THE EFFICACY OF VIRTUAL CARE FOR HCV ELIMINATION IN ON-RESERVE INDIGENOUS COMMUNITIES IN SASKATCHEWAN, CANADA

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Background:

In Canada, Indigenous people are consistently the most at-risk group for HCV infection, particularly through intravenous drug use (IVDU). With the legacy of colonialism and impact of intergenerational trauma, IVDU is at epidemic rates in Saskatchewan (SK) among Indigenous communities. Accounting for 15% of the SK population, Indigenous people are 7X more likely to be diagnosed. Further, Indigenous people living on-reserve account for 3X more of new diagnoses compared to the general population (SK Ministry of Health, 2019), while an estimated 21-44% chronically infected not aware (Skinner, 2018). Wellness Wheel (WW) is a mobile medical clinic delivering health care to on-reserve Indigenous communities in SK. A community-led model, WW provides peer mentorship and care across the continuum, with demonstrated success in providing culturally responsive care.

Description of model:

The restrictions of the COVID-19 pandemic closed community health centers, yet new incidents of HCV infection and risks of IVDU continued in partner communities. Through relationships with community leadership, nurses and health staff, an innovative model of care providing virtual care through telehealth, text messages, phone and pexip calls. Care was provided 'where clients were at'. Community nurses, outreach, and peer mentors engaged individuals in care, while the care team was available through virtual methods.

Effectiveness:

Of those using only virtual methods between January 1, 2020 – December 31, 2021 (65% male and 35% female; mean age 44.8) 85% completed treatment and 70% achieved sustained virological response within the reported time period. 2% of the cohort became re-infected.

Conclusion/ next steps:

Supported by community leadership and peer-to-peer networks, virtual care methods were an effective model of care for HCV treatment and elimination in on-reserve communities. Innovation in care delivery necessitated by the pandemic response established virtual care as an additional, alternative, accessible, and effective model of HCV care.

Disclosure of Interest Statement:

The author has no conflict of interests.