

## **PROVIDER ATTITUDES TOWARDS TREATING HCV IN PEOPLE LIVING WITH HIV WHO ARE CURRENTLY USING DRUGS**

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### **Background:**

Elimination of hepatitis C (HCV) among people who inject drugs requires continued efforts toward universal treatment for patients living with HIV/HCV coinfection. Despite progress, treatment uptake remains incomplete. We aimed to understand provider and clinic staff attitudes toward treating HIV/HCV co-infected people who currently inject drugs, and what provider-based interventions might improve care.

### **Methods:**

Interviews were conducted with 11 primary care providers who treat patients with HIV/HCV coinfection at two academic medical centers in New York City, along with 14 other clinical staff, including nurses and practice managers. Recordings were transcribed and coded thematically using a codebook based on the socio-ecological model.

### **Results:**

Providers reported seeing an average of 51 patients with HIV and three patients with HIV/HCV coinfection per month. Providers were generally willing to offer HCV treatment to patients currently using drugs, with only one provider indicating that they might be unwilling to do so. Nearly every provider cited concerns about medication adherence, and three cited concerns for HCV reinfection. Providers endorsed the utility of in-clinic care managers and social workers, as well as the local syringe exchange, in caring for difficult-to-reach patients. Notably, clinical staff stated the difficulty of retaining individuals in care who are currently using methamphetamines, when compared to other substances.

### **Conclusion:**

Providers at two academic medical centers generally expressed willingness to treat HCV in people living with HIV who are currently using drugs despite perceived barriers. Re-infection remained a concern despite guidelines suggesting that this should not preclude treatment, suggesting opportunity for further education. Participant opinions on the difficulty of treating HCV in methamphetamine users suggest a benefit for specific training in the care of people who use stimulants. These challenges of healthcare delivery are especially urgent in the context of the COVID-19 pandemic, during which drug overdose deaths have surged.

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