

## **CASCADE OF HEPATITIS C (HCV) CARE AT CUPS - AN INNER-CITY CLINIC IN CALGARY, ALBERTA, CANADA.**

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### **Background:**

With the advent of more tolerable and effective anti-HCV medications, more efforts should be made to engage HCV positive people into care in order to improve their personal health outcomes and reduce transmission. A Quality Improvement Project was undertaken at our institution to examine our cascade of care and identify potential improvements.

### **Methods:**

Provincial laboratory records for HCV antibody and polymerase chain reaction (PCR) were reviewed for April 2014 to October 2016. CUPS electronic medical records (EMR) were reviewed for information on cascade of care and reasons for failure to progress.

### **Results:**

Samples from 873 patients were sent for antibody determination; 119 (13%) were positive. Of the antibody positive patients, 80 (67%) had a PCR; 54 (67% of PCRs) were detectable. Of the viremic patients, 21 (39%) followed through with evaluation for HCV treatment.

Patient failure to return for follow-up appointments and more urgent health issues (primarily addictions and mental health) were the main reasons they did not progress through the cascade of care. Also, in fourteen antibody positive patients (13%), there was no documentation that the patient was informed of their test results, which may have been failure of the health system to communicate them.

### **Conclusion:**

Consultations with the medical team will be held. To address patients' failure to return, we are considering using point of care testing so patients can be informed and linked to care immediately. To address HCV in the face of multiple urgent issues, we intend to standardize documentation of HCV status, remind primary providers at the morning medical team huddles and use periodic EMR reminders. We intend to re-examine the cascade in one year's time.

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