

# High HCV Cure Rates for Drug Users Treated with DAAs at an Urban Primary Care Clinic

Brianna L. Norton, Julia Fleming, Meredith Steinman, Kim Yu, Joseph Deluca, Chinazo O. Cunningham, Alain H. Litwin

## BACKGROUND

- New direct-acting antivirals promise high cure rates for the majority of HCV positive patients
- It is unknown whether high cure rates will be obtained in clinical practice, particularly among persons who use drugs (PWUDs)

## OBJECTIVES

- We investigated the effectiveness of onsite HCV treatment with care coordination on HCV cure rates for patients accessing primary care at a federally qualified health center (FQHC)
- We specifically explored differences in cure rates for PWUD versus non-PWUD

## METHODS

- Setting
  - Onsite HCV treatment occurred once weekly by an HCV specialist at an FQHC in the Bronx, NY
  - An HCV care coordinator was responsible for patient scheduling, reminder calls, health education, and obtaining prior authorizations
- Participants
  - We identified 121 patients with an HCV evaluation from January 2014- February 2015: DAA era
- Data Collection
  - We reviewed medical records for patients who initiated HCV treatment (Data was collected through August 2015 when the care coordination program ended)
  - Patients were categorized as PWUD if they were:
    - receiving opioid agonist therapy (OAT)
    - noted to have active drug use in the medical chart
    - positive urine toxicology
- Data Analysis
  - Chi-square testing was performed to determine differences in HCV cure between PWUD and non-PWUD

## RESULTS: HCV Cascade of Care

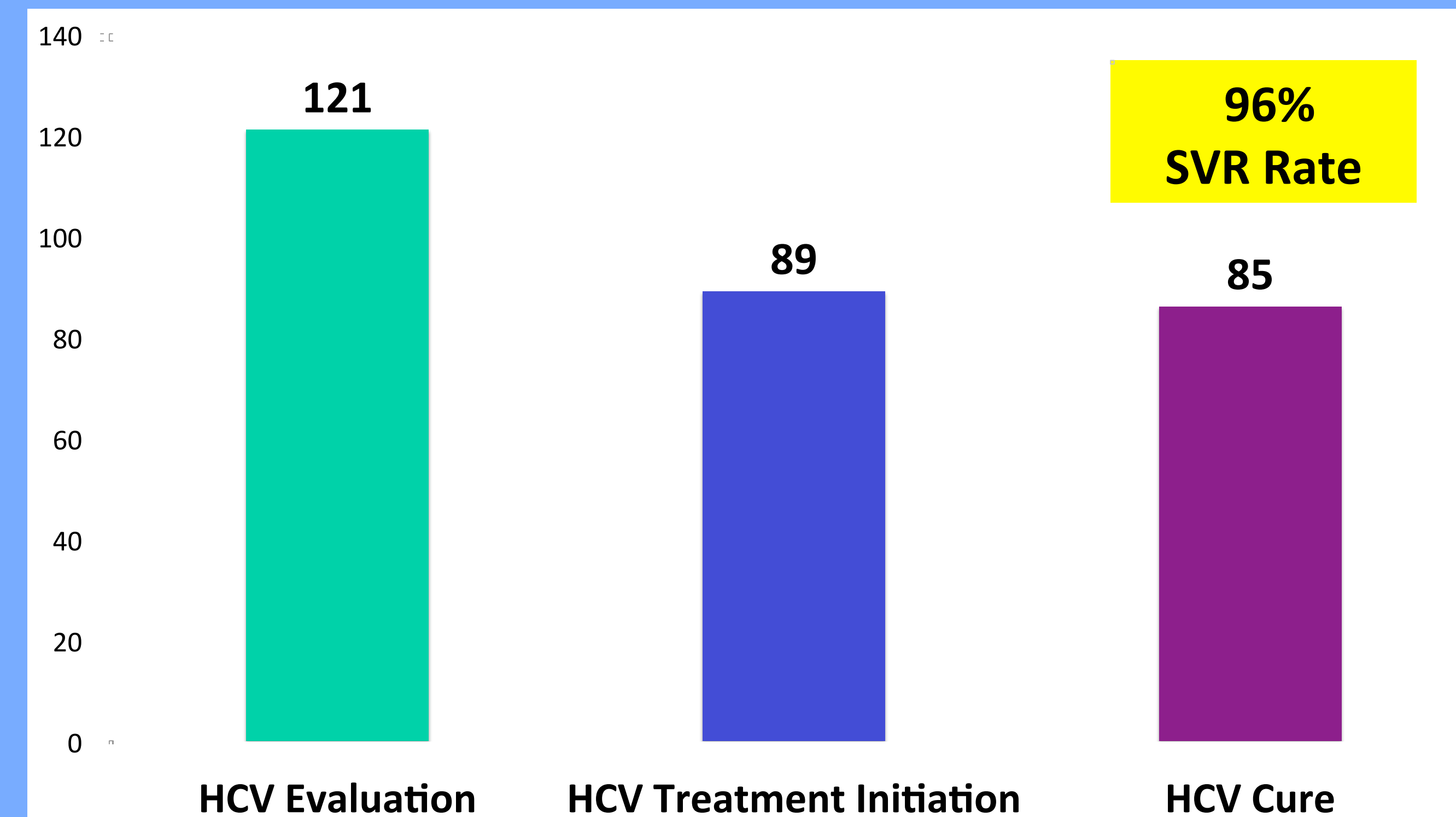
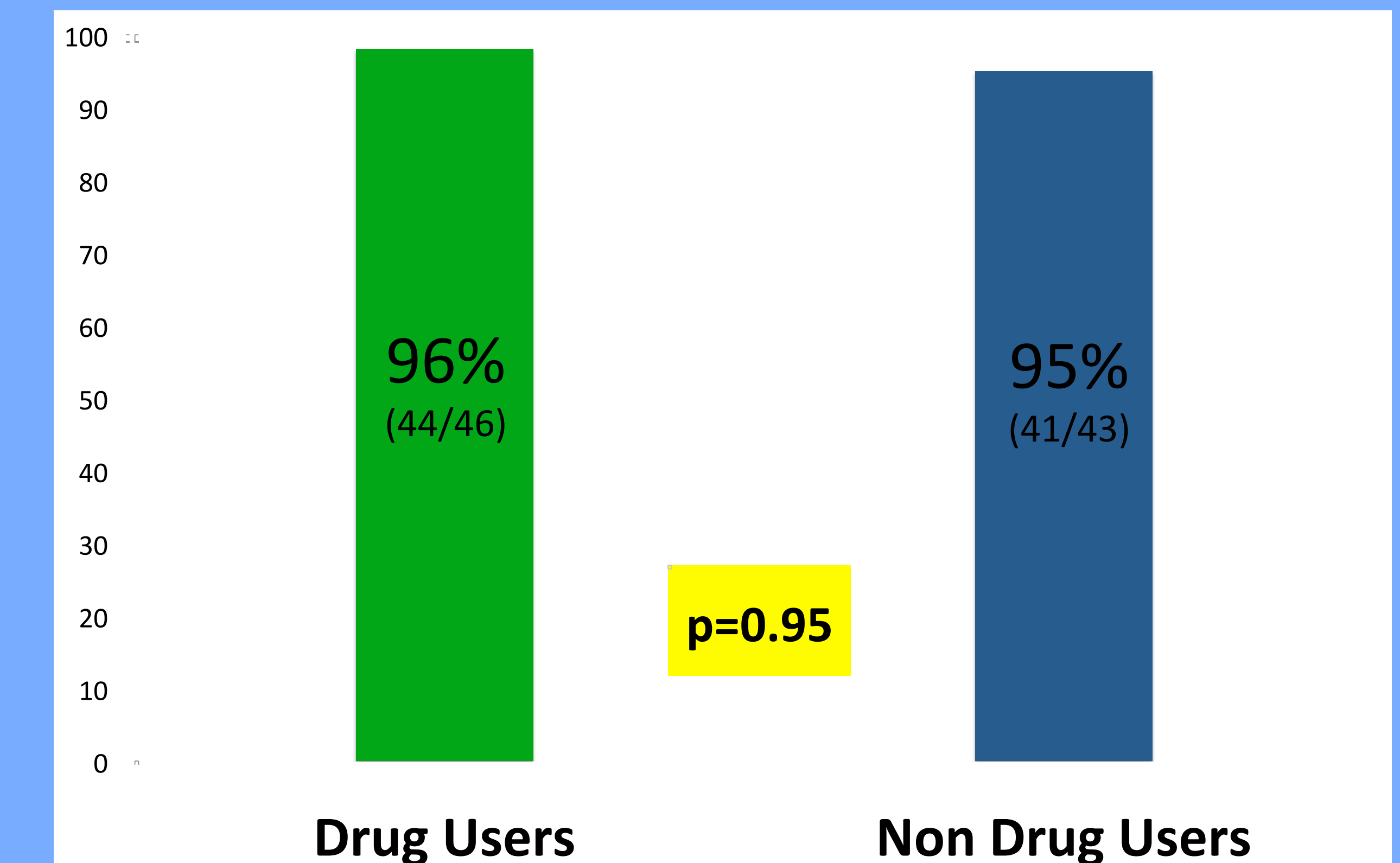


Table 1: Patients who Initiated HCV Treatment

Patient Characteristics	89 (100%)
Age (median, IQR)	59 (55, 65)
Sex	
Male	56 (63%)
Race/Ethnicity	
Latino/a	41 (46%)
Black/African American	34 (38%)
Multiracial	6 (7%)
White/Other	8 (9%)
Insurance Type	
Public Insurance	81 (91%)
Private	8 (9%)
People Who Use Drugs	46 (52%)
Opioid Substitution Therapy	36
Active Drug Use	30
HIV Infected	21 (24%)
Psychiatric Disorder	43 (48%)
HCV Genotypes	
1	84 (94%)
2	3 (3%)
3	1 (1%)
4	1 (1%)
Prior Treatment	
IFN/RBV	19 (21%)
IFN/RBV/Telaprevir	2 (2%)
Cirrhosis	31 (35%)
Treatment Regimens	
Sofosbuvir/Ledipasvir	34% (23)
Sofosbuvir/Simeprevir	33% (22)
Sofosbuvir/IFN/Ribavirin	27% (18)
Sofosbuvir/Ribavirin	6% (4)
HCV Cure Rate	96% (85)
Treatment Failures	
Relapse	2
Lost Insurance, no SVR12	1
Lost to Follow-up, no SVR12	1

## Cure Rates: Drug Users vs. Non-Drug Users



## Conclusions

- Suboptimal HCV treatment of PWUD contributes to growing HCV-related morbidity and mortality, and maintains a continued reservoir for HCV infection
- Among PWUD who received care coordinator assisted sofosbuvir-based therapy at an urban FQHC, HCV cure rates were high, and no different than for non-PWUD patients

## Implications

- On-site treatment with care coordination may help to mitigate barriers to specialty care and improve HCV cure rates for PWUD
- Similar treatment models should be replicated and tested throughout the 1200 FQHCs in the United States, settings that are known to serve high numbers of PWUD

## Funding Sources

This study was funded in part by NIH K23DA039060, K24 DA036955, R25DA02302.