

HOUSING IS HEALTHCARE: HCV TREATMENT OUTCOMES FOR INDIVIDUALS EXPERIENCING HOMELESSNESS AND UNSTABLE HOUSING IN BOSTON

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Background:

Globally, homelessness and unstable housing have emerged as particular vulnerabilities associated with worse hepatitis C (HCV) treatment outcomes. Ongoing assessment of these outcomes from a large homeless health care HCV treatment program can help inform efforts for successful engagement of this population.

Methods:

This retrospective cohort study assessed treatment outcomes for individuals who initiated treatment with the Boston Health Care for the Homeless Program (BHCHP) HCV program between January 2014 and March 2020. Bivariate and multivariable analyses were conducted for all individuals who initiated medication, to assess for factors associated with achieving sustained virologic response (SVR).

Results:

Eight hundred sixty-seven individuals-initiated HCV treatment between January 2014 and March 2020. The cohort was 80.1% male, 51.6% white non-Hispanic, with an average age of 45.9 years. Current homelessness or unstable housing, such as stay in a residential substance use treatment program, was reported by 76.1% of individuals. Injection drug use was the overwhelming risk factor identified for HCV acquisition, at 88.5%, and 45.2% self-reported any substance use in the 6 months prior to linkage to the HCV team.

SVR was confirmed for 592 individuals, 85 experienced treatment failure, and 190 did not obtain SVR labs, for an overall intention-to-treat (ITT) SVR of 68.8% and mITT of 87.4%.

Stable housing was significantly associated with achieving SVR (OR 5.12, 95% CI 2.38-10.99). Recent substance use (OR 0.49, 95% CI 0.28-0.84) and being referred to the BHCHP HCV team from an external entity (OR 0.17, 95% CI 0.06-0.48), were associated with lower likelihood of achieving SVR.

Conclusion:

In this large cohort of vulnerable individuals dealing with homelessness, unstable housing, and substance use disorders, a large proportion successfully achieved SVR, but many were lost to follow-up along the treatment cascade from initiation to SVR. Housing status remains a critical factor in treatment success.

Disclosure of Interest Statement:

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