HEPATITIS C TREATMENT IN HIV PATIENTS: COMPARISON BETWEEN TREATMENT LIVER SPECIALTY VS. PRIMARY CARE

Mamta K. Jain, Abby Lau, Claudia Chavez, Laura Hansen, Anupama Vasudevan
[1] UT Southwestern Medical Center [2] Parkland Health & Hospital System

Background: The best setting to treat hepatitis C virus (HCV) in HIV co-infected patients with substance use (SU) is unknown. We report on the impact of moving HCV treatment from a specialty to primary care setting in an urban HIV clinic.

Description of model of care/intervention: We trained HIV providers to provide hepatitis C treatment to their patients and introduced an electronic alert to aid in screening for HCV. We examined those who had HCV RNA+ in 2017 (HCV treatment in specialty clinic) and in 2018 (HCV treatment in the HIV clinic). Descriptive statistics used to compare variables by year and within year.

Effectiveness: HCV antibody tests were 30% higher in 2018 (n=426) compared to 2017 (n=326). A total of 311 patients (26% female, 62% Black, 57% Medicaid/Medicare, 40% uninsured, 82% with SU, median age 51 ± 10.6 years) were HIV/HCV RNA+. Approximately 40% of the cohort started HCV treatment in 2017 or 2018. In 2017 (n=188), those who started treatment (n=88, 47%) had a lower proportion with SU (76% vs. 89%, p=.02), non-suppressed HIV viral load (51% vs. 72%, p=0.004), higher number of completed visits (20 [14.5-32] vs 11 [8-19],p<.0001), and older age (54.1 ± 8.5 vs. 49.6±10.8, p=0.002) compared to those not treated. In 2018 (n=123), those treated for HCV (n=35, 28%) had a lower proportion of unsuppressed HIV viral load (51.4% vs. 72.4%, p=0.03). A lower proportion was treated in 2018 (p=0.001) and higher proportion were charity (34% vs. 52%) compared to 2017 but no differences were seen in gender, race, SU, and HIV viral load suppression.

Conclusion and next steps: Our intervention let to an increase in HCV screening but not treatment. Our population is a more difficult to treat population and our current intervention focused on the provider. Next, we will add patient navigation to examine the impact on treatment rates.

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