

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 917 participants.

Results: Among C Change enrollees (n=906), 804 (89%) self-reported current insurance coverage, 754 (93%) of whom were insured by Medicaid. Of those who were insured, 778 (97%) knew the name of their insurance company. Seven hundred and fifty-five (94%) participants report previous HCV testing, and 746 (93%) report previous HIV testing. Despite high rates of insurance coverage, only 515 (64%) of insured participants report knowing their primary care provider (PCP); 302 (38%) of those individuals had not seen their PCP within the last year.

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. We must also consider co-location of HCV services within SUD treatment programs and syringe services programs.

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