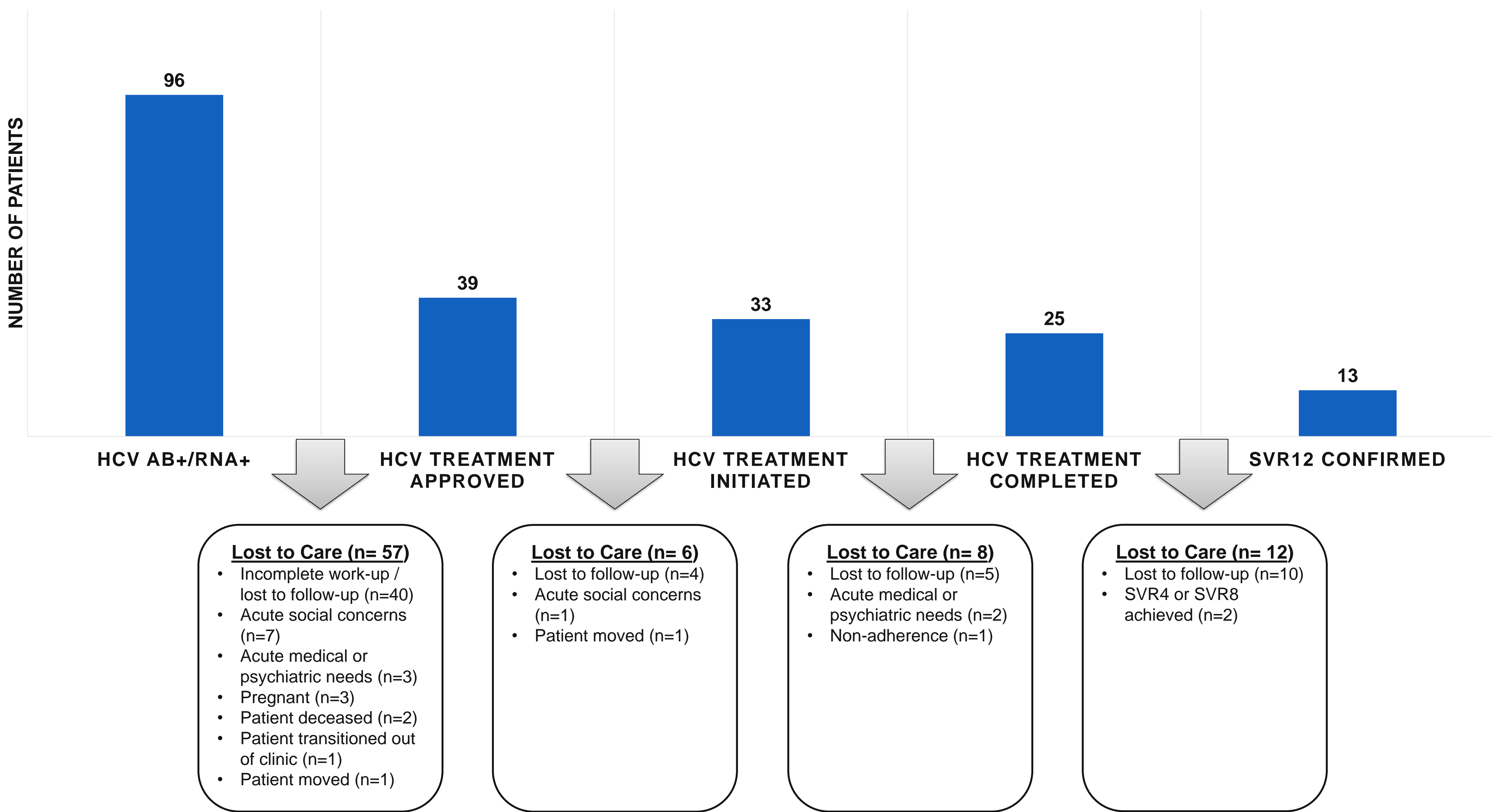
TABLE 1. PATIENT DEMOGRAPHICS

	Ab+/RNA+ (n=96)
Mean age, years	39.2 (25.2 - 62.1)
Gender, n (%)	
Male	42 (43.8%)
Female	54 (56.2%)
Race (n, %)	
White	91 (94.8%)
Black	4 (4.2%)
Hispanic	0
Other	1 (1.0%)
Insurance status (n, %)	
Private	3 (3.1%)
Medicaid	22 (23.0%)
Medicare	1 (1.0%)
No insurance	70 (72.9%)
Substance use* (n)	
Methamphetamines	36
Heroin	51
Opioids**	68
Cocaine	24
Other	29
Housing status*** (n, %)	
Stable housing	31 (32.3%)
Experiencing homelessness	42 (43.8%)
Other/unknown	23 (24.0%)
Employment status (n, %)	
Employed, full-time	11 (11.5%)
Employed, part-time	3 (3.1%)
Unemployed	61 (63.5%)
Other/unknown	21 (21.9%)
Viral coinfections (n, %)	
HIV	2 (2.1%)
HBV	3 (3.1%)
Psychiatric comorbidities (n, %)	
Yes	68 (70.8%)
No	28 (29.2%)

Legend: \* = Individual subjects may have used more than 1 type of substance; \*\* = Opioids included prescription drugs and/or fentanyl; \*\*\* = Experiencing homelessness may include living on the street, shelter, or staying with family/friends

## RESULTS

FIGURE 1. HCV CASCADE OF CARE WITHIN A SUBSTANCE USE DISORDER CLINIC



## CONCLUSIONS

- Several opportunities and challenges exist when treating HCV in individuals with SUD in a bridge clinic model
- Greatest barriers to progression in CoC include getting lost to follow-up and acute medical, psychiatric, or social needs
- Ongoing efforts should focus on linkage to care and patient engagement strategies

## REFERENCES

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