

INCREASING HCV SCREENING RATES BY INTEGRATING THE PATHONTARIO HEPATITIS C (HCV) VIRTUAL SELF-SCREENING MODEL OF CARE WITH OPIOID AGONIST THERAPY (OAT) SERVICES AT TRUENORTH MEDICAL TREATMENT CENTRE CLINICS.

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Background: People on OAT are more likely to have HCV than the general population but less likely to travel to a lab for venipuncture. PATHOntario has developed a virtual self-screening model of care where clients self-screen for HCV while waiting for their OAT appointment. This model was tested as a method to increase HCV screening rates in people on OAT.

Description of model of care/intervention:

- 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 an HCV nurse.
- The HCV nurse guides the client to self-screen using the POC kit. If positive, DBS is completed. Clients are notified of results by the HCV RN and enrolled into care if indicated.

Effectiveness: The virtual self screening model has increased the number of clients identified as needing HCV treatment by 140%. In the 12 months prior to the introduction of self-screening, 30 clients were identified as needing HCV treatment via venipuncture. In the 12 months since introducing the onsite self-screening model, 72 clients have been identified requiring HCV treatment.

Conclusion: By integrating HCV self-screening with OAT, this model allows one RN to screen clients from multiple locations in the same day. It not only enables clients from remote communities to receive equal access to care but can be replicated in any virtual OAT setting effectively eliminating geographical and resource barriers to care.