

IDENTIFYING BARRIERS AND ENABLERS TO OPT-OUT HEPATITIS C VIRUS SCREENING IN PROVINCIAL PRISONS IN QUEBEC, CANADA: A QUALITATIVE STUDY WITH CORRECTIONAL STAKEHOLDERS USING THE CONSOLIDATED FRAMEWORK FOR IMPLEMENTATION RESEARCH

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Background: Implementing universal opt-out hepatitis C virus (HCV) screening in correctional settings requires an in-depth understanding of the roles and perspectives of stakeholders at different levels of government administration. We sought to identify barriers and enablers to implementing opt-out HCV screening from the perspective of correctional stakeholders and describe the related interdisciplinary decision-making process in Quebec provincial prisons.

Methods: We conducted a qualitative study using the Consolidated Framework for Implementation Research (CFIR). CFIR includes five domains (*Intervention characteristics, Outer setting, Inner setting, Characteristics of individuals, Process*) and 39 constructs/determinants of implementation, primarily at an organizational level. Semi-structured interviews were conducted using videoconference or telephone (due to COVID-19 restrictions) with correctional stakeholders from government ministries, regional public health, and regional health authorities. Directed content analysis was used and key CFIR constructs were identified.

Results: From April 16 to May 14, 2021, eight correctional stakeholders were interviewed. Twenty-three CFIR constructs in four domains (*Intervention characteristics, Outer setting, Inner setting, and Process*) were identified; ten were identified as enablers, nine as barriers, and four as neutral factors. Key enablers included a desire for change (construct: *Tension for change*), and a willingness of correctional health services managers to improve care for people who are incarcerated (construct: *Patient Needs and Resources*). Key barriers included a lack of political will (construct: *External policy and incentives*), limited human, financial, and material resources (construct: *Available resources*), and a lack of consideration of implementation issues distal to screening (constructs: *Trialability, Planning*). The decision-making process vis-à-vis HCV care in Quebec correctional settings was found to be hierarchical, with interdependencies complicating policy formulation and implementation.

Conclusion: Implementation of opt-out HCV screening in Quebec provincial prisons will require policy changes, multi-level stakeholder engagement, and a thorough assessment of barriers and enablers to linkage to care and treatment uptake.

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