

# THE IMPACT OF PSYCHOSOCIAL FACTORS ON THE CARE CASCADE FOR HEPATITIS C TREATMENT AT A HARM REDUCTION PROGRAM

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## Abstract

Background:

Direct-acting antiviral therapy (DAAT) is highly effective at achieving sustained virologic response (SVR) among patients with chronic hepatitis C virus (HCV). However, people who inject drugs (PWID) face significant barriers to DAAT access. Co-locating HCV treatment within with a harm reduction organization has shown promise as a model for delivering DAAT to active PWID. Little is known about the care cascade among patients treated for HCV in such co-located HCV treatment programs.

Methods:

The Comprehensive Hepatitis Care on the Corner (CHOC) program co-locates HCV screening, evaluation and treatment services within Washington Heights Corner Project (WHCP), a harm reduction organization based in northern Manhattan, New York. We performed a retrospective chart review of all CHOC patients with confirmed HCV viremia to assess the care cascade and identify factors associated with progressing through the cascade to achieve SVR.

Results:

From December 2015 through December 2017, 78 patients completed intake in the CHOC program and 76 had an initial visit with a provider. Forty-seven patients were started on DAAT. Ten patients either discontinued treatment, experienced a treatment interruption or were lost to follow up after initiating therapy. Of the 37 patients who completed therapy, 34 (91.8%) achieved SVR. In a preliminary analysis, having concurrent mental health treatment established at the time of intake was the only factor associated with achieving SVR. Delay or interruption of treatment due to criminal justice involvement was common but did not impact rate of SVR.

Conclusions:

Co-location of HCV treatment within a harm reduction organization is a feasible model for providing DAAT access to HCV-infected PWID. In this preliminary retrospective analysis, loss to follow up remained a challenge throughout the care cascade, but among those who completed treatment the SVR rate was high. Additional mental health resources may facilitate engagement in HCV treatment among this population.