

INSHU POSTER #451 INTEGRATING A NOVEL MODEL OF CARE FOR THE SCREENING AND TREATMENT OF HEPATITIS C FOR CLIENTS ENROLLED IN AN OPIOID AGONIST MANAGEMENT (OAT) PROGRAM.

AFFILIATIONS

Thank you to AbbvieCanada and Gilead for their support in the pilot of our virtual screening program.

AUTHORS

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BACKGROUND

The Hepatitis C Virus (HCV) presents a substantial healthcare challenge in Canada, with more lost years of life than any other infectious disease. Individuals who use drugs (PWUD) encounter significant obstacles in accessing HCV care. In August 2022, the PATHCanada program transitioned from a pilot project into a full-time initiative. It is comprised of PATHCanada (Prevention, Assessment, and Treatment of Hepatitis C in Canada), and trueNorth Medical Services which offers Opioid Agonist Therapy (OAT) at 120 sites for individuals with Substance Use Disorder. The team includes Care Coordinators, Administrators, Addiction physicians, a Registered Nurse (RN), and TEEMAP (Telemedicine Enhanced Expanded Medical Access Partnership), available 7 days a week to facilitate live chats connecting patients with the clinical team (Fig. 1). Our approach to micro-eliminating HCV is pioneering, relying on a client-centered virtual model (VM) of care that integrates with the existing OAT VM model, and has been implemented at 80 sites. This innovative approach focuses on enhancing and engaging patient screening across Ontario and facilitating linkage to HCV care (Fig. 5).

PURPOSE

Using a standard model of care, people on OAT are less likely to travel to a lab for venipuncture thus missing opportunities to be tested, diagnosed, and treated for HCV. PATHCanada developed a virtual model to give clients the opportunity to self-screen for HCV under the guidance of the RN while waiting for their OAT appointment at any PATH site. This model, along with initiating a retrospective review of all charts is currently undergoing real-time testing as a means to alert the clinical team's awareness of patient HCV needs, increase patient HCV engagement, screening, and treatment rates in individuals receiving OAT.

OBJECTIVE

- To retrospectively review all past TrueNorth patient charts to identify patients for HCV screening, linkage to care and treatment.
- To implement the PATH virtual POC and DBS self-screening model at all TrueNorth OAT sites.
- To determine if incorporating the PATH VM model with OAT will increase HCV linkage to care.

THE TEEMAP MODEL

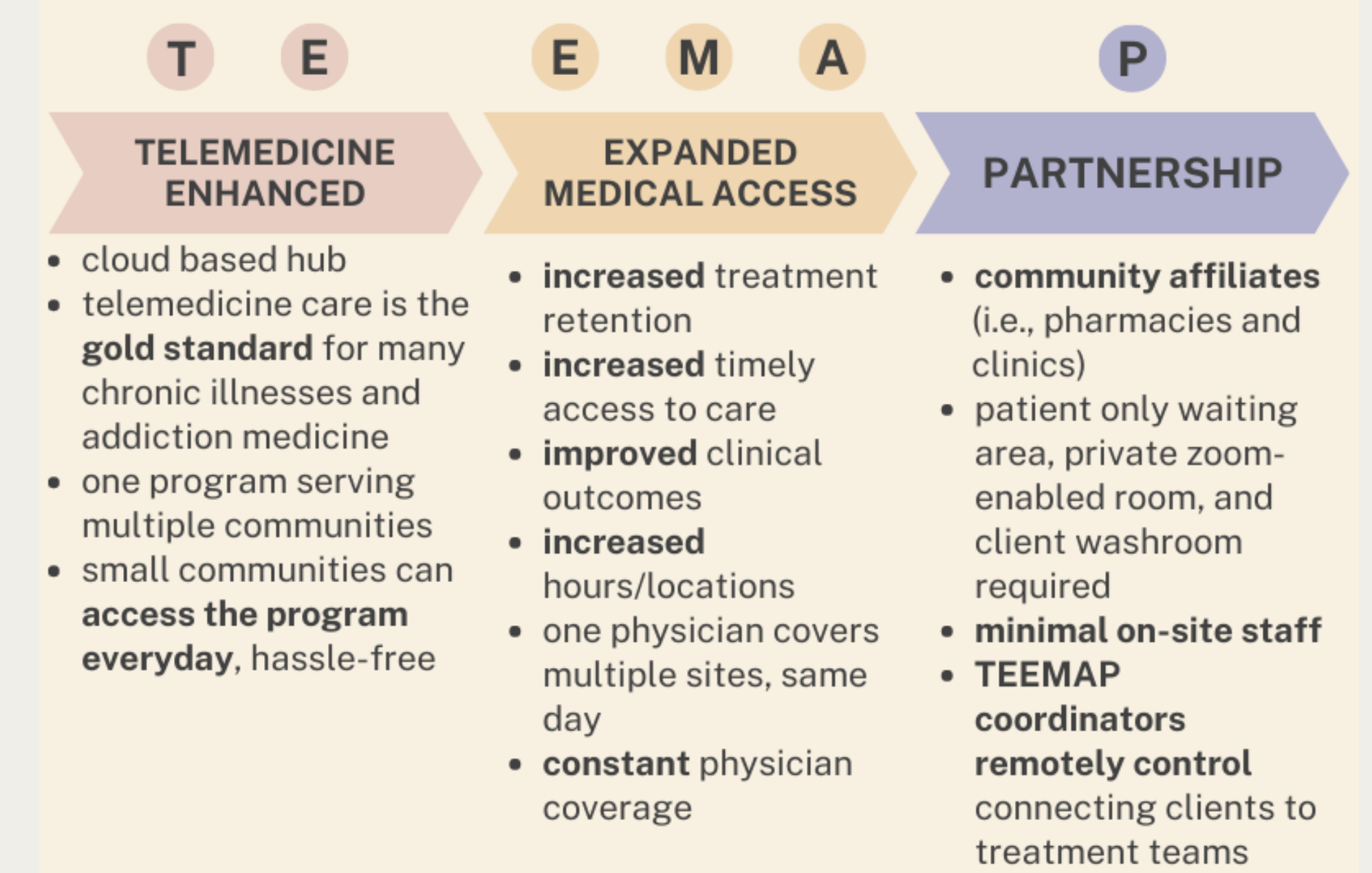


FIGURE 1- DESCRIPTION OF THE TEEMAP MODEL.

RETROSPECTIVE REVIEW

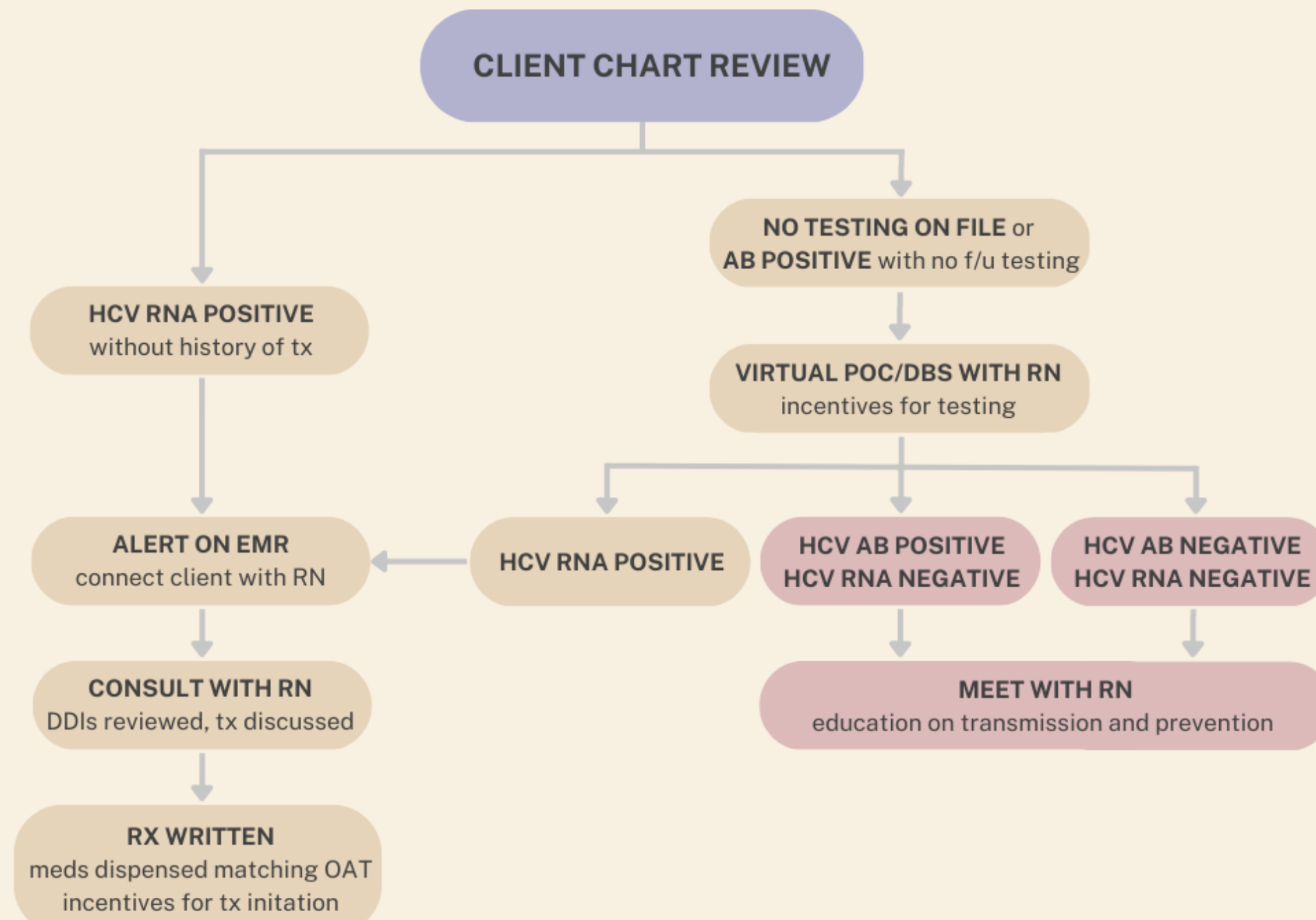


FIGURE 3- DESCRIPTION OF THE RETROSPECTIVE REVIEW

EFFECTIVENESS

From August 2022 to September 2023 1680 charts were retrospectively reviewed. See Figure 3. 36.2% were AB-, 30.6% had no results on file, 19.4% were previously treated, 34.5% were RNA+ with no history of treatment, 3.4% were AB+ with no history of RNA testing and 4.5% were RNA+ with no history of treatment. See figure 4.

Clients were flagged for HCV virtual screening or linkage to care. The results of the virtual POC and DBS screening and linkage to care element were: AB Screened 557, AB + 304, RNA Screened 254, RNA + 206, Initial Appt 124, Started Tx 108, SVR 4 23, SVR 12 23. See figure 5.

This virtual HCV screening and treatment model has shown to be effective in both identifying clients in need of HCV treatment and linking them successfully to care. We added the retrospective chart review to the virtual model which has substantially increased numbers across all variables, but also provides the opportunity to identify gaps in care, locate previous patients lost to follow-up and re-engage them into the Cascade of Care.

DESCRIPTION OF MODEL/INTERVENTION

- Care Coordinator retrospectively reviews charts and sorts patients into 2 groups: those with HCV RNA on file, untreated; and those not tested/due to be retested
- Clients on OAT due HCV screening are flagged via alert on their electronic medical record (EMR).
- Clients present to their local clinic for their virtual OAT appointment. The EMR alert informs the virtual administrator that the client requires HCV screening. Point-of-care antibody tests and dried blood spot testing supplies are provided to the client, who is then connected virtually with a HCV nurse.
- The HCV nurse guides the client to self-screen using the POC kit. If positive, DBS is completed. DBS tests are sent to the lab for testing and results are sent to the HCV team.
- Clients needing treatment are flagged via chart alert and connected to the HCV team virtually for treatment consult. Medication is shipped to their local pharmacy.

CONCLUSIONS AND NEXT STEPS

Through the integration of HCV self-screening with Opioid Agonist Therapy (OAT), this model enables a single registered nurse (RN) to conduct POC and DBS screening and treatment consultations at various locations within a single day. This approach ensures equitable access to care for clients in remote communities and can be successfully implemented in any virtual OAT environment, effectively removing geographical and resource-based obstacles to care.

Future actions encompass:

- After presenting at GHS in April 2023, PATHOntario has undergone a name change to PATHCanada as it embarks on its expansion journey beyond Ontario and into the broader Canadian landscape. The number of PATH sites has risen from 68 to 80, as more affiliates recognize the benefits of incorporating the HCV program.
- PATHCanada will be implementing several new processes to increase screening and treatment rates for 2024

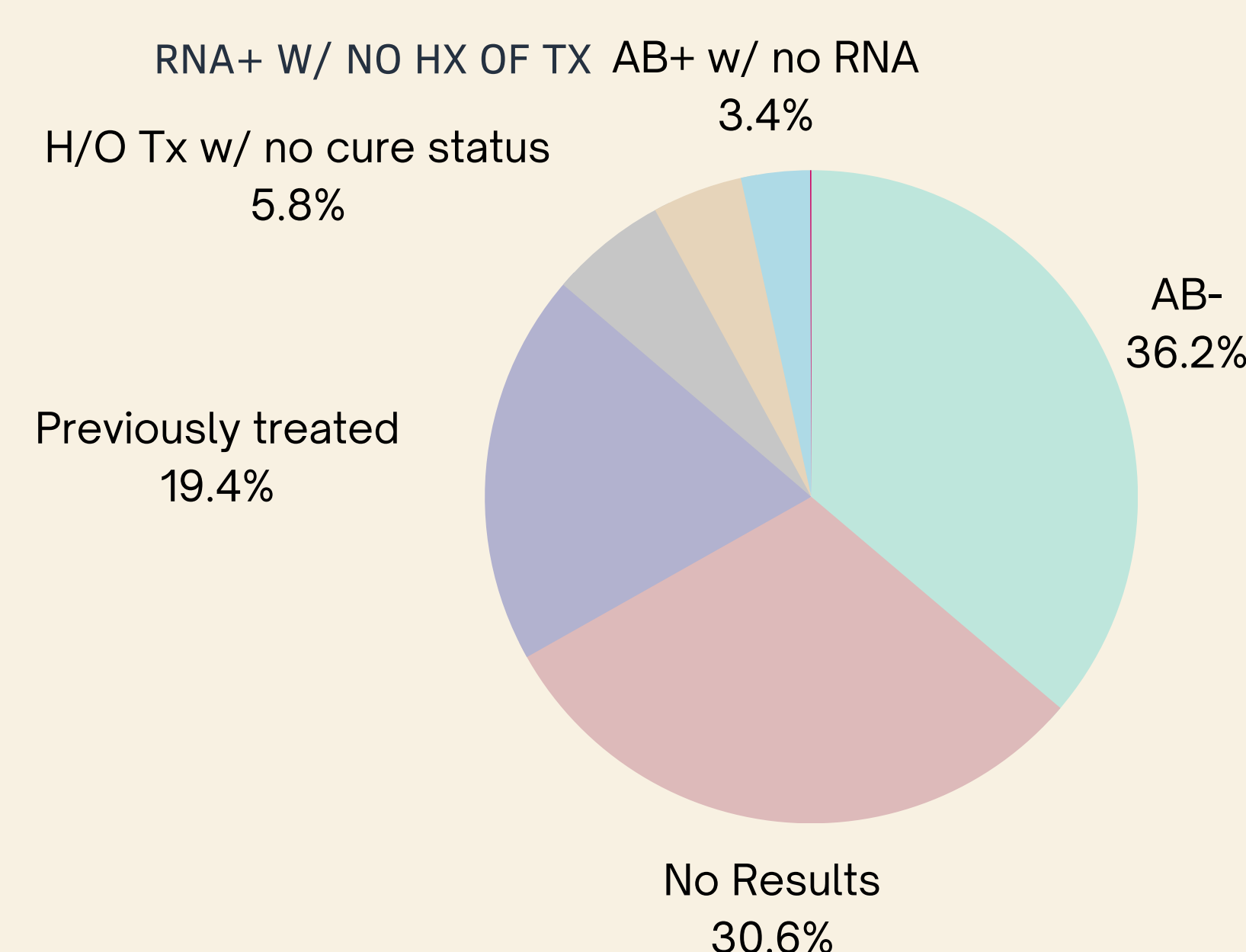


FIGURE 4- RESULTS OF THE RETROSPECTIVE REVIEW

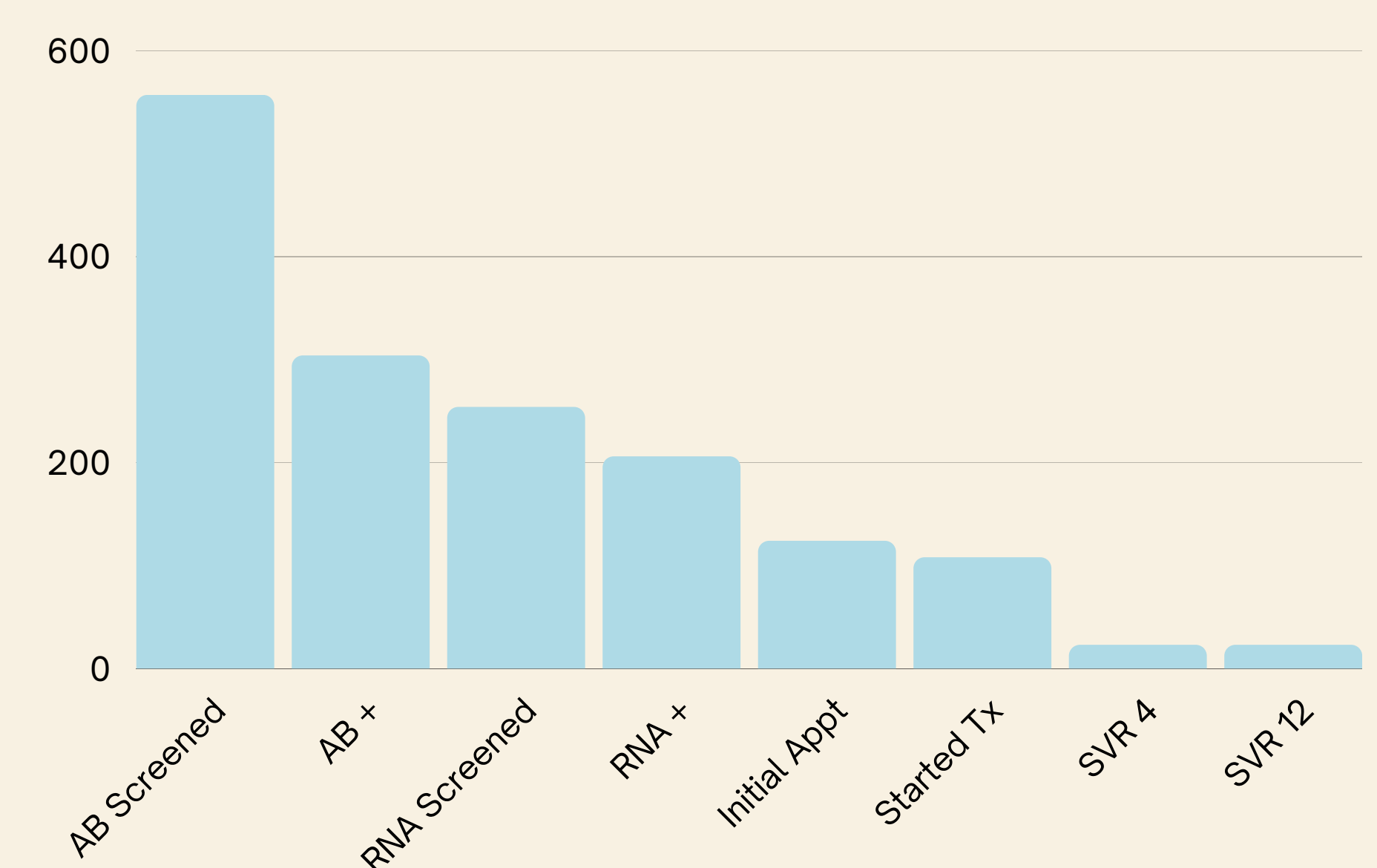


FIGURE 5. RESULTS OF VIRTUAL SCREENING & LINKAGE TO CARE

REFERENCES

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