Treating People Where They Are: Micro-elimination in Practice

Cool Aid Community Health Centre
Victoria, Canada

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Micro-elimination in Practice: Introduction to Victoria Cool Aid Society

- Non-profit society in Victoria, BC, Canada (population 368,000)
  - 3 Shelters
  - 13 Supportive Housing Facilities
  - Resource Employment Education Services (REES)
  - Downtown Community Centre
  - Dental Clinic
  - Health Centre with 4700 primary care patients (18% HCV+, 5% HIV+)

Micro-elimination in Practice: Cool Aid Community Health Centre
Micro-elimination in Practice: Exciting Announcement

- MARCH 2018 – British Columbia Provincial coverage for HCV treatment is no longer dependent on a FibroScan result of F2 or greater
- COVERAGE FOR ALL!
- Micro-elimination best strategy to pursue in our context

Micro-elimination in Practice: Housing First

- 13 supportive Cool Aid housing sites gave us a unique opportunity to treat individuals where they live
- No barrier to service – we come to you!
- February 2018 – initiated a nurse-led “seek & treat” micro-elimination approach
Micro-elimination in Practice: Seek & Treat

- Onsite education of housing support staff
- Recruitment of residents
- Recruitment of key social sharing networks
- Client education
- Onsite HCV OraQuick antibody tests, pretreatment
  Province required bloodwork & FibroScans
- Behind the scenes

Micro-elimination in Practice: Treatment

- Visits to supportive housing sites with results of serology and individualized treatment plans
- Clients and their sharing networks within each housing site were started on HCV treatment on the same day (micro-elimination strategy)
  - Daily pick-ups with OST
  - Weekly blisterpack delivered by RN to housing staff
  - Weekly blisterpack delivered by RN to client
  - Sharing network clients that were homeless attended the clinic weekly to see RN
Micro-elimination in Practice: Queens Manor

- Cash incentives of $5 were provided for the return of the previous weeks blisterpack
- Cash incentives of $30 were provided for HCV EOT bloodwork and will be provided for HCV SVR bloodwork
Micro-elimination in Practice: Preliminary Data

PRELIMINARY OUTCOMES CITE HCV PROJECT: (February 2018- August 2018)  

<table>
<thead>
<tr>
<th>DATA:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Residents and social contacts screened</td>
<td>155</td>
</tr>
<tr>
<td>HCV antibody positive residents and social contacts</td>
<td>57</td>
</tr>
<tr>
<td>HCV RNA positive residents and social contacts</td>
<td>47</td>
</tr>
<tr>
<td>Residents and social contacts initiating HCV treatment</td>
<td>41</td>
</tr>
<tr>
<td>Residents and social contact unable to start HCV treatment due to severe comorbidities</td>
<td>6</td>
</tr>
<tr>
<td>Residents and social contacts who are actively injecting</td>
<td>27</td>
</tr>
<tr>
<td>Residents and social contacts who had HCV treatment discontinued</td>
<td>1</td>
</tr>
<tr>
<td>Residents and social contacts who have completed HCV EOT bloodwork</td>
<td>18</td>
</tr>
</tbody>
</table>

Micro-elimination in Practice: Preliminary Project Successes

- Excellent medication adherence
- Increased engagement in primary care
- RN staff have stronger outreach relationships
- Peer involvement and ‘word of mouth’ has helped reduce stigma associated with HCV and increased treatment uptake
- Increased client confidence to pursue other hopes/dreams
Micro-elimination in Practice: Preliminary Project Successes cont...

- Immunizations and STI screening and treatments were incorporated into visits
- Two individuals were enrolled in the provincial PrEP program
- Health challenges/client concerns were investigated and addressed
- Harm reduction strategies/reinfection risks reinforced

Micro-elimination in Practice: Preliminary Project Challenges

- Chaotic testing environment
- Group screenings
- Complex comorbidities
- Length of HCV treatment
- OraQuick HCV antibody test
Micro-elimination in Practice: Preliminary Lessons Learned

- OraQuick (HCV antibody test) were found to be less effective in chaotic screening environments
- Access to dry blood spot testing
- Relationship building with clients is easier when RN has pre-existing relationship with housing sites
- Peer recruitment and peer mentors are essential for treatment uptake
- Incentives work
- Need shorter duration of DAAs (ideally 4, 6, 8 weeks treatment length)

Micro-elimination in Practice: Preliminary Conclusions & Next Steps

- This nurse-led micro-elimination model of care can decrease the local HCV burden and reinfection risk in people who inject drugs and can be used as a model of care for nurses in other communities
- We hope to inspire more ambitious and targeted efforts towards treatment of HCV as prevention
- Goal: to continue this project in all Cool Aid supportive housing sites
THANK YOU

QUESTIONS?