

Increasing linkage to HCV care following trauma-informed rehabilitation: An education and quality improvement project among women

BACKGROUND

- The opioid epidemic has led to unprecedented rates of hepatitis C virus (HCV) in Canada¹
- Women are especially at risk due to lack of control over drug acquisition, preparation, and harm reduction^{2,3}
- Research specifically addressing young women with HCV is lacking, despite higher risk
- Barriers to treatment include stigma in healthcare settings, which affects women more than men⁴⁻⁶
- Co-localization of substance use and HCV care within integrated centers has been shown to increase access to care through education, mental health support, peer or harm reduction staff, and outreach⁷⁻⁹
- However, women have high rates of loss to follow-up after leaving integrated centers

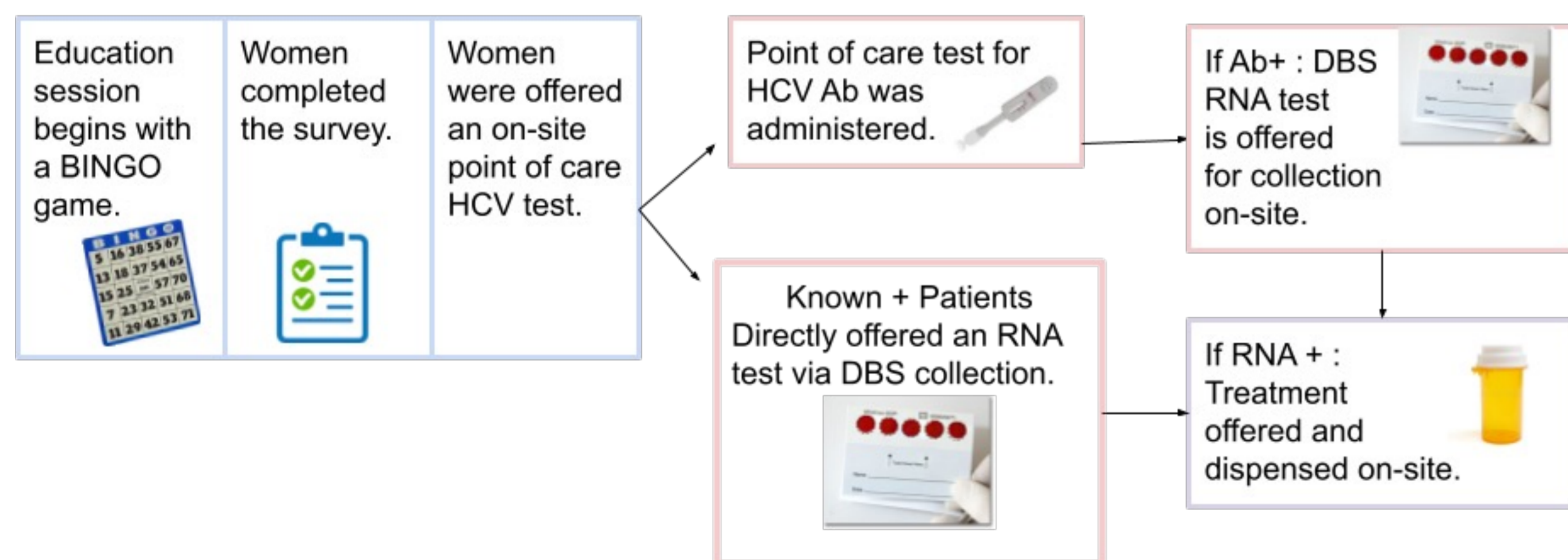
OBJECTIVE

In the year leading up to the COVID-19 pandemic, women were provided with HCV education, followed by testing and treatment at a women's drug rehabilitation centre in Ontario, Canada; in a **peer-led format**. While all RNA positive women initiated treatment on-site, engagement and communication decreased after leaving.

In May of 2021, we returned to re-initiate our peer-led test and treat model for 16 months. We sought to evaluate our education session, as well as to determine what would improve engagement after women leave the centre as a quality improvement project (QIP – WREM).

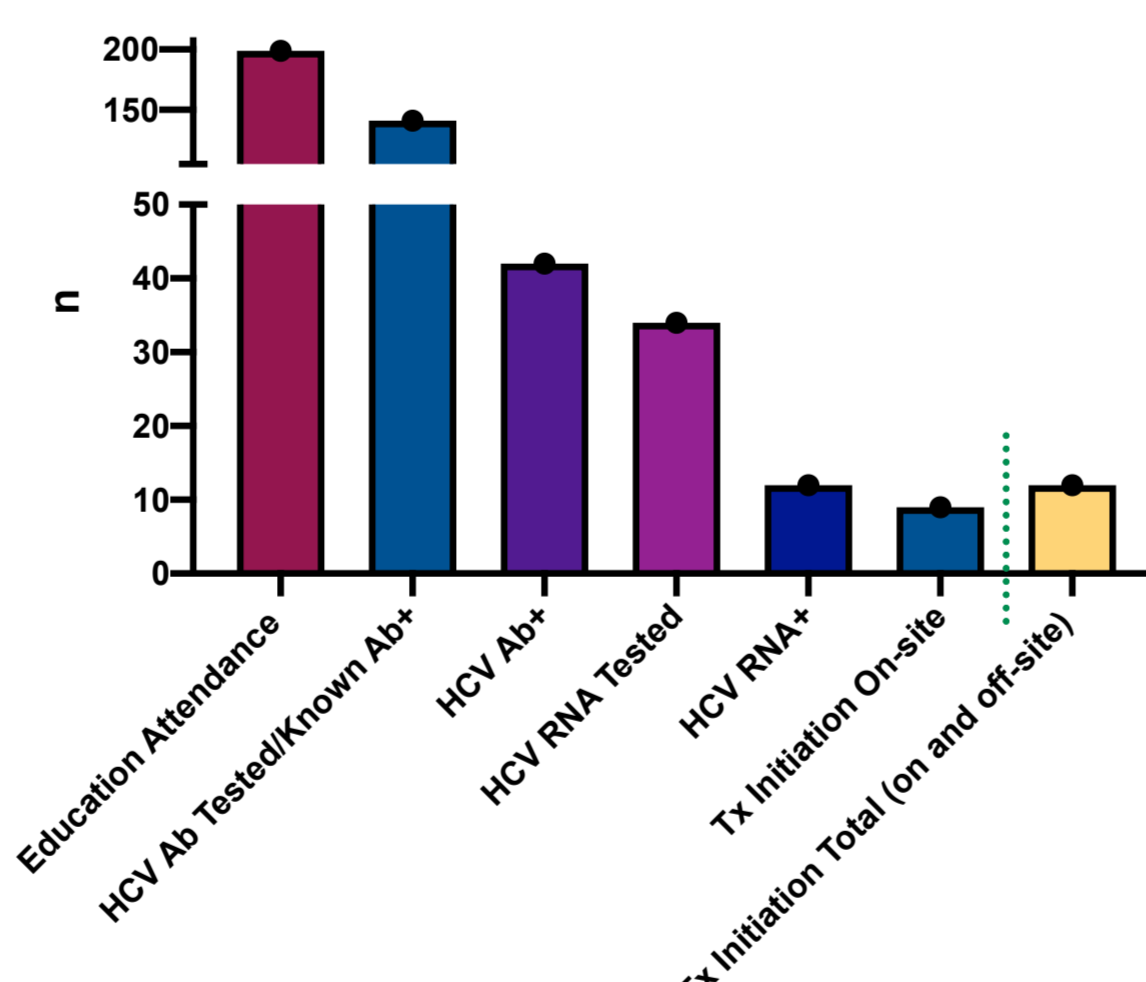
The objective of this QIP was to determine factors affecting follow-up rates among women with HCV, including provider attributes, support systems, and financial incentives.

METHODS



QIP PARTICIPATION & PRE-INTERVENTION CASCADE OF CARE

- The **peer-led** test and treat model has run for 16 months
- 72%** who who attended the education were tested
- 36%** Ab positivity
- 35%** RNA positivity of the Ab positive
- 8/11** treated prior to leaving
- All treated within 3 months of leaving**

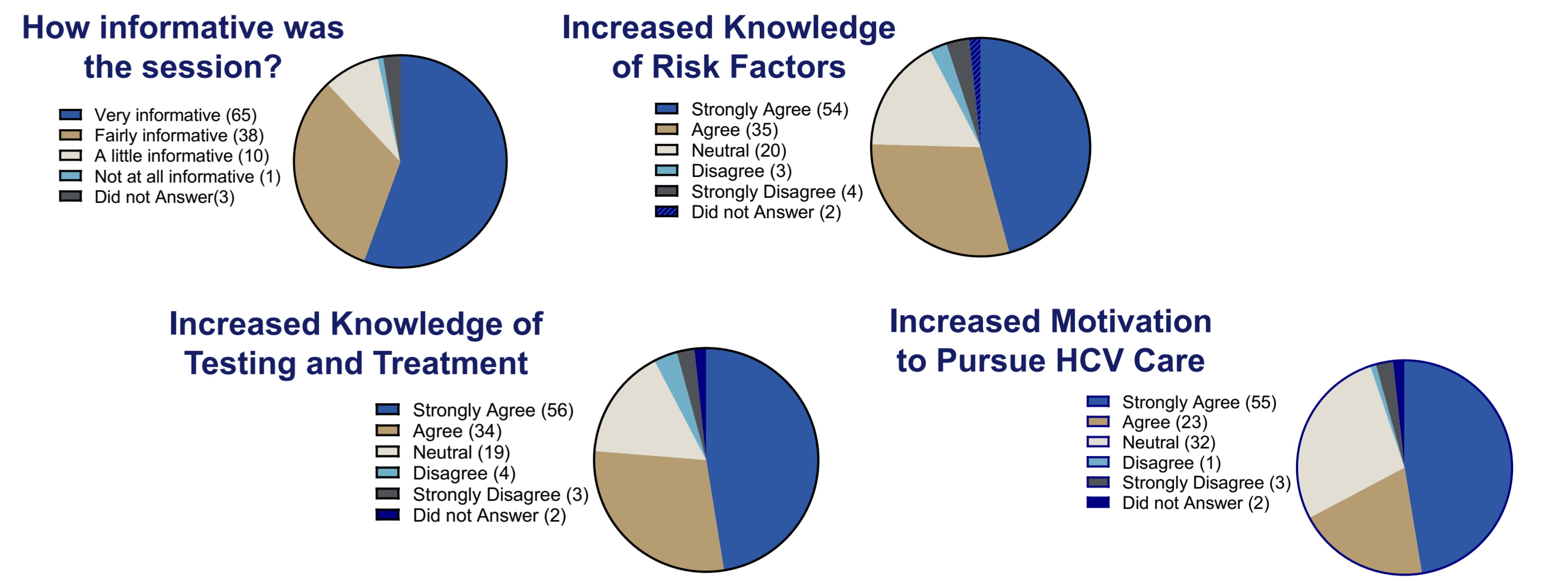


- *QIP with program evaluation and the survey has occurred over the last 11 months, with 122 surveys completed
- 75%** who attended the education completed the survey

CONCLUSIONS

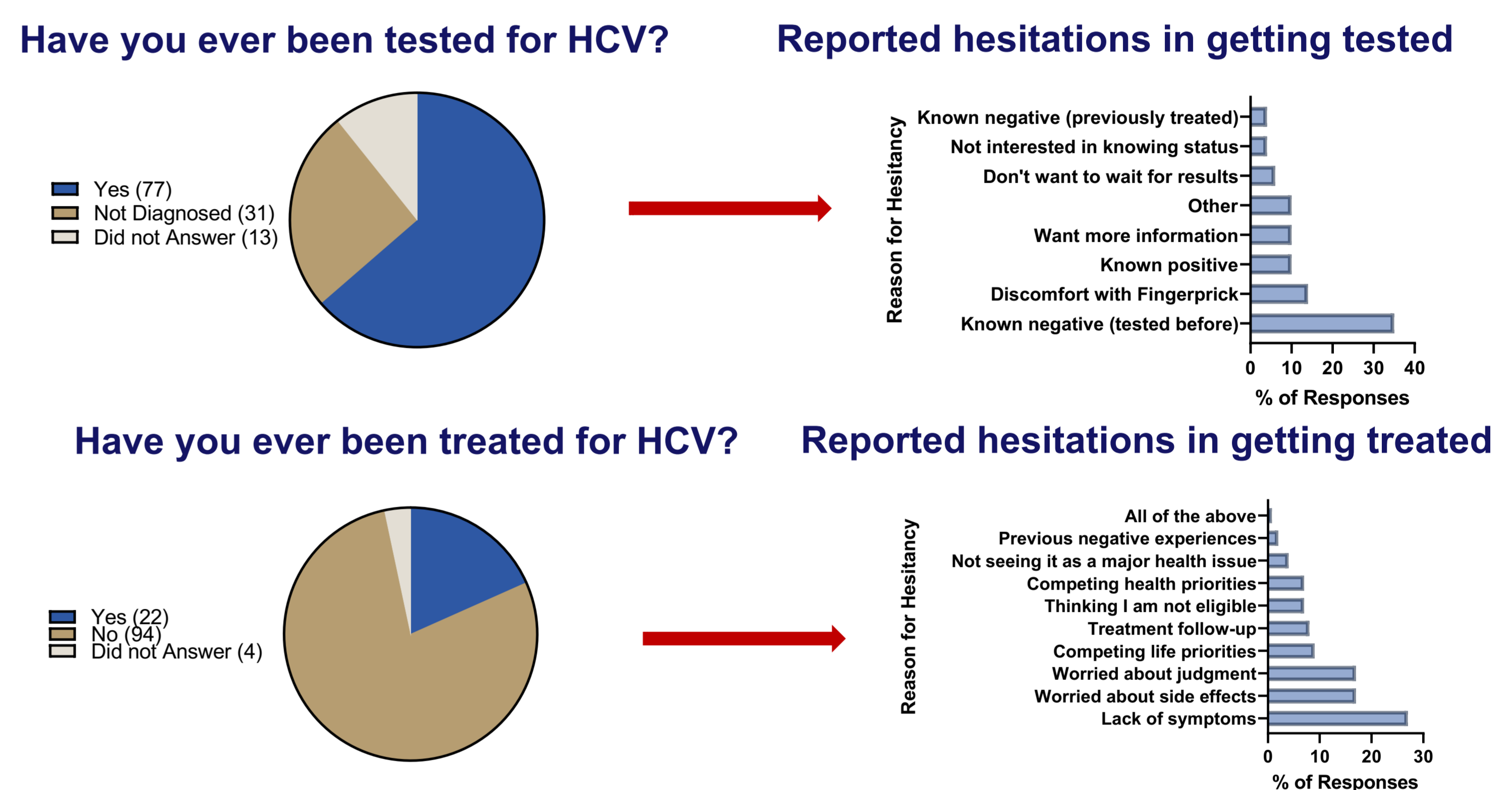
- Most women have previously been tested for HCV, and majority of women are interested in HCV testing and treatment
- The most prevalent reason not to be tested, is a previous negative test, while lack of interest in treatment is a lack of symptoms
- Intensive follow-up with phone calls, text messages, and/or emails, were reported as facilitators to follow-up
- The most frequently-selected provider attribute that would improve follow-up is being non-judgmental, indicating stigma faced by this population
- We intend to implement the results to better determine whether they will improve the cascade of care, specifically, follow-up after leaving a residential facility

EVALUATION OF HCV EDUCATION



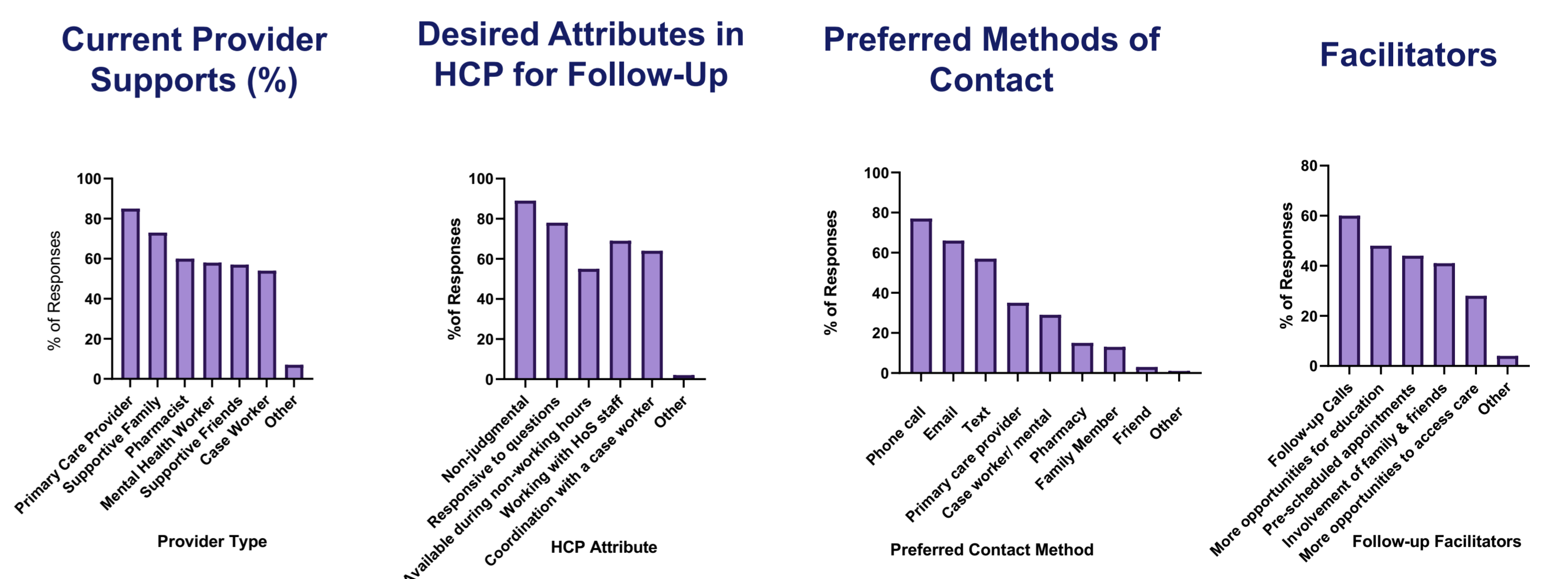
HISTORY OF TESTING AND TREATMENT

- The majority of women have previously been tested for HCV (**63%**)
- 80/122 (66%)** reported no hesitation in getting tested for HCV
- 72/122 (59%)** reported no hesitation in getting treated if tested positive
- 82/122 (67%)** reported that a monetary incentive would encourage follow-up



FOLLOW-UP FACILITATORS

- 102/122 (88%)** stated non-judgmental as an important attribute in a provider
- 73/122 (59%)** reported follow-up calls as helpful in encouraging follow-up
- 82/122 (67%)** reported that financial incentives would encourage follow-up



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