DEMOGRAPHIC AND SOCIOECONOMIC DIFFERENCES AMONG HEPATITIS C PATIENTS SEEN IN COMMUNITY AND SPECIALIST OUTPATIENT CARE SETTINGS IN NEW BRUNSWICK, CANADA

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Background:
Care of patients with hepatitis C (HCV) is provided in both specialist offices and community-based outpatient settings in New Brunswick. Specialist offices tend to be hospital-based or among other physician offices while the community-based clinics are centered in areas where many high risk individuals live. This study utilizes the hepatitis C positive and at-risk (HEAR) database to analyze differences in characteristics among these two groups.

Methods:
Personal health data was collected with informed consent via questionnaires or medical records. Baseline characteristics for all community-dwelling patients enrolled between April 2014 and April 2016 were included in the analysis.

Results:
A total of 374 patients were included (34.8% community vs. 65.2% specialist office). Patients seen in the community setting were younger (median age 43.7 vs. 49.1 years), less likely to have a primary care provider (p=0.007), be unemployed (p<0.001), have been incarcerated (p=0.007) and reported sharing drug paraphernalia (p=0.025). Community clinic patients also had significantly younger mean age at first use of alcohol (13.6 vs. 14.7 years, p=0.044), marijuana (14.6 vs. 15.8, p=0.040), and opioids (23.9 vs. 26.5 years, p=0.036) over those seen in specialist offices. They also had significantly higher proportions of current use (≤ 6 months) of alcohol, marijuana, cocaine, opioids, and benzodiazepines.

Conclusion:
In Canada, specialist access for HCV is traditionally limited to a referral-based system through a patient’s primary care provider. The key differences noted between patients in community clinics with the option for self-referral versus those who present for visits in specialist offices demonstrates that in areas where community clinics do not exist, individuals from high risk groups may either not be receiving a referral or fail to present for appointments due to physical and/or psychological barriers in the access of the specialist offices.

Disclosure of Interest Statement:
No pharmaceutical grants were received in the development of this study. Dr. Smyth reports grants and personal fees from Merck, Gilead and Abbvie. Dr. Webster reports grants from AbbVie and Merck. Drs. Webster and Smyth, Ms. Materniak and Ms. Frechette report affiliation with a non-profit organization who receives grants and/or sponsorships from Abbvie, Gilead, and Merck.