

Health Care Access Among Drug Users in Philadelphia

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Background

Primary care is an important setting for hepatitis C virus (HCV) testing, treatment and cure, and can be a critical resource in elimination strategies. Increasingly, insurance based treatment restrictions that limit HCV care delivery in primary care settings are being removed. Expansion of HCV treatment capacity to primary care providers must take into account the unique barriers faced by high-risk communities including people who use drugs (PWUD).

Methods

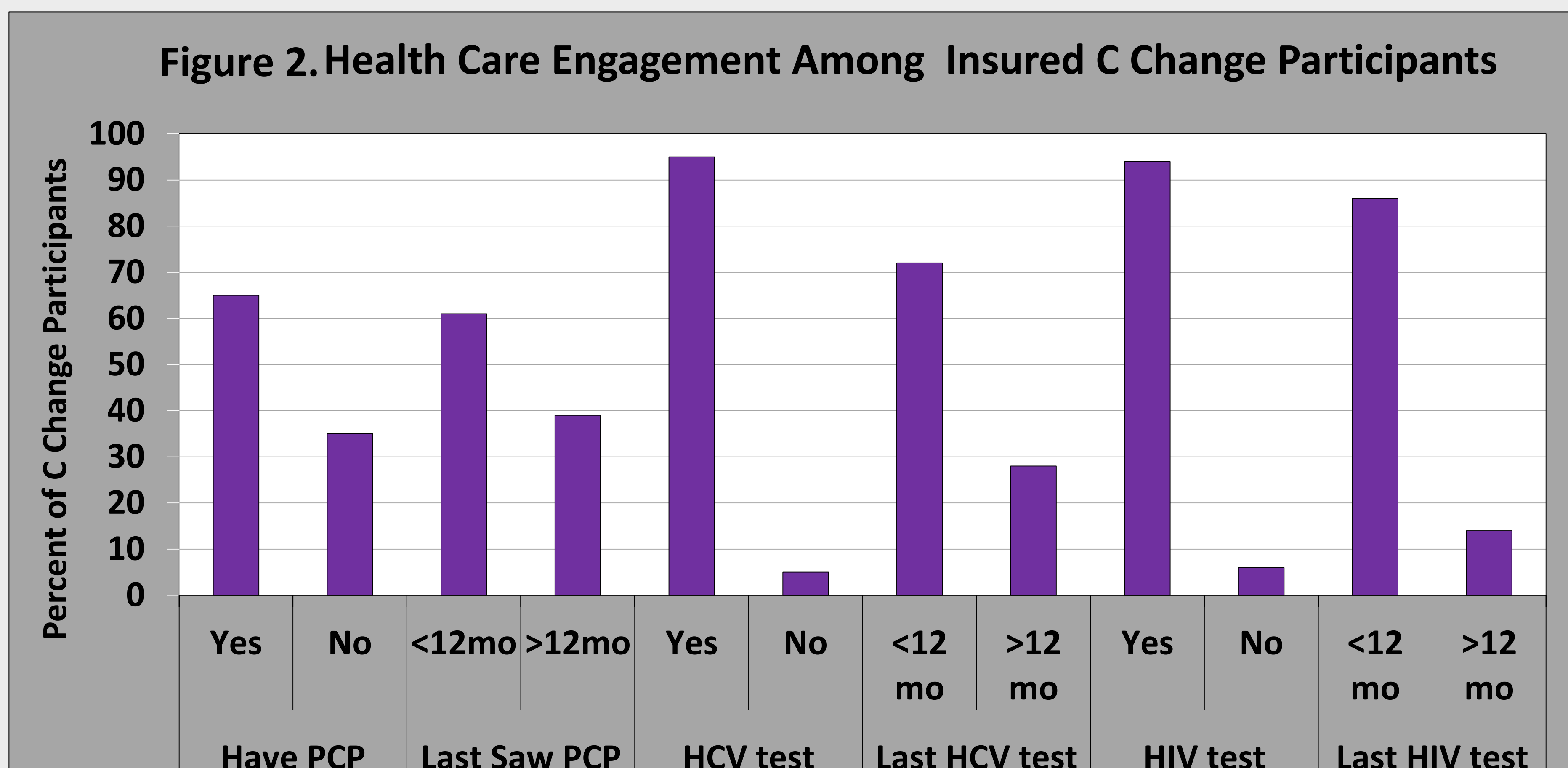
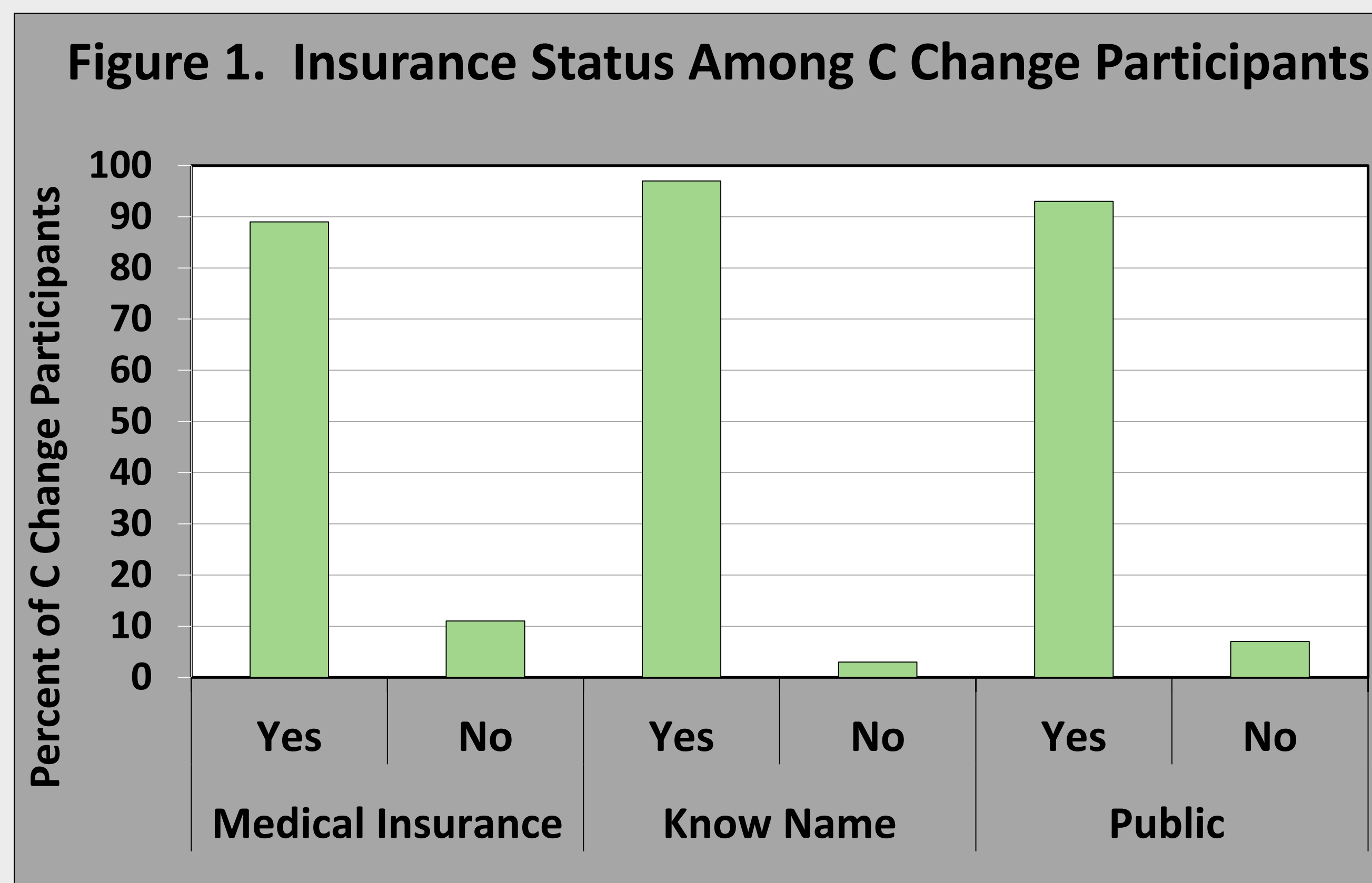
- C Change is Philadelphia’s plan to eliminate HCV among PWUD, and partners with substance use disorder (SUD) treatment centers and the city’s syringe exchange program.
- Enrollment in C Change includes an interviewer-administered survey with questions on patient demographics, risk behavior, co-morbid conditions and healthcare access and engagement.
- An interim analysis examining experiences with healthcare was conducted on the first 1053 participants.

Table 1. Characteristics of C Change Participants With Insurance Coverage

	Total N	Percent %
Gender		
Male	635	68
Female	300	32
Race/Ethnicity		
Latino	200	21
NH Black	215	23
NH White	499	53
Other	23	3
Age		
18-29	138	15
30-39	307	33
40-49	238	25
50-59	179	19
60+	73	8
Education		
8th grade or less	52	6
9th-11th grade	244	26
High school graduate or GED	455	49
Associates Degree	17	2
Some college	127	13
Graduated from 4-year college	34	4
Graduated from post grad program	2	<1
Employment		
Full time	56	6
Part time	33	4
Unemployed	700	75
Disabled	127	14
Occasionally employed	10	1
Income		
Less than \$10,000	773	87
\$10,000-\$14,999	69	8
\$15,000-\$29,000	41	5
\$30,000-\$49,000	6	<1
Housing		
Own place	378	40
Staying with others	174	19
Temporary/transitional housing	79	8
Drug treatment program	56	6
Homeless	247	26

Results

- Characteristics of C Change enrollees can be found in Table 1.
- Among C Change enrollees (n=1053), 938 (89%) self-reported current insurance coverage, 871 (93%) of whom were insured by Medicaid. (Figure 1).
- Of those who were insured, 909 (97%) knew the name of their insurance company (Figure 1).
- Eight hundred eighty seven (95%) participants report previous HCV testing, and 876 (94%) report previous HIV testing. Of those who were tested for HCV, 626 (72%) were tested in the previous 12 months. Of those who were tested for HIV, 750 (86%) were tested within the previous 12 months (Figure 2).
- Despite high rates of insurance coverage, only 611 (65%) of insured participants report knowing their primary care provider (PCP); 351 (39%) of those individuals had not seen their PCP within the last year (Figure 2).



Conclusions

- While health insurance coverage is a key facilitator of health care access, many PWUD who report insurance coverage are unaware of their PCP and engagement in primary care is limited.
- To optimize the role of the primary care provider in HCV elimination, we must address the barriers that exist in spite of high rates of insurance coverage.
- While engagement in primary care is limited, most participants report recent HIV and HCV testing.
- Consideration should be given to co-location of HCV services within SUD treatment programs and syringe services programs.

