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.

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