Treating People Where They Are: Micro-elimination in Practice

Cool Aid Community Health Centre Victoria, Canada

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Micro-elimination in Practice: Introduction to Victoria Cool Aid Society

- Non-profit society in Victoria, BC, Canada (population 368,000)
  - 3 Shelters
  - 13 Supportive Housing Facilities
  - Resource Employment Education Services (REES)
  - Downtown Community Centre
  - Dental Clinic
  - Health Centre with 4700 primary care patients (18% HCV+, 5% HIV+)

Micro-elimination in Practice: Cool Aid Community Health Centre

Micro-elimination in Practice: Exciting Announcement

- MARCH 2018 – British Columbia Provincial coverage for HCV treatment is no longer dependent on a FibroScan result of F2 or greater
- COVERAGE FOR ALL!
- Micro-elimination best strategy to pursue in our context

Micro-elimination in Practice: Housing First

- 13 supportive Cool Aid housing sites gave us a unique opportunity to treat individuals where they live
- No barrier to service – we come to you!
- February 2018 – initiated a nurse-led "seek & treat" micro-elimination approach

Micro-elimination in Practice: Seek & Treat

- Onsite education of housing support staff
- Recruitment of residents
- Recruitment of key social sharing networks
- Client education
- Onsite HCV OraQuick antibody tests, pretreatment Provincially required bloodwork & FibroScans
- Behind the scenes

Micro-elimination in Practice: Treatment

- Visits to supportive housing sites with results of serology and individualized treatment plans
- Clients and their sharing networks within each housing site were started on HCV treatment on the same day (micro-elimination strategy)
  - Daily pick-ups with OST
  - Weekly blisterpack delivered by RN to housing staff
  - Weekly blisterpack delivered by RN to client
  - Sharing network clients that were homeless attended the clinic weekly to see RN

Micro-elimination in Practice: Queens Manor

Micro-elimination in Practice: Incentives

- Cash incentives of $5 were provided for the return of the previous weeks blisterpack
- Cash incentives of $30 were provided for HCV EOT bloodwork and will be provided for HCV SVR bloodwork

Micro-elimination in Practice: Preliminary Data

PRELIMINARY OUTCOMES CITE HCV PROJECT: (February 2018- August 2018)	DATA:
Residents and social contacts screened	155
HCV antibody positive residents and social contacts	57
HCV RNA positive residents and social contacts	47
Residents and social contacts initiating HCV treatment	41
Residents and social contact unable to start HCV treatment due to severe comorbidities	6
Residents and social contacts who are actively injecting	27
Residents and social contacts who had HCV treatment discontinued	1
Residents and social contacts who have completed HCV EOT bloodwork	18

Micro-elimination in Practice: Preliminary Project Successes

- Excellent medication adherence
- Increased engagement in primary care
- RN staff have stronger outreach relationships
- Peer involvement and 'word of mouth' has helped reduce stigma associated with HCV and increased treatment uptake
- Increased client confidence to pursue other hopes/dreams

Micro-elimination in Practice: Preliminary Project Successes cont…

- Immunizations and STI screening and treatments were incorporated into visits
- Two individuals were enrolled in the provincial PrEP program
- Health challenges/client concerns were investigated and addressed
- Harm reduction strategies/reinfection risks reinforced

Micro-elimination in Practice: Preliminary Project Challenges

- Chaotic testing environment
- Group screenings
- Complex comorbidities
- Length of HCV treatment
- OraQuick HCV antibody test

Micro-elimination in Practice: Preliminary Lessons Learned

- OraQuick (HCV antibody test) were found to be less effective in chaotic screening environments
- Access to dry blood spot testing
- Relationship building with clients is easier when RN has pre-existing relationship with housing sites
- Peer recruitment and peer mentors are essential for treatment uptake
- Incentives work
- Need shorter duration of DAAs (ideally 4, 6, 8 weeks treatment length)

Micro-elimination in Practice: Preliminary Conclusions & Next Steps

- This nurse-led micro-elimination model of care can decrease the local HCV burden and reinfection risk in people who inject drugs and can be used as a model of care for nurses in other communities
- We hope to inspire more ambitious and targeted efforts towards treatment of HCV as prevention
- Goal: to continue this project in all Cool Aid supportive housing sites

THANK YOU

QUESTIONS?