

RETROSPECTIVE REVIEW OF THE TRUENORTH MEDICAL CENTRES DATABASE IN CANADA: ASSESSMENT OF THE IMPACT OF SIMPLIFIED CARE ON DIRECT-ACTING ANTIVIRALS TREATMENT FOR HEPATITIS C VIRUS PATIENTS IN ADDICTION CARE – NORTHERN-HCV

Cavacuiti C¹, Foucault N², Gandhi V²

¹ TrueNorth Medical Centres, Toronto, Ontario, Canada ² AbbVie Corporation, Saint-Laurent, Quebec, Canada

Background:

Despite the rising burden of hepatitis C virus (HCV) infection in people who use drugs, treatment uptake remains suboptimal in this population. The TrueNorth Medical Centres (TNMC) includes over 60 locations throughout Ontario providing care for individuals with substance use disorder. For these individuals, traditional HCV care was via off-site screening and treatment. Ten TNMC locations have implemented a simplified care model for HCV treatment (Figure 1). NORTHERN-HCV is a single-cohort, non-interventional, retrospective review to determine how the implementation of the simplified care model has impacted the HCV care cascade for individuals in addiction care.

Description of model of care/intervention:

The simplified care model consists of drop-in point-of-care screening (PoCS) for HCV antibody and HCV RNA, non-invasive assessment of fibrosis, and direct-acting antiviral (DAA) treatment initiation without referral or appointment. Telemedicine consults are available with an addiction medicine specialist. The implementation of this simplified care model across the 10 sites was initiated in January 2019 and was completed in September 2019. The simplified care model co-exists alongside traditional care; both were available for individuals at each step of the care cascade. Presented herein are the database review initial results.

Effectiveness:

The study includes 1408 individuals from the TNMC database, of which 45% were screened for HCV antibody (approximately an equal number on-site and off-site). One hundred seventy-one individuals were HCV RNA-positive and therefore treatment eligible. Ninety-four HCV-positive individuals initiated DAA treatment, with 98% initiating treatment via the on-site simplified care model.

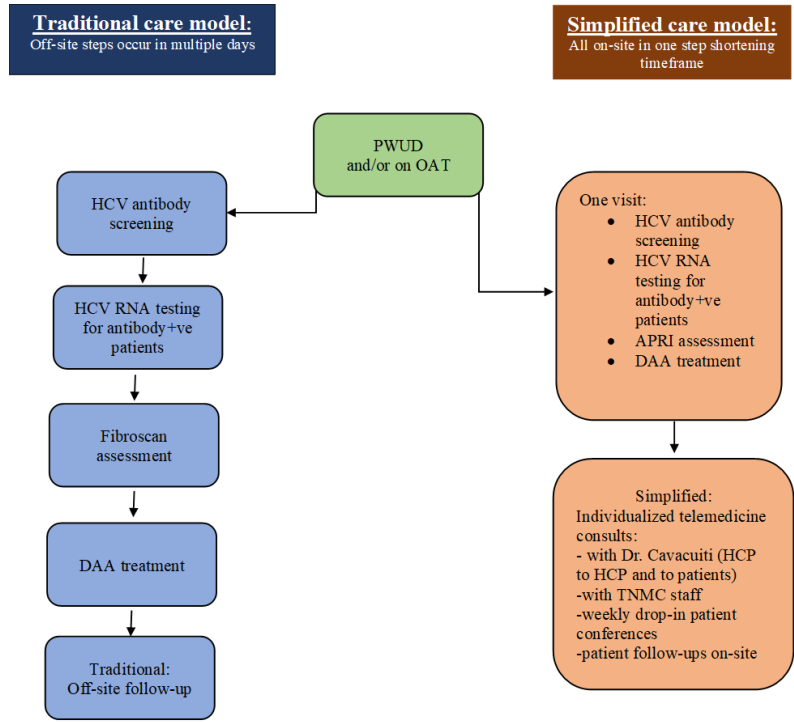
Conclusion and next steps:

These initial results suggest that a simplified care model including on-site DAA initiation will be key to treating this population. Community-based HCV treatment supported by telemedicine consults in a drop-in addiction clinic is feasible and simplifies the care cascade for the HCV-positive individuals. This simplified model will be expanded to more TNMC sites.

Disclosure of Interest Statement: *See example below:*

The design and study conduct were provided by AbbVie and TrueNorth. AbbVie and TrueNorth participated in the interpretation of data, review, and approval of the publication. The financial support for the study was provided by AbbVie. Dr. Chris Cavacuiti has served as a consultant to AbbVie and has received research funding and speaker fees from AbbVie. Nathalie Foucault and Veeral Gandhi are employees of AbbVie and own AbbVie stock. The authors wish to thank Blue Neustifter of McDougall Scientific Ltd. for conducting the statistical analysis and reviewing the abstract, and Nathalie Ross, PhD, MWC, also of McDougall Scientific Ltd., for editing this abstract. The authors would also like to thank Cassandra Siemens of TrueNorth for the many contributions.

Figure 1. Schematic of the TNMC Care Cascade for Traditional versus Simplified Care for TNMC Patients



APRI, aspartate aminotransferase to platelet ratio index; DAA, direct-acting antiviral; HCP, health care professional; HCV, hepatitis C virus; OAT, opioid agonist therapy; PWUD, people who use drugs; RNA, ribonucleic acid; TNMC, TrueNorth Medical Centres