PROVINCIAL VARIABILITY IN HCV TESTING, CARE, AND TREATMENT ACROSS CANADA

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Background: Few countries have implemented the necessary widespread policy changes to reduce the number of steps in the cascade of care to achieve HCV elimination, including Canada. The aim of this study was to describe and compare legislation, scope of practice, and policy as it relates to the provision of HCV care in each Canadian province.

Methods: We reviewed grey literature, regulatory and legislative documents related to essential aspects of the HCV cascade of care. Findings were verified by content experts.

Results: HCV RNA reflex testing is essential to ensure those that are antibody positive get an HCV RNA test, however only 80% of provinces reflex test. Point-of-care antibody testing can be offered in most community non-healthcare settings, yet many types of healthcare providers are unable to do this independently. Following a positive test, it may not be feasible to complete venipuncture, however only a single province processes HCV RNA dried blood spot cards. Pharmacists and registered nurses/registered psychiatric nurses can order laboratory investigations in 10% and 40% of provinces and prescribe a limited list of medications in 80% and 60% of provinces. Pharmacists can only prescribe direct acting antivirals in a single province. In many provinces, training and verification processes are required for novice prescribers, and in some provinces prescribing continues to be restricted to specialists. Finally, 80% of provinces require authorization forms, and 30% require proof of investigations for treatment.

Conclusion: No single Canadian province is fully utilizing diagnostic tools, optimizing task shifting, and decreasing paperwork to expedite treatment initiation. Collaboration and sharing lessons between provinces is needed to streamline practice, update policy, and promote efficiencies in HCV diagnosis, care, and treatment.

Disclosure of Interest Statement: MJB reports receiving research support and consulting fees from AbbVie, Gilead, and Specialty Rx Solutions. CHD is an employee of McKesson Canada, receives consulting fees from AbbVie and Gilead. HS reports receiving consulting fees and research support from AbbVie and Gilead. JJF reports receiving research support and consulting fees from AbbVie and Gilead. HLAJ reports receiving research support from AbbVie and Gilead. No other competing interests were declared