

Impact of Active Substance Use on Linkage to Care for Inpatients Testing Positive for Hepatitis C

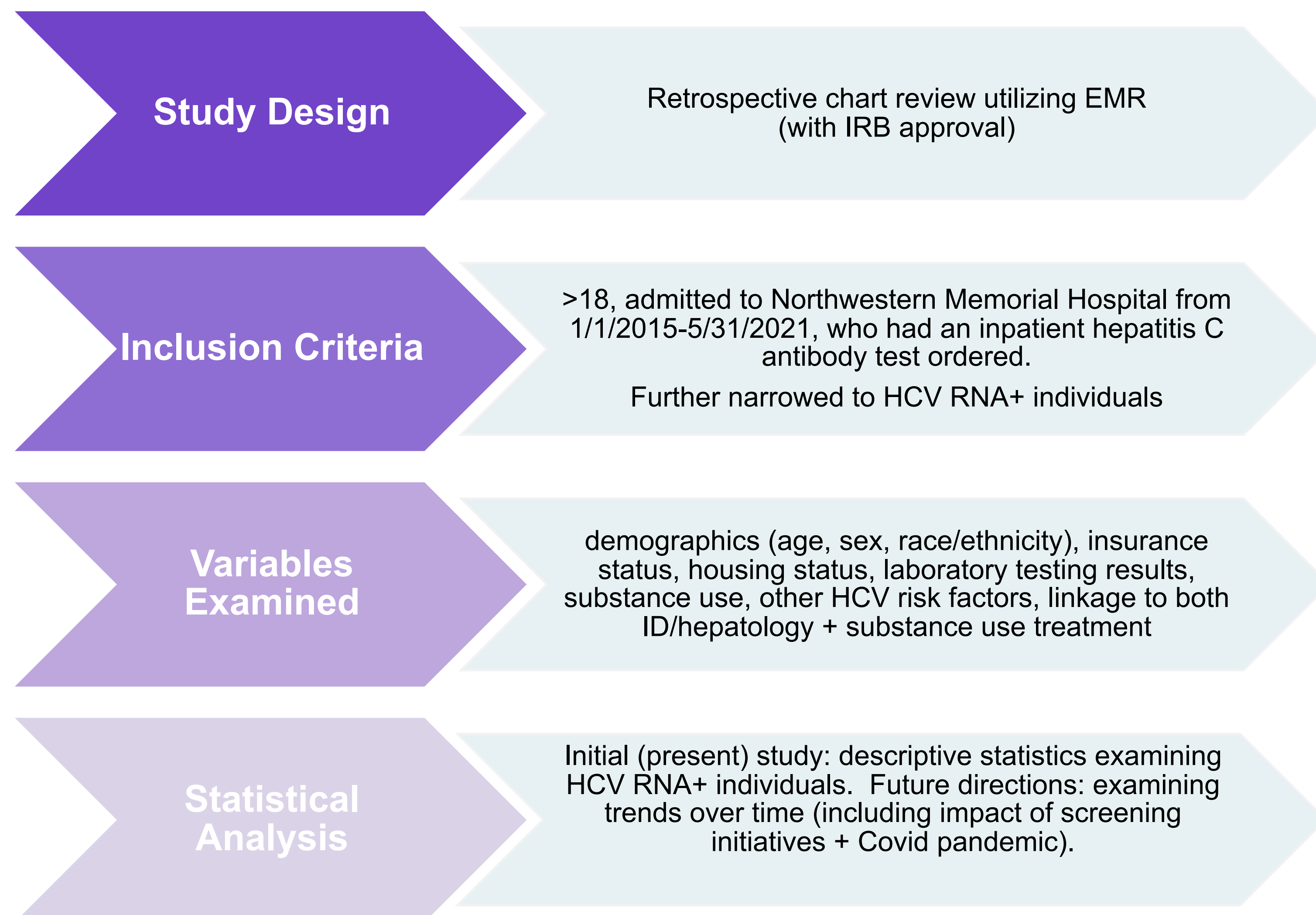
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Background

- Hepatitis C infection is associated with significant morbidity and mortality in the United States.
- While management has advanced through the introduction of direct acting oral antivirals (DAA) which can cure infection, linkage to care for newly diagnosed inpatients remains low (Im 2021).
- IV drug use remains a primary mode of transmission for HCV in high income countries, with an increase in incidence during the opioid epidemic (Zibbell 2017).
- Many psychosocial barriers to care remain (Malespin 2019).
- In this study, we sought to characterize changing demographics, substance use, and linkage to care rates for inpatients testing positive for HCV at our tertiary academic medical center.

Methods



Results

Figure 1: Demographics of 353 total subjects with active HCV infection

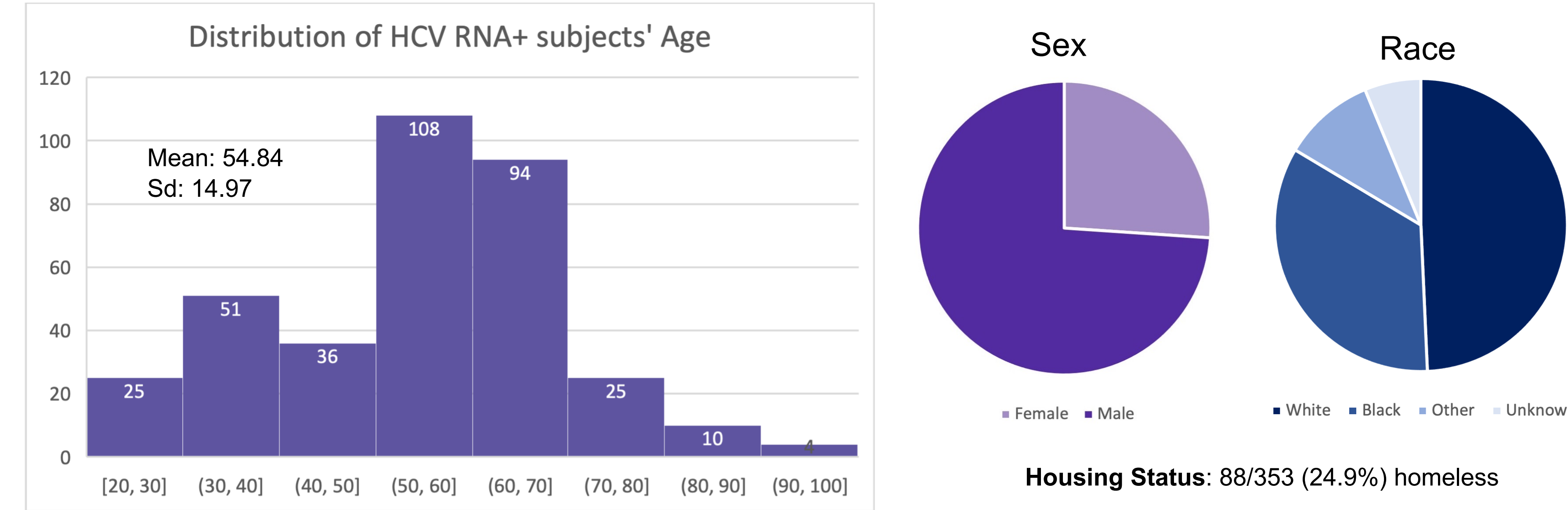


Figure 2: Risk Factors for HCV infection

IV Drug Use	149 (42.2%)
MSM	10 (2.8%)
High risk sexual behavior	26 (7.4%)
Blood transfusion	48 (13.6%)
Organ Transplant	21 (5.9%)
Occupational Exposure	7 (1.9%)

Figure 3: Exploring Opioid Use Disorders

Active Opioid Use		
	Total	99
	IV	67
Referrals for Tx Provided		
	Yes – appt made	24 (24.2%)
	List provided by SW only	21 (21.2%)
	No	54 (54.5%)
MAT for OUD Provided		
	Yes	22 (22.2%) - 19 Met, 3 Bupr
	No	77 (77.8%)
AMA Discharge?		10 (10.1%)
F/U Appointment Made?		13 (13.1%)

Compared to 37.7% for total cohort...

Discussion

- While many HCV RNA+ subjects were in baby boomer cohort, also see trend with younger patients
- High incidence of active opioid use disorders and other substance use
- Trend with those with OUDs being more likely to leave AMA + less likely to have confirmed ID/hepatology f/u... need further analysis
- Relatively low rates of linkage to substance use treatment or medication-assisted treatment (with methadone or buprenorphine) – can our hospital system work to address this in the future?
- Study limitations: reliance on chart abstraction (missing data points and possible under-reporting of risk factors), lack of follow-up information for those who sought care outside of NM system
- Future directions: examining trends over time, including impact of screening initiatives + Covid pandemic

Implications

- Inpatient hospitalizations may provide a window of opportunity to engage patient with active substance use disorders and advocate for connection to evidence-based HCV and addiction treatments

References

Im DCS et al. Characteristics and specialist linkage to care of patients diagnosed with chronic hepatitis C across different settings in an urban academic hospital: implications for improving diagnosis and linkage to care. *Frontiers in Microbiology* 2021;12:576357.

Malespin M et al. Barriers to treatment of chronic hepatitis C with direct acting antivirals in an urban clinic. *Annals of Hepatology* 2019;18:304-309.

Zibbell JE et al. Increases in acute hepatitis C virus infection related to a growing opioid epidemic and associated injection drug use. *AJPH* 2018;108(2):1175-181.