

RECAP: AN INTERPROFESSIONAL COMPREHENSIVE COMMUNITY-BASED CARE CLINIC FOR THE MANAGEMENT OF HEPATITIS C POSITIVE AND AT-RISK INDIVIDUALS IN SAINT JOHN, NEW BRUNSWICK, CANADA

Authors:

S Materniak^{1,2}, L Frechette¹, S Gander^{1,2}, D Smyth^{1,2}, S Robinson^{1,2}, D Webster^{1,2}

¹ Centre for Research, Education and Clinical Care of At-Risk Populations (RECAP) ² Horizon Health Network

Background:

In New Brunswick, healthcare for persons who use drugs (PWUDs) is fractured. Within the traditional system, primary care, addictions treatment and hepatitis C (HCV) management have been delivered by separate providers at multiple locations. This system of care often presents challenges with multiple physical, logistical and psychological barriers to access for PWUDs.

Description of model of care/intervention:

The RECAP clinic model aims to unify care of PWUDs by delivering primary, addictions, and HCV care in one location led by a nurse practitioner. RECAP clinic is referral-free and community-based with the goal of reducing high risk behaviours through individualized care for patients and their families. All care at RECAP occurs with an emphasis on the involvement of learners from within multiple disciplines and with research woven into its clinical activities through a comprehensive prospective hepatitis C positive and at-risk (HEAR) patient database.

Effectiveness:

Data on 138 HEAR patients with a minimum 2 follow-up measures (follow up range 203-1387 days) were included. At baseline, mean age was 38.7 years with 62.3% HCV-positive, 26.1% with no primary care provider, and 54.7% with prior incarceration. At enrollment, 34.5% reported active injection drug use (IDU). By first follow-up, a decrease of 13.7% ($p=0.0039$) in active IDU was noted. At second follow-up, a further decrease of 9.4% ($p=0.0072$) in active IDU was seen. The 2.5 year retention rate was 87.0%. Projected cost savings of this model to the healthcare system over traditional care was calculated at \$2,689.28 per month.

Conclusion and next steps:

Despite its proven effectiveness at managing this population, significant challenges remain. Strategies to integrate the RECAP medical model as a standard of care into the traditional healthcare system are needed to continue to provide affordable and accessible care to this marginalized cohort. Programmatic support and sustainable funding to prevent closure are required.

Disclosure of Interest Statement:

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