

# Reducing and Working Around Unnecessary Barriers to Treatment in an Overwhelmed Healthcare System: Nurse-Led Hepatitis C Testing, Rapid Treatment, and Prevention in an Atlantic Canadian Harm



## Reduction iOAT Drug Treatment Program



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### Background:

Many system barriers delay care for people who use or have used drugs in New Brunswick, including:

- Multiple appointments needed
- Lab wait times.
- Stigmatising healthcare settings
- Referral to infectious disease specialists.
- Medication reimbursement lag
- Provincial incarceration policies.



Most are lost to follow-up.

### Model of Care:

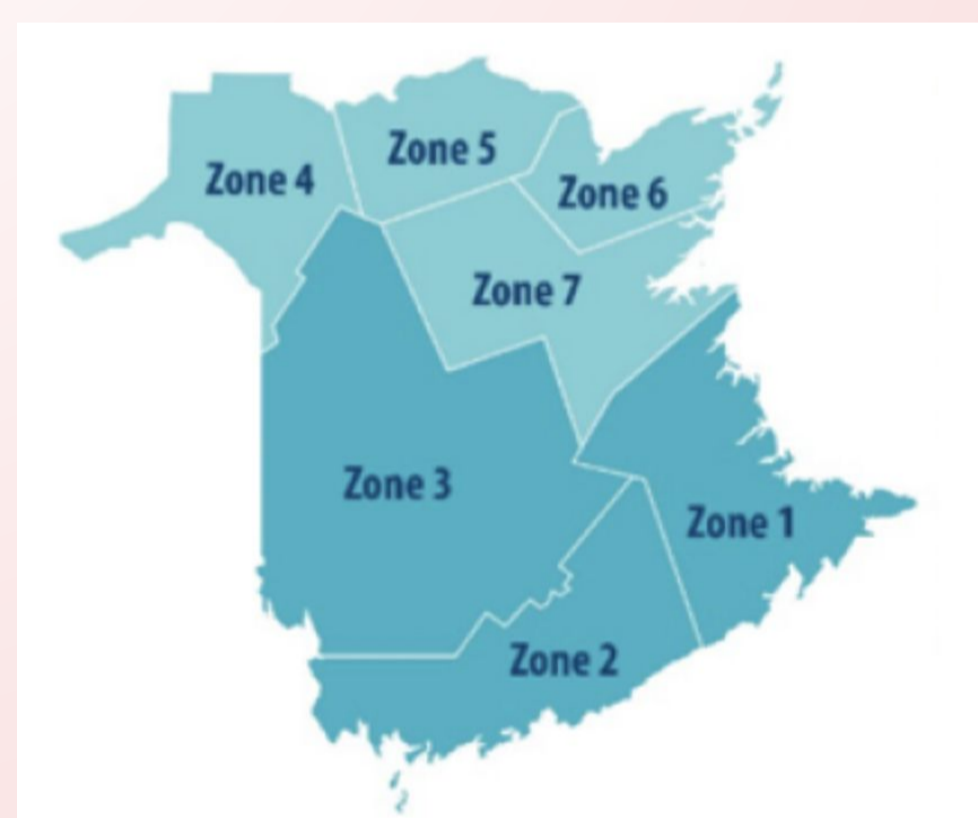
Our nurse-led treatment program breaks down barriers through:

- Building trusting relationships through community outreach.
- All staff are trained to initiate screening and linkage to care.
- All nursing staff provide assessments and education.
- Nurses present findings to the prescriber and follow patients through treatment.
- Dispensing HCV medications with daily-witnessed injectable opiate agonist therapy (iOAT) and opiate agonist therapy (OAT) medications.
- Maintaining outreach relationships preventing loss-to-care.
- Safe supply, harm reduction, and education often deter reinfection.

### Community Impact:

Our clinic provides:

- Training to other providers and peers in dried blood spot testing (DBST).
- Prescriber support.
- Support Indigenous health centre staff in rural community nurse-led treatment.
- DBST on outreach to shelters, tent sites, drop in centres to facilitate treatment for those who prefer not to enter a clinic.



**In the last 3 months of 2022 we began prescribing, and treated 25% of the cases in our entire health zone 3 (roughly 1/3 of our province).**

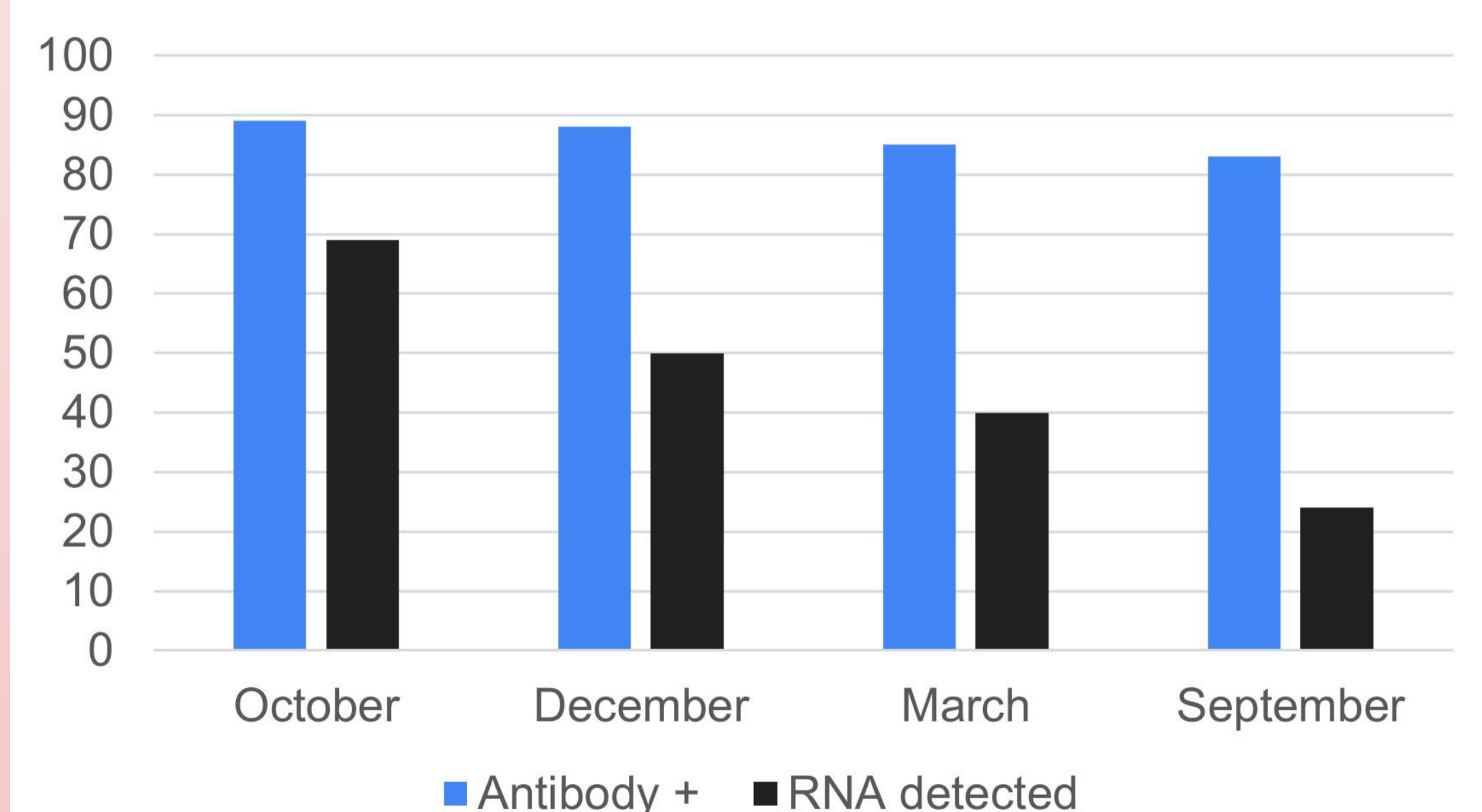
### Effectiveness:

Lobbying for the physician at RSRC to prescribe directly, forgoing referral to Infectious Disease specialist, led to lessening healthcare system burden on specialists and developed rapid access to treatment.

Our statistics for the nurse-led HCV program (in iOAT) include:

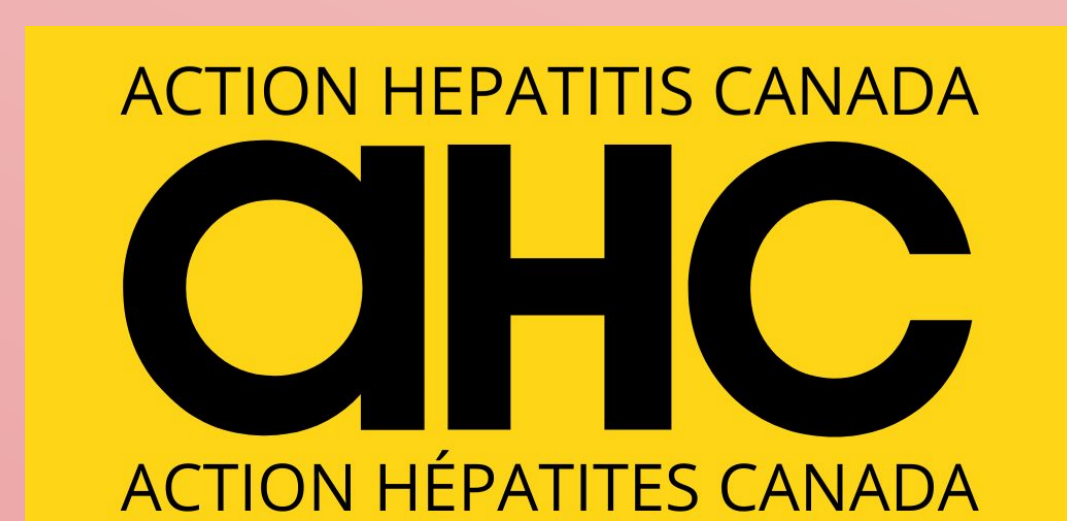
- An initial active HCV prevalence of 69%
- By December 2022, active infections dropped to 50%
- By March 2023 it dropped to 40%
- By September 2023 it dropped to 24%

12 Month HCV Trends in iOAT



### Conclusion and next steps:

Unnecessary barriers to eradicating HCV can be overcome through rapid access, nurse-led programs. RSRC continues to educate external nursing teams, lobby the government, and challenge insurers to reduce barriers to same-day treatment. In NB, barriers still include prescribing authority for PCPs, lab processing times, reimbursements that require genotype and fibrosis score, insurance approval times, and coverage barriers in prisons.



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