

NO "GOING BACK TO NORMAL" IN HEPATITIS C (HCV) CARE POST-COVID-19

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Background:

The CUPS Liver Clinic has provided inner-city, multi-disciplinary, low-barrier HCV care for over 20 years. Clients were walk-ins or referrals, with the RN providing screening and education. Fibroscans were used as an engagement tool. The Infectious Diseases specialist fully assessed each person prior to starting treatment. With the Covid-19 pandemic, non-urgent medical matters were not addressed for the first several months, HCV nursing support was almost completely diverted to COVID-19 mitigation and in-patient visits were severely restricted.

Description of model of care/intervention:

In response to these constraints, HCV care has changed. Clients are assessed by the RN, either in-person or remotely by phone, as most clients do not have internet access. The physician's consult is usually based on the electronic record alone, with some exceptions for high Fib-4 scores and co-morbidities. Treatment commencements and support are often done with phone calls and mailed requisitions.

Effectiveness:

In the 12 months after the pandemic, RN visits decreased 59 %. MD in-person assessments decreased 80%. MD electronic consults increased over five-fold. However, treatment starts only fell 33%, which is less than the provincial average decline. There were fewer no shows. The transition has improved accessibility, enabling the treatment of many of our most marginalized patients, including those who sleep rough or access the shelter systems and those that suffer from severe addiction and mental health issues that typically impede their access to specialized care.

Conclusion and next steps:

The success of these adaptations shows that in-person assessments by the physician are rarely needed. Electronic consultations remove a significant barrier to HCV care. Fibroscans are not needed for most clients. We will continue to use this streamlined model within our CUPS Health Centre and will implement it in our outreach programs to increase access to HCV care in people's medical homes.

Disclosure of Interest Statement: See example below:

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