INTEGRATING A VIRTUAL MODEL OF CARE FOR THE SCREENING AND TREATMENT OF HEPATITIS C FOR CLIENTS ENROLLED IN AN OPIOID AGONIST MANAGEMENT (OAT) PROGRAM.

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Background: To increase screening and treatment for HCV for people on OAT by providing low barrier, virtual HCV services in an OAT setting.

Description: People who use drugs (PWUD) are disproportionately affected by Hepatitis C because of barriers to accessing care, resulting in low screening rates. The PATHOntario (Prevention, Assessment and Treatment of Hepatitis C in Ontario) virtual model of care was integrated a year ago with TrueNorth Medical which provides low-barrier virtual Opioid Agonist Therapy (OAT) services to 100+ affiliate sites across Ontario. The PATH team consists of Patient Care Coordinators, an RN, and TEEMAP (Telemedicine Enhanced Expanded Medical Access Program) whos' administrators monitor live chats 7 days/week and connect patients with the clinical team.

Method: 1. The PATH team retrospectively reviews clients enrolled in trueNorth OAT and sorts them into 2 groups: a) HCV RNA on file, untreated, and b) not tested/due to be retested. Patients can also request to be tested by walk-in.
2. The Virtual administrator checks-in a client for OAT, the alert is viewed and the client is connected to the RN. The RN guides the client step-by-step through HCV testing. Positive DBS results are followed by a consultation with the RN and clients have now been merged into the HCV care cascade.

Effectiveness: Prior to implementing virtual screening in April 2022, the number of clients identified as needing HCV treatment increased from 30 to 72 clients. Clients linked to care have increased from 5 to 64 clients.

Conclusions: By providing low-barrier access to HCV care through their OAT clinic, more clients have been screened for HCV, enrolled into the cascade of care and initiated DAA therapy. PATH aims to expand to Northern Ontario to areas with minimal accessibility to services due to their remote locations.