MEETING CLIENTS WHEREVER THEY ARE AT: A RESPONSIVE MODEL OF HEP C CARE IN TORONTO, CANADA

Connolly K^{1,2,3}, Belanger D^{1,2,3}, Catzel J^{1,4}, Lettner B^{1,2,3}, Muli A^{1,5}.

- 1. Toronto Community Hep C Program
- 2. South Riverdale Community Health Centre, Toronto, Canada
- 3. Regent Park Community Health Centre, Toronto, Canada
- 4. Sherbourne Health, Toronto, Canada
- 5. Parkdale Queen West Community Health Centre, Toronto, Canada

Background: The Toronto Community Hep C Program (TCHCP) is a partnership between four communitybased health centres in Toronto, Canada which provides Hep C (HCV) treatment within a framework of harm reduction for people who use drugs. Involvement of people with lived experience of HCV and drug use in program design and service delivery is a key program principle. People with lived experience are essential service providers across the program. Due to COVID-19 and a changing HCV treatment landscape, the TCHCP has recently shifted how and where we deliver care.

Description of model of care/intervention: The program is currently focused on increasing outreach initiatives and providing HCV testing and treatment in pharmacies, shelter hotels and partner agencies. An important component of program planning is the use of collective self-reflection to adapt services based on service user feedback to meet the needs of the communities that we serve. Additionally, our Patient Advisory Board (PAB) is routinely consulted for their input regarding program planning and service delivery and the program recently undertook a situational needs assessment with past/current program clients.

Effectiveness: TCHCP staff have noted an increase in individuals accessing care and treatment as a result of flexible and client-centred outreach initiatives. The presentation will share the findings from the client survey. The survey was administered by staff across the partnership from November 2021-January 2022. Survey results have helped inform and focus how and where we are engaging people living with or are at risk for Hep C.

Conclusion and next steps: The TCHCP has used the feedback that we received in our survey to inform and modify service delivery. Conference attendees will have an opportunity to learn how they can incorporate ongoing and more formal service user feedback to inform service delivery that meets of the needs of their target populations.

Disclosure of Interest Statement: the authors have nothing to declare.