AN ON-SITE NURSE-LED PROTOCOL-DRIVEN MODEL OF CARE IMPROVES ACCESS TO HCV TREATMENT FOR TRANSIENTLY INCARCERATED PERSONS IN A PROVINCIAL CORRECTIONAL FACILITY IN SASKATCHEWAN, CANADA

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Background:
The Canadian province of Saskatchewan faces a unique hepatitis C (HCV) epidemic characterized by disproportionate numbers of persons of Indigenous heritage, young persons, and women. Improving care outcomes for HCV-infected persons in correctional settings is crucial to achieving elimination, but persons in provincial custody across Canada are frequently difficult to engage in care and treatment due to short and unpredictable incarceration times.

Description of Model of Care / Intervention:
Regina Provincial Correctional Centre (RPCC) is a provincial men's correctional facility that houses 600 to 800 persons. In 2015, teams from the ID Clinic began attending RPCC to improve access to HCV care for inmates. Iterative steps undertaken to improve HCV care in RPCC have included: next-day approval of HCV therapy; protocols to task-shift HCV care to nurses and nurse practitioners under remote physician supervision; increasing clinic frequency to twice-monthly; regular review with RPCC administrators regarding sentencing/release details, and ongoing targeted education regarding routine HCV screening by RPCC care providers.

Effectiveness:
73 men were initiated on HCV therapy in RPCC between January 1/15 and February 28/19. Numbers initiated annually have increased from only 1 in 2015 to 43 in 2018. 51/73 (70%) were Indigenous, 28/73 (38%) had advanced (F3/F4) fibrosis, 41/73 (56%) were GT1a, 28/73 (38%) were G3. 62/67 (93%) who have reached end-of-treatment completed their full treatment course, 36 achieved SVR12, and 15 were lost-to-follow-up. Two reinfections were documented upon readmission to RPCC.

Conclusions and Next Steps:
Coordination with the correctional institution and provincial drug formulary to optimize access to HCV therapy, as well an increased emphasis on HCV screening and frequent on-site clinics, has facilitated a significant increase in persons initiating and completing HCV therapy in RPCC. Similar models may be implemented in other correctional settings to improve HCV care outcomes for persons who are transiently incarcerated.

Disclose of interest: none