

# TRENDS IN HEPATITIS C CARE FOR PEOPLE WHO INJECT DRUGS IN QUEBEC, CANADA: PROVIDER SPECIALTY AND PATIENT CHARACTERISTICS

## Authors:

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## Background:

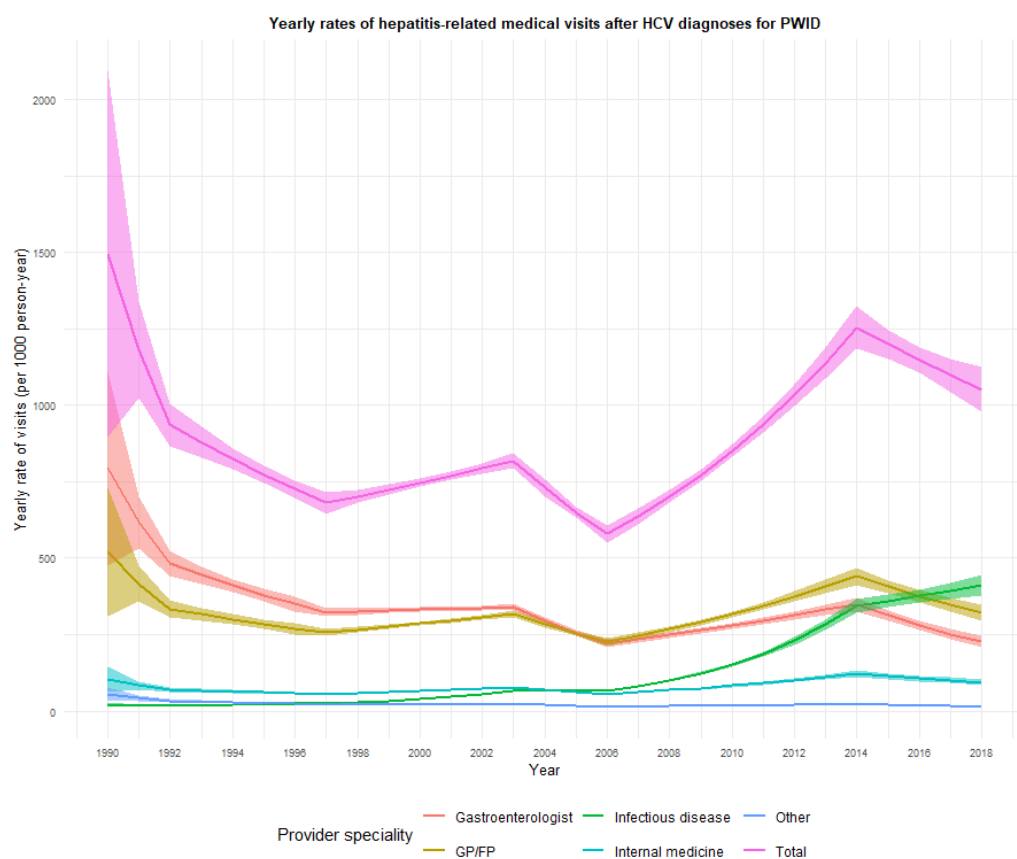
In Canada, people who inject drugs (PWID) accounted for nearly half of hepatitis C (HCV) cases in 2017. While second-generation direct-acting antivirals (DAAs) were expected to shift care from specialists to community providers, no study has examined provider specialty for PWID, who may be less comfortable seeking care in hospital settings. This study describes trends in HCV management and patient characteristics by provider specialty for PWID in Quebec, Canada, from 1990 to 2018.

## Methods:

We conducted a population-based cohort study of all reported HCV cases in Quebec (1990–2018) using linked provincial databases. PWIDs were identified with a validated algorithm and followed for up to 18 months. Hepatitis-related medical visits were identified using ICD codes, and trends in the rate of visits by provider specialty were modelled with segmented Poisson regression. Patient characteristics were compared by physician specialty using stratified analysis.

## Results:

Between 1990 and 2018, 15,307 PWIDs were diagnosed with HCV. Gastroenterologists managed the most hepatitis-related visits (42%), followed by general practitioners/family physicians (GPs/FPs; 40%). Visit rates declined in the mid-1990s, peaked in 2003, dropped to a low in 2008, and then peaked again in 2014 before steadily declining ([FIGURE](#)). Until 2008, gastroenterologists were the primary HCV care providers but visits to GPs/FPs surpassed them afterward. Visits to infectious disease physicians also increased. Compared to those managed by gastroenterologists, patients seen by GPs/FPs were younger, more often male, of lower socioeconomic status, more likely from rural areas, and had higher rates of alcohol use disorder, mental health conditions, and hepatitis B.



### Conclusion:

Despite an increasing role for primary care providers in the DDA era, there has not been a corresponding increase in uptake of HCV management in primary care settings. Further research is needed to identify barriers and enhance GP/FP engagement in HCV treatment among the PWID population.

### Disclosure of Interest Statement:

The authors declare that they have no conflict of interest.