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Exploring Perspectives of People Who Use Drugs on Hospital-Based Interventions for Hepatitis C Treatment Using an Access to Care Integrated Framework – A Qualitative Analysis

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Conflicts of Interest & Funding

- Conflicts of Interest
  - Dr. Andrew Seaman has received investigator-initiated research funding from Gilead and Merck pharmaceuticals not directly related to conducting this research.

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  - Data management (UL1TR002369).

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Background

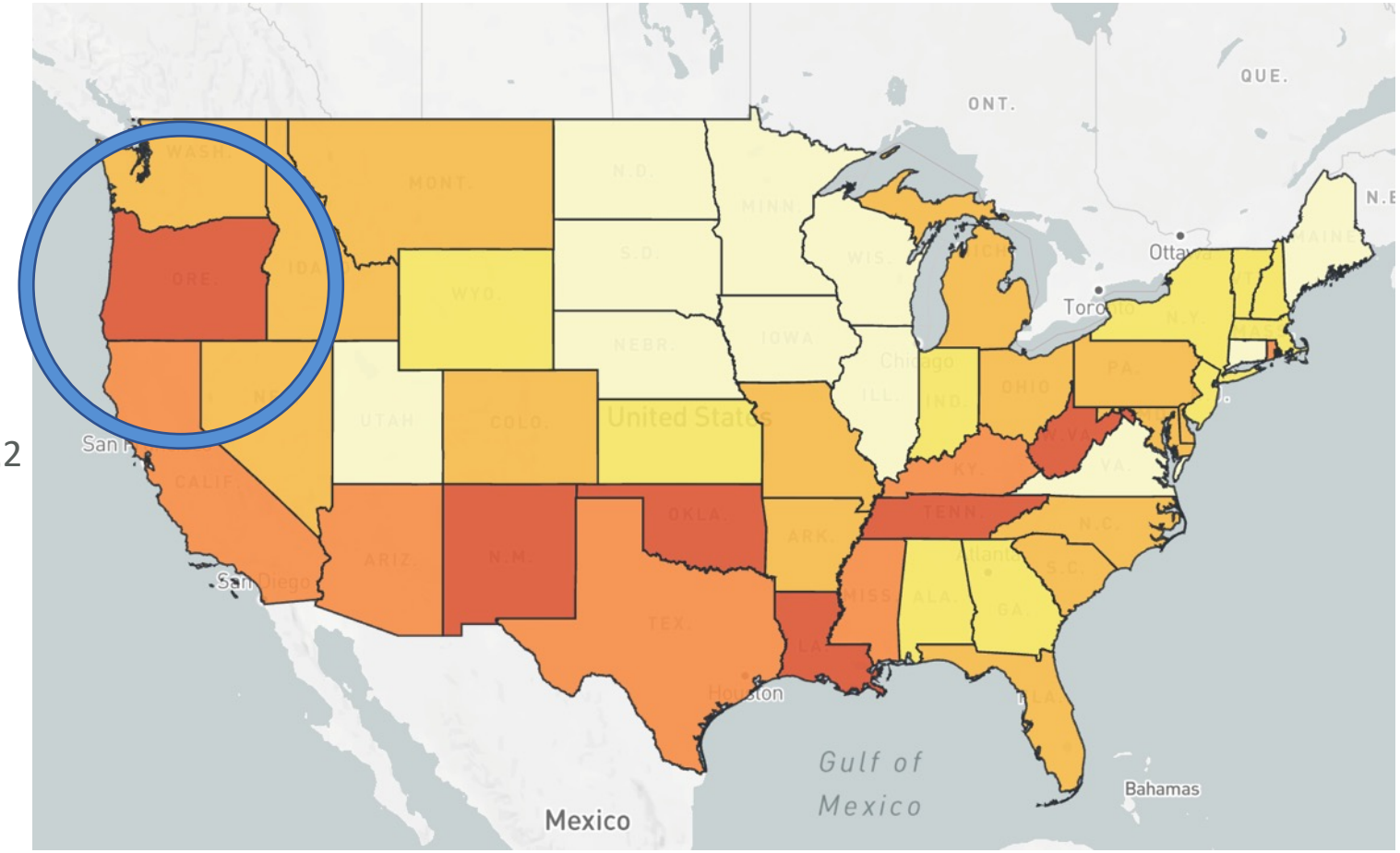
Oregon – Status of Hepatitis C

One of highest HCV prevalence rates[1]

DAA eligibility changes

- Jan 2019 – removed insurance coverage restrictions for PWUD[2]

- Mar 2019 – removed fibrosis-stage requirements[3]



1. Bradley et al Hep Comm 2020
2. OHA, 2018
3. Roberts, 2019

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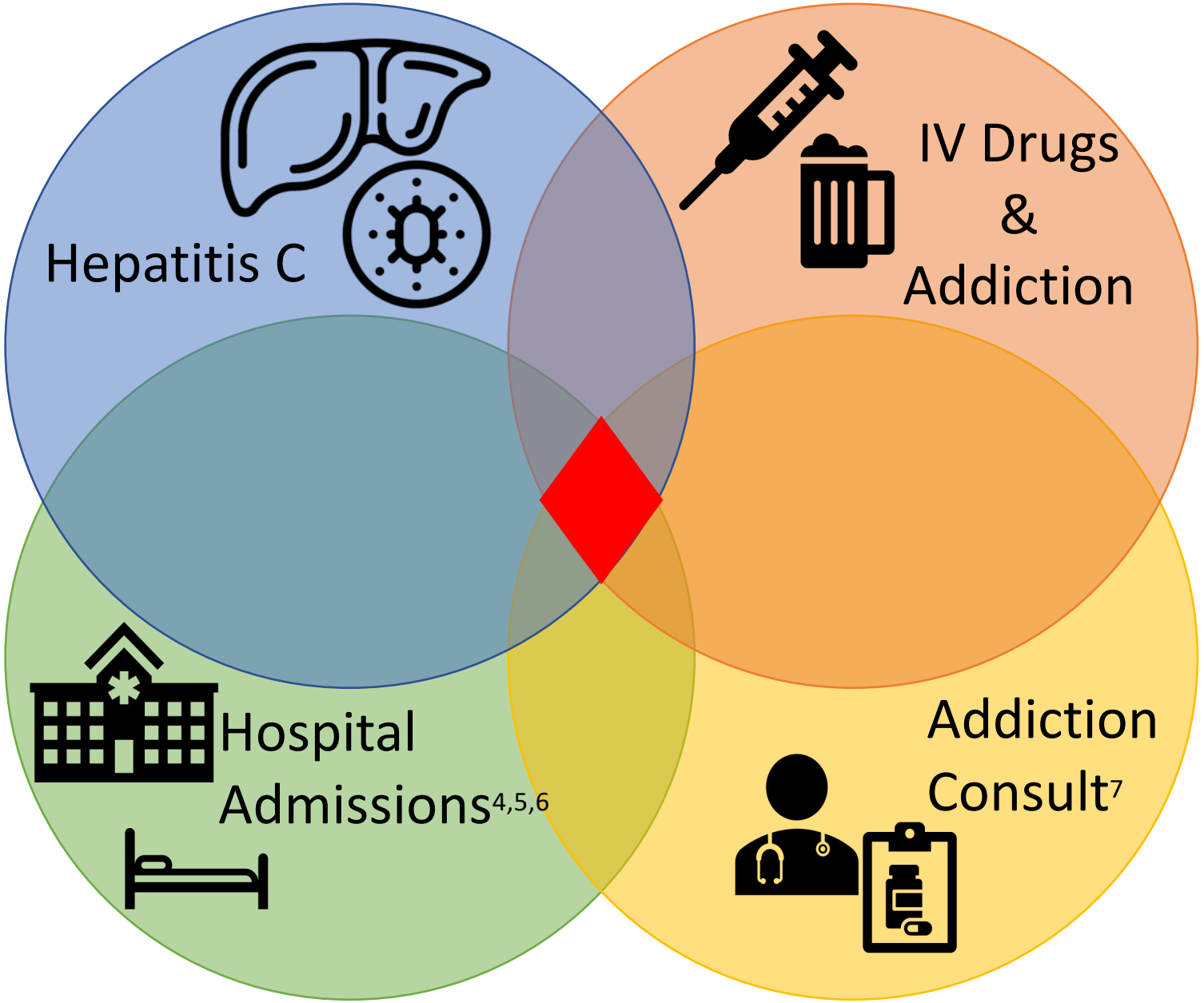

4. Capizzi et al PLoS One, 2020
5. LaRochelle et al DAD, 2019
6. McCarthy et al CID, 2020
7. Englander et al JHM, 2017

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Research Objective

What do patients admitted to the hospital with substance use disorder think about different possible interventions to improve access to HCV treatment?

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Methods

Setting, Participants & Procedures

Setting

- Qualitative study – June to November 2019
- Academic medical center w/ addiction consult service
  - Multi-disciplinary team[8]; addiction treatment initiation[9]
  - Well-established pathways to community addiction referrals[10]
  - Peers – lived experience with addiction, not HCV[11]

Participants

- Adults (≥18 years old), English-speaking, admitted to hospital
- Screened to confirm – SUD diagnosis and active HCV

Procedures

- Audio-recorded, in-person, individual interviews
- Semi-structured interview guide

8. Englander et al, JAM 2019
9. Englander et al, JAM 2020
10. King et al, JSAT 2020
11. Collins et al, JGIM 2019

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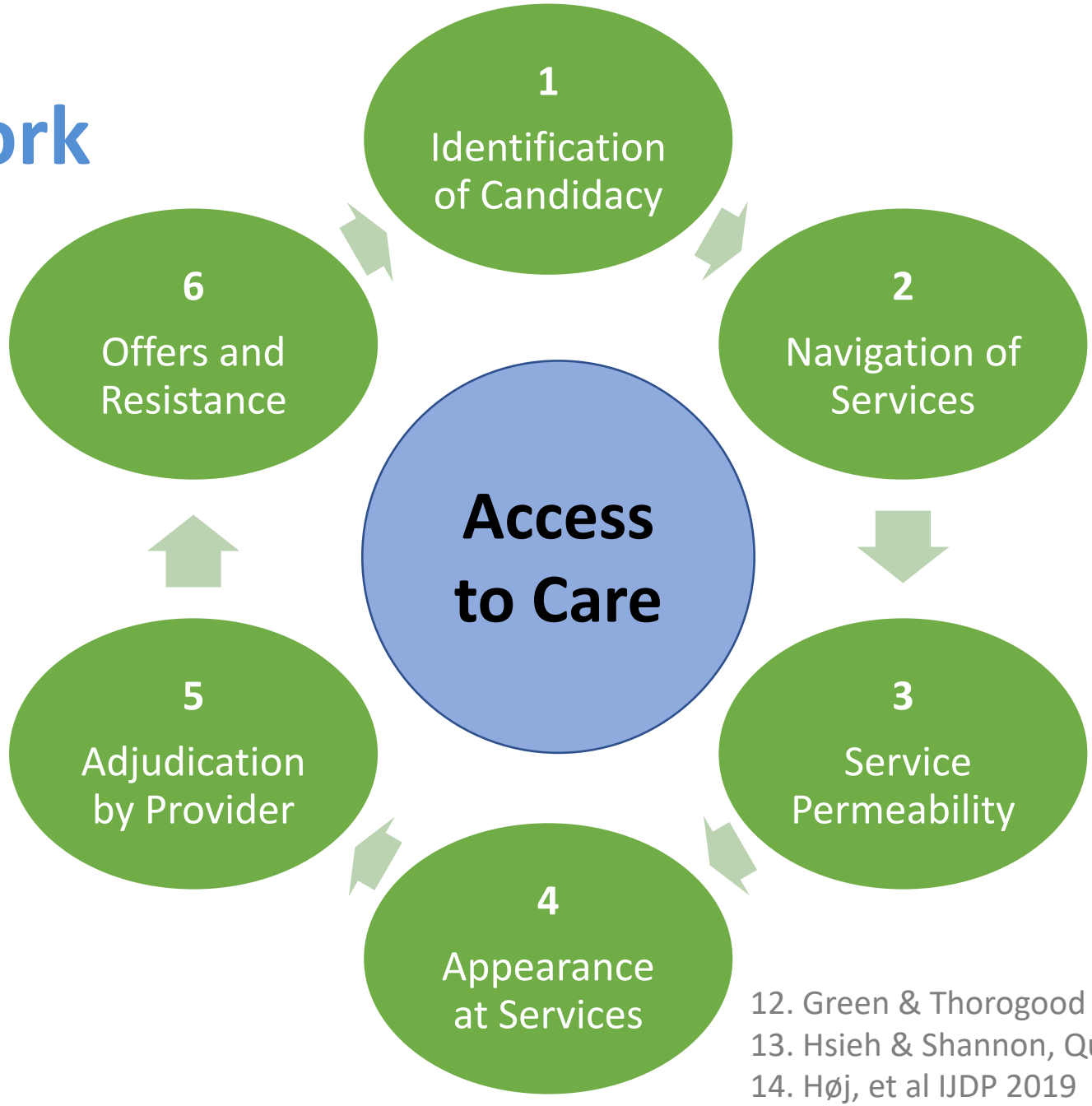
Analysis & Framework

- Directed content analysis[12,13] w/ 2 coders
- Integrated framework of access to HCV care for people who inject drugs[14]
- Based off concept of candidacy[15]



12. Green & Thorogood 2004
13. Hsieh & Shannon, Qual HR 2005
14. Høj, et al IJDP 2019
15. Dixon-Woods, et al BMC MRM 2006

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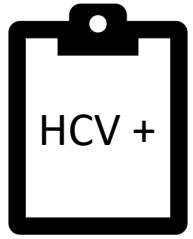
Results

Participant Demographics

- 27 participants
- Aged 41 years old (23 to 64)
- Gender – 67% men, 30% women, 3% non-binary
- Race/Ethnicity – White (96%); American Indian (13%); Latinx (4%)

Opioids
78%

Permanent Housing
15%



>5 Years
49%

Length of stay
14 days (3 to 57)

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5 Themes

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Theme 1: Discussions about HCV Status with Hospital Providers – Opportunity for Identification of HCV Treatment Candidacy

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Theme 1 – HCV Screening & Hospital Conversations

- Participants recounted HCV testing during hospitalizations
  - Unaware test ordered until told HCV status
  - No to minimal conversations about HCV

"I was just told I had it. That was it. Never had a conversation about it."

– [42-year-old man]

- Sense hospital providers needed to focus on acute issues

"What's going on with me right now, [is] more important [than HCV]."

– [42-year-old woman]

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Theme 1 – HCV Screening & Hospital Conversations

- Lack of conversations about HCV
  - Desire/interest in conversations about HCV during hospitalization
  - Perception nothing to do about HCV during admission
  - Frustrations with hospital providers
  - Reduced urgency around getting HCV treated

"They don't ever bring [my HCV] up. They bring up all kinds of crap that I'm not interested in…At a certain point, you just assume that if they're not concerned with it, then maybe there's nothing to be concerned about."

– [36-year-old man]

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Theme 2: Completing Work-up for HCV Treatment during Admission – Consolidating Care Services and Reducing Barriers

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Theme 2 – In-hospital HCV Work-up

- Completing necessary work-up for DAA eligibility during hospitalization
- Overall participant support – consolidate care, remove barriers

- Reduced concern about multiple outpatient appointments

"I take public transportation, I have a million other things I need to do other than continuing to make doctor appointments for one treatment…If we can't figure something out here now in this one appointment so that I can continue to make money still as a single mom, then I don't wanna keep coming back."

– [31-year-old woman]

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Theme 2 – In-hospital HCV Work-up

- Make it easier → ↑ motivation

"If all the work was done while I'm here then it doesn't really affect my day-to-day life when I leave…that's a lotta the reason I haven't done it myself, the time that I don't have or the resources to get back and forth…I'd definitely be way more likely to participate…"

– [38-year-old man]

- Some may want to defer work-up
  - Competing health or addiction-related priorities
  - Want to "think about it more"

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Theme 3: Starting HCV Treatment while Hospitalized – Challenges and Opportunities in the Context of Competing Acute Medical, Psychosocial, and Addiction-related Priorities

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Theme 3 – Starting HCV treatment during Admission

- Possibility of starting DAAs during hospitalization, complete after discharge

- Some expressed benefit to starting
  - Particularly those with prolonged hospitalizations
  - Those with prior difficulty completing treatment
  - Get in habit of taking medicine

"Basically, I am in a bubble, I'm not going anywhere, so why don't I take the medication?"

– [41-year-old man]

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Theme 3 – Starting HCV treatment during Admission

- Many with conflicting priorities
  - Focus on treating acute, often serious, health conditions
  - Priority of addiction treatment

"I would not wanna do it just for the simple factor there's too many unknowns for me and when I'm finished with my hospital stay. I don't wanna start something and there's too many unknowns about me being able to follow through and actually complete the treatment."

– [48-year-old man]

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Theme 4: Peer Support around Negotiating HCV Treatment Candidacy – Shared Risk and Personal Lived Experience on Your Team Throughout the Process

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Theme 4 – Peer Support around HCV

- Many noted potential benefit of peer for HCV
  - Mentioned relationship with addiction consult peer

- Source of inspiration (especially if had HCV treatment)

"That they had the same thing as me. That would be really cool…That would be amazing cuz I'm trying to beat this right here. It would show me that I can do it. If you can do it, I can do it. If you had it and you're not embarrassed about it and you wanna share about it, that shows me a lot."

– [49-year-old man]

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Theme 4 – Peer Support around HCV

- Other potential benefits
  - Social or moral support, work as team
  - Provide information about HCV treatment

- A few expressed not wanting to work with peer
  - Wanting to be on their own
  - Not needing support around HCV

"I'm not, like, 'Oh, my God. I have Hep C.' I know I do, and I do wanna get rid of it, and I know that it isn't something that should be swept under—to be taken lightly, necessarily. I just don't really feel like I need a peer about it."

– [27-year-old woman]

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Theme 5: Care Coordination for HCV Treatment after Discharge – Integrated Services, Variability in Treatment Providers, and Asserting Eligibility for HCV Cure

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Theme 5 – Discharge Care Coordination

- Unsure where to go for HCV treatment
- Varied preferences on location & timing for outpatient HCV treatment

- Primary care
  - Unsure if their clinic offers HCV treatment
  - Prior barriers (need to be “sober”)
  - Benefit if already established, know the clinicians/clinic
  - Recovery support - separation from addiction treatment

“…[I would] feel more safe…[to not be around] other people who do or did have drug problems.”

– [27-year-old woman]

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Theme 5 – Discharge Care Coordination

- Specialists – gastroenterology, infectious disease

- Opioid Treatment Program (OTP) – Convenient with daily dispensing

"I know that I'm killing two birds with one stone at the [OTP] – three birds with one stone…[I'm] keeping my sobriety, not having to use, of course getting your hepatitis pill, and killing my pain, all at the same window."

– [50-year-old man]

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Theme 5 – Discharge Care Coordination

- Syringe Service Program (SSP) – Convenient, known community

"It would be better if I didn't have the medication on me…it sounds so juvenile, but that'd be the most responsible way given my lifestyle and situation…to go somewhere that I was comfortable with every day to take the pill… [That way] I'm not responsible for losing this shit and it's someone community-wise that I trust."

– [41-year-old man]

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Discussion

Hospital-based Interventions for HCV

- Could affect how PWUD negotiate HCV treatment candidacy
- Opportunity to identify, reinforce candidacy
- Potential expanded role of peers
- Delay in translating updated policies to practice change
- Need for broad, outpatient HCV treatment referral network
  - “Easy” to access settings
  - Locations where PWUD are “comfortable”

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Conclusions

- Novel approach – integrated framework of access to HCV care
- Limited research
  - PWUD yet to start or not actively seeking out HCV cure
  - Those in hospital or acute care
- Hospitalization time to engage PWUD around substance use
- Possible time to address HCV
  - Patient-centered approach, complex needs of hospitalized PWUD

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Publication – IJDP

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Research paper

Utilising an access to care integrated framework to explore the perceptions of hepatitis C treatment of hospital-based interventions among people who use drugs

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- Photos: My Own from around Oregon

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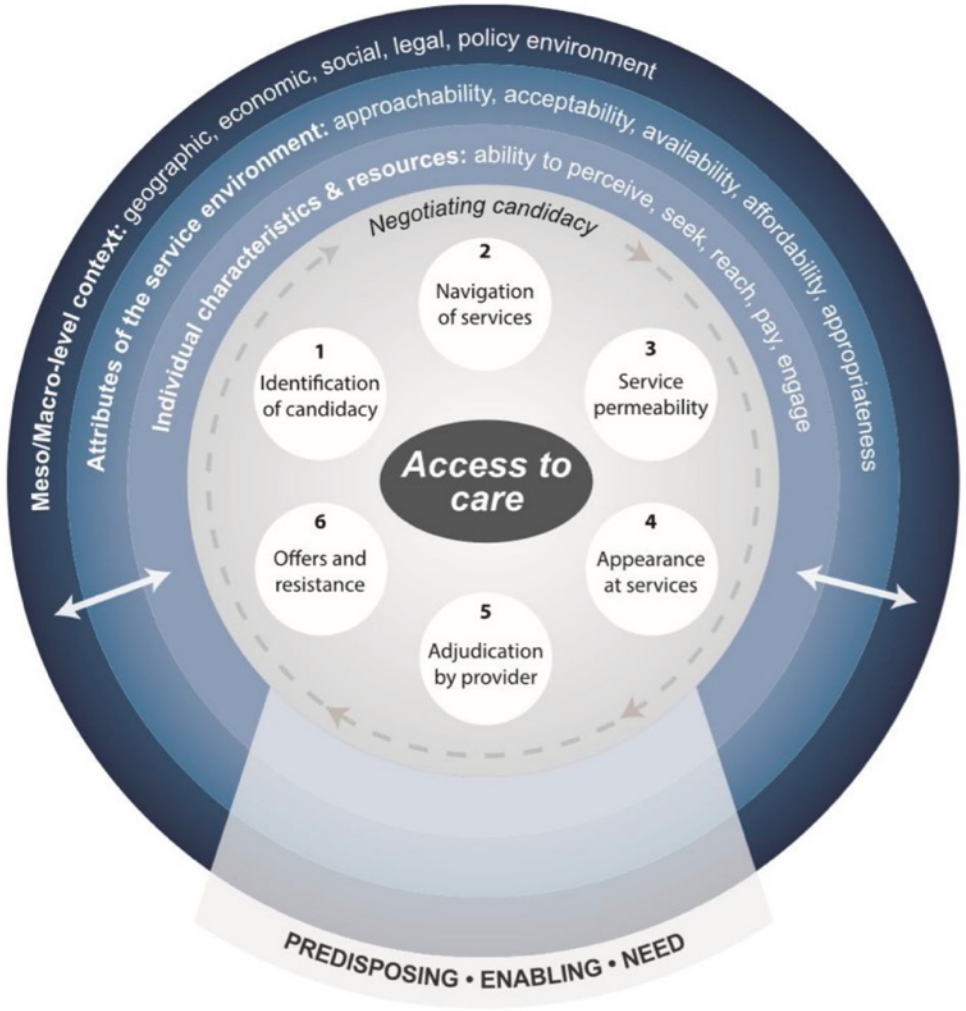
Supplementary Slides

Integrated Framework of Access to HCV Care for People who Inject Drugs



Høj, et al IJDP 2019

Table 2: Hospital-based Integrated Framework of Access to HCV Care with Possible Hospital-Based Interventions

Hospital-Based Intervention	*Main Candidacy Components Involved with Intervention*	*Potential Barriers to Implementation*
Guideline-based HCV screening during hospital admission	Identification of Candidacy – Screening patients previously unaware of HCV diagnosis; Opportunity to discuss reducing HCV transmission to others and DAA treatment eligibility.	Limited post-HCV diagnosis counselling during admission; Need for inpatient provider education on DAA eligibility and HCV; Delay in lab results during hospitalisation (discharge prior to confirmation of HCV viral load); Delay in perceived HCV-related symptoms
Completing DAA pre-treatment HCV work-up	Navigation of Services – Reduce barriers (transportation, childcare, and income-related concerns; difficulty with phlebotomy access) from multiple outpatient appointments prior to starting DAA treatment by completing lab work during hospital admission Service Permeability – Removal of gate-keeping by removing multiple appointments prior to DAA initiation	Costs related to lab work performed in hospital (especially if patient unable to follow-up in time to start DAA medication); Lack of established primary care/outpatient relationship prior to admission; Outpatient providers requiring abstinence from substances, despite policy changes, prior to DAA treatment initiation for PWUD; Outpatient providers concerns around adherence; Lack of provider knowledge (inpatient and outpatient) about DAA eligibility for PWUD
Starting DAA treatment during admission	Service Permeability – Particularly for those with prolonged hospitalizations, could reduce barriers to DAA treatment by completing significant portion of course during admission Offers and Resistance – Patient preference to focus on non-HCV priorities including life-threatening medical conditions, psychosocial stressors, and addiction treatment	Inpatient providers requiring abstinence from substances prior to DAA treatment initiation for PWUD; Inpatient providers concerns around adherence; Lack of inpatient provider knowledge about DAA eligibility for PWUD; Concerns around medication cost and insurance reimbursement
Peer support around HCV diagnosis and treatment	Identification of Candidacy – Education around DAA eligibility in non-stigmatising manner Navigation of Services & Service Permeability – Bridge between inpatient care and outpatient appointments Appearance at Services – Advocate for PWUD at follow-up appointments for HCV care and treatment; patient-centred delivery of HCV-related health information	Time and resource restraints on peers; Need for peer training on HCV treatment and eligibility; Recruitment and training of PWUD with lived HCV treatment experience to become peers; Patients not wanting to work with a peer
Care coordination for HCV treatment after discharge	Navigation of Services – Care coordination to set-up new primary care, addiction treatment and HCV during hospitalisation with providers known to and trusted by ACS team and peers	Development and maintenance of a referral network to HCV treatment services after hospitalisation; Concerns around stigma from healthcare providers; Need for HCV treatment in varied settings including community programs

addiction consult service (ACS); direct acting antivirals (DAA); hepatitis C virus (HCV); people who use drugs (PWUD)

Limitations

- Lack of racial & ethnic diversity
  - Consistent with demographics of Oregon
- Well-established addiction consult service
  - Less applicable to systems without
- Not asked about multiple substances
- Did not look at in-group differences
  - History of HCV treatment
  - Different substances, route of administration
- No follow-up after discharge

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