

STRUCTURAL BARRIERS TO HCV POINT OF CARE TESTING IN COMMUNITY-BASED ORGANIZATIONS: PERSPECTIVES FROM A COHORT STUDY WITH PEOPLE WHO INJECT DRUGS

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Background:

An estimated 22% of people who inject drugs (PWID) in Canada did not know their hepatitis C (HCV) status. Scaling up point-of-care testing (POCT) through community-based organizations (CBOs) could help address this gap, but implementation barriers include limited resourcing, competing priorities, and role limitations within CBOs. We describe our experience implementing rapid HCV antibody POCT in CBOs serving PWID in Quebec, Canada, via the HCV virtual cascade of care cohort (VCCC) study.

Description of model of care/intervention/program:

The ongoing VCCC study seeks to inform HCV treatment expansion among PWID in diverse settings, combining community-based recruitment and data collection with longitudinal follow-up via administrative databases. Baseline procedures comprise a questionnaire, rapid POCT for HCV antibodies (OraQuick®), and dried blood spot (DBS) collection. CBOs receive funding support, training, and materials to execute these procedures. In Quebec, regulations require healthcare professionals (HCP) to perform POCT, while DBS is not approved for clinical use. OraQuick® tests are therefore only performed when HCPs are available, and DBS samples are used for research only.

Effectiveness:

Over 40 CBOs across Quebec were approached about the study, and five are currently involved. Of 125 participants enrolled to date, only 1 (~1%) received POCT. Despite funding support and CBOs' desire/willingness to administer POCT, structural factors challenge implementation, including a lack of HCPs and staff turnover. Notably, only one participating CBO has a nurse on site. We adapted our approach to include periodic study "blitzes" in which centrally hired research personnel (including a nurse) are deployed to sites to support POCT implementation.

Conclusion and next steps:

Although the value of POCT is well known, regulations remain a barrier to implementation via CBOs. Collaborations with research institutions can help bridge this gap in the short term, but structural interventions are needed to support POCT in community settings.

Disclosure of Interest Statement: *See example below:*

Julie Bruneau holds the Canada Research Chair in Addiction Medicine and receives funding from the Fonds de recherche du Québec (FRQ), the Canadian Institutes of Health Research (CIHR), the National Institute on Drug Abuse (NIH), and Gilead Sciences. Bruneau has also received advisory board fees from Gilead Sciences, AbbVie and Cepheid Sciences, outside the present work. Stine Høj and Manuela Mbacfou receive salary from CIHR project grants.