CUPS LIVER CLINIC CONJOINT CARE MODEL TO SUPPORT CONNECTION TO HCV CARE IN CALGARY, ALBERTA, CANADA

Authors:
Gale N[1], Macphail G[1,2]

[1]CUPS Liver Clinic, [2]University of Calgary

Background:
The CUPS Liver Clinic is a multi-disciplinary clinic in Calgary, Canada that provides health and wrap-around social services to people experiencing poverty, homelessness and/or substance use. Despite being a low-barrier setting that prioritizes care for marginalized groups, many HCV-affected individuals do not seek out care or are lost to follow-up. Therefore, we developed a unique framework of partnerships that support an integrated and decentralized approach to HCV screening, testing, and treatment. Our conjoint model of care fosters collaboration between otherwise siloed service providers and improves continuity of care for transiently-engaged patients.

Description of model of care/intervention:
As of March 2023, we have formed collaborative partnerships with: (1) a hospital-based addiction consult service; (2) correctional health services; (3) addiction detox facilities; (4) local permanent supportive housing (PSH) sites; (5) Provincial Drug Court; and (6) local shelters and street outreach teams. Community events included low-barrier HCV outreach days at community centres or parks. A city-wide HCV Community of Practice (COP) was formed to bring together local care providers, peers, and other agencies that provide services to high-risk populations in Calgary. Peer Support Workers have improved cultural safety and linkage to care.

Effectiveness:
To date, we have screened over 350 individuals through the shelter, detox, and PSH outreach events and have received 51 referrals through the various arms of our conjoint care model. This resulted in 61 HCV treatment starts, mostly for patients who had not accessed care in traditional clinic-based settings.

Conclusion and next steps:
Unique models of care are needed to reach the 2030 targets for HCV elimination by engaging high-risk priority populations that otherwise would not be connected to health care. A blended model of decentralized care and referral pathways, paired with community outreach, will improve health equity for priority populations and can be replicated elsewhere.