

USE OF MODERN SCREENING AND CONTACT METHODS IN OAT CLINICS TO INCREASE HCV SCREENING AND LINKAGE TO CARE

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Background:

Integrating HCV care into Opioid Agonist Treatment (OAT) programs has played a critical role in HCV elimination efforts. However, the COVID-19 crisis has impacted delivery of HCV screening and treatment services worldwide.

Description of model of care/intervention:

The Canadian Addiction Treatment Centres (CATC) HCV program combines OAT alongside HCV testing, education, treatment and harm reduction support. Despite having access to onsite venipuncture and HCV specialists, patient uptake in screening and treatment saw significant declines during the pandemic. In response, CATC piloted several programmatic changes to increase HCV testing and linkage to care:

- Integrating point of care (POC) and dried blood spot (DBS) testing to replace phlebotomy during physical distancing measures and minimize the impact of labor shortages
- SMS reminders for appointments
- Offering telephone/telemedicine visits when COVID-related isolation or transportation issues precluded clinic attendance
- Enabling walk-in visits to accommodate patients when they're ready to access care

Effectiveness:

POC/DBS testing quadrupled the daily number of patients we're able to screen. From Jan-Feb 2022, 54 patients were screened via phlebotomy (with subsequent VL testing performed on 24) vs. 237 patients screened via POC (with subsequent DBS testing performed on 49). Use of text message appointment reminders with the option for telephone visits with HCV specialists also visibly reduced our no-show rates: 50% (2917 missed/5802 pre-booked visits) from Oct 2018 – Feb 2020 vs. 38% (1855 missed/4764 pre-booked visits) from March 2020 – July 2021.

Conclusion and next steps:

Barriers imposed by COVID-19 necessitated patient-centric strategies to improve outreach and retention in HCV care. Combining POC and DBS not only reduced turnaround times for patients awaiting their antibody results but allowed us to improve our HCV testing capacity. Offering walk-in and telephone appointments as options also significantly reduced wait times for patients to see a specialist and contributed to higher linkage to care rates.

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