

REDUCING AND WORKING AROUND UNNECESSARY BARRIERS TO TREATMENT IN AN OVERWHELMED HEALTHCARE SYSTEM: NURSE-LED HEPATITIS C (HCV) TESTING, RAPID TREATMENT, AND RETENTION IN AN ATLANTIC CANADIAN HARM REDUCTION iOAT DRUG TREATMENT PROGRAM

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Background:

HCV treatment in New Brunswick's overburdened healthcare system unnecessarily includes referral to infectious disease specialists resulting in long waits for treatment initiation, wasted resources, and barriers for at-risk populations who are often wary of stigmatizing healthcare settings creating difficulty in attending appointments. Most are lost to follow-up. DAA reimbursement, lab wait times, and prison policies add additional burdens.

Description of model of care:

River Stone Recovery Centre's (RSRC) nurse-led treatment program efficiently reaches often-missed at-risk populations. Licensed practical nurses, registered nurses, and peers initiate screening, assessment, and education for patients who have developed trusting relationships and through mobile outreach and liver-health events. Nurses present findings to the prescriber then follow patients through treatment. We train other providers and peers in dried blood spot testing (DBST) and empower First Nation health centres to do their own nurse-led testing and linkage-to-care. DBST and outreach facilitate treatment even for those who prefer not to enter a clinic.

Effectiveness:

Obtaining prescriptive authority within RSRC in November 2022 has allowed treatment to start sooner and lessened the burden within other areas of NB's healthcare system. In October 2022, the prevalence of active HCV in iOAT participants was 69%. By December, active infections dropped to 50%, and by March 2023 dropped to 40%. In 2022, 73 cases were reported in our geographic area and our clinic treated 25. Dispensing HCV medications with daily-witnessed iOAT/OAT medications and maintaining outreach relationships has prevented loss-to-care. Safe supply, harm reduction, and education often deter reinfection.

Conclusion and next steps:

Unnecessary barriers to eradicating HCV can be overcome through rapid access, nurse-led programs. RSRC continues to educate external nursing teams, lobby the government, and challenge insurers to reduce barriers to same-day treatment. In NB, barriers still include prescribing authority for PCPs, lab processing times, reimbursements that require genotype and fibrosis score, insurance approval times, and coverage barriers in prisons.