

## **EXPANDING ACCESS TO HEPATITIS C CARE IN COMMUNITY AND CORRECTIONAL SETTINGS VIA NON-TRADITIONAL MODELS IN SASKATCHEWAN, CANADA**

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### **Background:**

The Canadian province of Saskatchewan currently faces an ongoing hepatitis C (HCV) epidemic characterized by high rates of injection drug use and disproportionate representation of Indigenous persons. Of concern, the total number of persons treated for HCV in 2017 in Saskatchewan was similar to the number of persons reported as newly diagnosed with HCV. To achieve elimination, pragmatic and cost-effective solutions are required to improve all steps of the provincial HCV cascade.

### **Description of Model of Care / Intervention:**

The ID Clinic at Regina General Hospital accepts the majority of referrals for HCV in southern Saskatchewan (~350,000 persons). Given the limitations many referred patients faced in accessing care via a standard 'tertiary' model, the clinic systematically expanded its community presence through nurse-led outreach clinics mostly situated at major distribution points for opioid substitution therapy, as well as the provincial men's correctional facility. Different barriers to care became quickly evident for each unique patient group.

### **Effectiveness:**

To identify gaps in care, we visualized HCV cascade data for each subgroup of patients. For persons seen in corrections, barriers included high rates of persons ineligible for treatment by fibrosis criteria, and being unable to initiate treatment due to poorly-defined dates of release and concerns regarding loss to follow-up upon release. Persons seen in outreach settings or standard referral benefited from reflex HCV RNA testing, but mostly remained treatment ineligible by fibrosis criteria.

### **Conclusion and Next Steps:**

The settings in which persons with HCV are engaged in care play a major role in determining patient flow, are unique, and require customized solutions as opposed to a 'one size fits all' approach. Steps taken to improve care include the expansion of nurse-led treatment capacity and establishing ongoing and consistent presence in corrections to diagnose and engage persons in care in a timely fashion.

### **Disclosure of Interest Statement:**

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