

FEASIBILITY EVALUATION OF A NATIONAL ELIMINATION MODEL OF CARE IN CANADA: SUCCESSES AND LEARNINGS FROM IMPLEMENTING HEPcURE AS A COMPREHENSIVE HCV SCREENING AND TREATMENT PROGRAM IN VANCOUVER'S DOWNTOWN EAST SIDE

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BACKGROUND

There remains a high prevalence of chronic Hepatitis C (HCV) infection in Vancouver's Downtown East Side (DTES) in British Columbia, Canada, a neighborhood with disproportionately high rates of poverty, homelessness, open substance use, drug dealing, sex work, and crime. In 2021, HepCURE, a Canadian non-profit, launched a comprehensive HCV screening and treatment program in Ontario, Canada, screening over 3200 participants, and ultimately linking 80% (590/738) of treatment-eligible patients to care. In 2022, we replicated our program in British Columbia, focusing on DTES, to evaluate the feasibility of a nationwide elimination model. Our aim was to evaluate the effectiveness of the program in diagnosing and linking patients to care and to identify challenges and solutions to implementing a comprehensive HCV screening and treatment program across provincial borders.

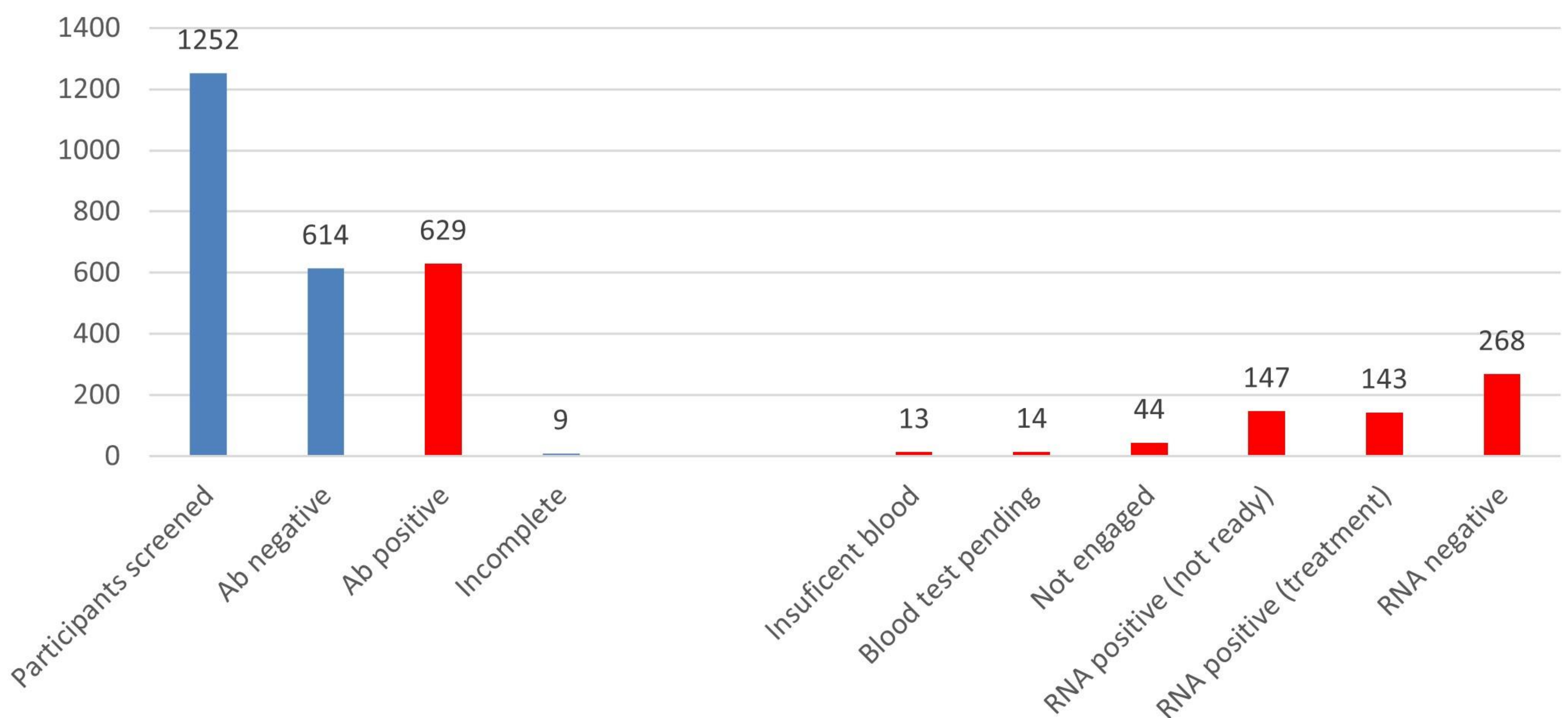
DESCRIPTION OF MODEL OF CARE

Our program was delivered by a multidisciplinary team that offered program incentives, cell phones for qualified patients, transportation assistance, treatment delivery services, and 24/7 telephone support to maximize engagement. We implemented over 100 changes to our patient work-up, qualification and workflow processes to increase testing capacity and minimize loss-to-follow up.

EFFECTIVENESS

Over 11 months (5/2022-3/2023), 1243/1252 participants (99%) were screened, with 89% (558/629) informed of their diagnosis and 49% (143/290) of eligible patients with detectable viremia linked to care; 69% were male.

HepCURE HCV Model of Care™ (5/2022 - 3/2023)



Disclosure of Interest

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CONCLUSION

HepCURE was effective in diagnosing and linking patients to care in DTES, demonstrating its feasibility across provincial borders. Further, we were able to reduce patient wait times from screening to treatment from 6-12 weeks to 4-6 weeks. However, administrative delays in obtaining laboratory results and drug reimbursement resulted in higher rates of loss-to-follow-up than anticipated. We look forward to sharing our program's learnings and potential solutions to these challenges with other community-based HCV programs that are considering expanding their testing and treatment services as part of a national HCV elimination model.