**Improved Access to HCV Treatment for Substance Users: The Impact of On-site Transient Elastography in an Inner City Community Health Centre**

Milne R1, Drost A1, Fraser C2

1Cool Aid Community Health Centre (CACHC) 2UBC Department of Family Practice, CACHC

**Background:** The Cool Aid Community Health Centre (CACHC) is situated in the Access Health Centre; a multi-agency building which is home to multiple services designed to reduce critical barriers to access of health and social services. At CACHC 4,600 patients, approximately 40% of whom are hepatitis C (HCV) positive, receive comprehensive integrated primary health care in a low barrier culturally competent setting. We have previously identified access to transient elastrography (TE) assessment as a significant barrier to HCV treatment for our clients. Over 2 years of referral to offsite specialist for assessment we obtained ­­­68 scans with a 28% loss to for initial assessment or interpretation of fibrosis. With our pilot project of on-site assessment with a portable TE machine and immediate follow up, we were able to obtain 117 scans with less than 3% loss to follow up over 3 days. This lead to the acquisition of a permanent on-site portable TE machine at our community health centre. We believe that this is the first community health centre in Canada to have integrated an on-site machine into primary care practice for HCV.

**Methods:** Retrospective analysis of the impact of TE diagnostic testing within the context of primary care for an inner city cohort of individuals with chronic HCV. We will review scans performed onsite by primary care clinicians over 12 months. Highlights of the mixed qualitative/quantitative data we will analyze include:

* Percentage that were engaged in health services (retention rate)
* Percentage of F2+ that were treated for HCV and achieved SVR
* Time from scan to treatment start date
* Time from referral to scan

Will also include a subanalysis of HIV coinfected patients as well as those who actively use substances and who identify as First Nations or Aboriginal descent.

**Conclusion:** We anticipate an increased understanding of the role of therapeutic relationships in linking patients to care, and demonstrating the importance ensuring accessibility of diagnostic tools in community health centres and other low threshold settings. Based on preliminary data review we anticipate finding an increase in retention in health care, engagement in HCV treatment, achievement of SVR as well as rapid referral to scan and assessment to treatment start rates.

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