

Innovative Approach to Rural HCV Management in Clients with Opioid Use Disorder

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Disclosure - no conflicts of interest to
disclose

Purpose

- ▶ Share and exchange knowledge
- ▶ Provide brief background information about Opioid Disorder Treatment on Bell Island and HCV in clients with OUD
- ▶ Research Plan - goals, challenges, and successes thus far
- ▶ Increase networking
- ▶ Address Social Determinants of Health
- ▶ Introduce Hepatitis C guidelines -key points
- ▶ Introduce **ACT** as model for vision and mission for HCV care

Hepatitis C guidelines

- ▶ HCV elimination - The World health Organization has declared that global HCV elimination is possible, using treatment. Canada has agreed to eliminate HCV by 2030
- ▶ HCV prevention - Needle exchange reduces HCV transmission- **SWAP**
- ▶ HCV Testing promotion - Opioid agonist treatment - HCV prevalence 65% and test monthly; **Point of care testing may increase testing uptake**; confirm POCT positives with lab testing
- ▶ HCV Diagnosis - HCV antibody remains positive for life; Every antibody positive should be tested for RNA; HCV RNA indicates active infection; HCV genotype is not required for treatment
- ▶ Linkages to Care - **HCV can be treated by primary care providers**; Emphasis on Patient centered care
- ▶ Prevent Liver Injury - vaccination against HBV
- ▶ HCV Treatment - Funding available from NLPDP or private insurance or pharmaceutical company enrollment plans
- ▶ After HCV Treatment - assess **sustained** virological response at 12 weeks after treatment completion; assess for **re-infection** with regular testing if ongoing risk and retreat re-infection

Social Determinants of Health

- ▶ Income and Social Protection
- ▶ Education
- ▶ Unemployment and job insecurity
- ▶ Working life conditions
- ▶ Food insecurity
- ▶ Housing, basic amenities and the environment
- ▶ Early childhood development
- ▶ Social inclusion and non-discrimination
- ▶ Structural conflict
- ▶ Access to affordable health services of decent quality

ACT Model Approach:

“Acknowledging and Acting to assess, implement and improve *access to management* of clients with Opioid Use Disorder who are at risk for and diagnosed with Hepatitis C with a mission to prevent and eliminate HCV among clients in the rural community of Bell Island and to improve overall health in the community at large” (personal and professional vision)

Client Population

- ▶ **ACT - assess, confirm, treat**
- ▶ ASSESS clients with Opioid use disorder for Hepatitis C (HCV) with Point of Care Testing (POCT)
- ▶ CONFIRM diagnosis with lab testing
- ▶ TREAT clients with OUD who have HCV; identify barriers to treatment; and provide aftercare

Organizational systems

- ▶ **ACT** - Primary health care - **Can be provided by primary care providers**
- ▶ ASSESS professional and organizational strengths and barriers in accessing HCV care; ADVOCATE for changes in access to screening and confirming HCV; and improve access for **drug coverage and importance of adherence**
- ▶ COLLABORATE, CONSULT AND COMMUNICATE - **Education** as a priority and build on COMMUNITY CAPACITY and **reduce stigma**; Improve CHARTING template and Lab Standardization
- ▶ TEAM approach - between client and providers; within the team unit; among health care professionals and to the community at large (**outreach programs**)

Resources

- ▶ Center for Health Information - Hepatitis C guidelines
- ▶ Social Determinants of Health - World Health Organization -

https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1