

WORKING COLLABORATIVELY TO INCREASE HCV TESTING AND TREATMENT

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Background:

Hepatitis C virus (HCV) affects an estimated 250,000 Canadians with the highest prevalence being in people who inject drugs (PWID). Approximately 54-70% of PWID are living with HCV. Despite improvements in HCV treatment many clinicians are reluctant to treat PWID. HCV complications are often not detected until the disease is advanced with potentially irreversible sequelae. This gap in care is significant and must be addressed.

Description of model of care/intervention:

A Nurse-led liver-wellness clinic was implemented at Positive Living Fraser Valley (PLFV) in January 2018 with the aim to increase HCV case-finding and treatment in high-risk populations. PLFV provides a drop-in center, meals, social-support, primary healthcare, harm-reduction and a safe-consumption room for marginalized populations including those with mental-health conditions, HIV, HCV and substance-use disorders. Referrals to the liver-wellness clinic are received from the Nurse Practitioner who screens potential patients. The hepatology Nurse completes investigations, including a fibroscan done in-house and provides teaching and treatment options. The infectious-disease specialist then reviews the case and recommends a plan-of-care. Treatment is initiated on-site at PLFV with ongoing monitoring by the Nurse.

Effectiveness:

Onsite HCV treatment allows for significantly improved access-to-care, building upon trust established by the community-organization and the many people involved in providing-services to this population. Prevention, harm-reduction and wellness-education are re-enforced, along with addressing underlying health-determinants – all necessary to supporting PWID. This could potentially result in reduction in healthcare-costs by early case-findings and prevention of chronic-high-acuity complications. Other cost-savings would be by preventing new-infections, as the number of contagious persons in the population would be greatly reduced.

Conclusion:

New HCV treatments are now covered through government funding. The Nurse-led model-of-care offers an innovative-solution to reach marginalized populations living with HCV. Reduced complications, infection-rates and healthcare-costs are potential benefits of this approach. Given that half-a-million-Canadians are impacted by HCV, improved treatment access, especially in hard-to-reach populations, is essential.

Disclosure of Interest Statement:

No conflict of interest to disclose