Community Outreach Events – Engaging the Disengaged

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Disclosures

JH – Travel grants from AbbVie

AA– Travel grants from AbbVie and Merck & Co

DT – Honoraria from Merck & Co

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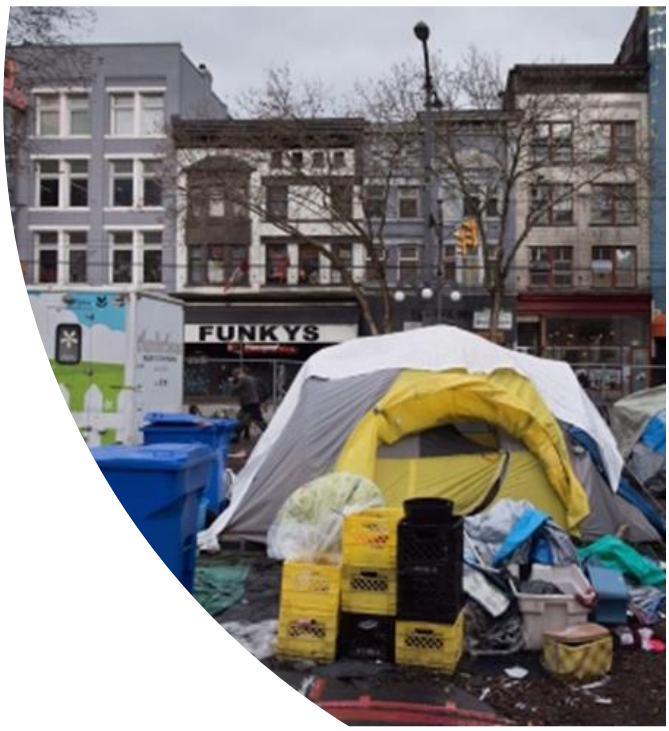
- I would like to acknowledge and thank the people who took part in this research

Background – Community Pop Up Clinics (CPCs)

Vancouver's Downtown Eastside (DTES)

- Approx. 18,000 residents
- 50% on social assistance
- 10% homeless



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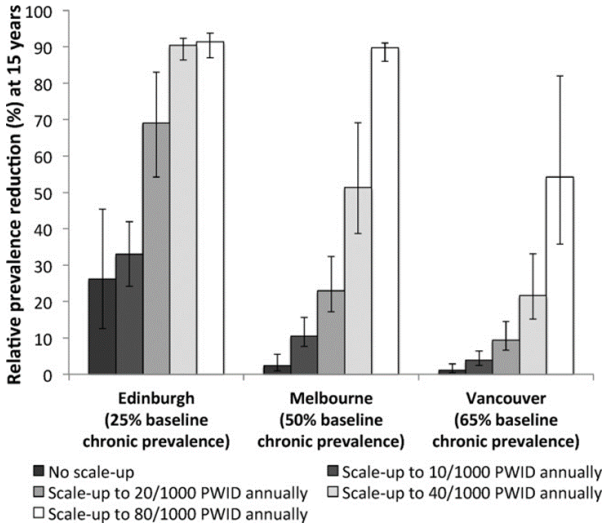


Martin NK et al. Hepatology 2013 Nov; 58(5): 1598–1609.

Background

We have developed CPCs as a way to find individuals who are disengaged from healthcare services and engage them in care – including (but not limited to) curative HCV treatment

Objective

To report on the outcomes of our novel model of finding and engaging disengaged individuals with HCV

Methods

- Weekly CPCs are held at community centres in the DTES.
- Rapid HCV (and HIV) testing is offered using the OraSure saliva assay.
- Peer workers to help recruit, navigate

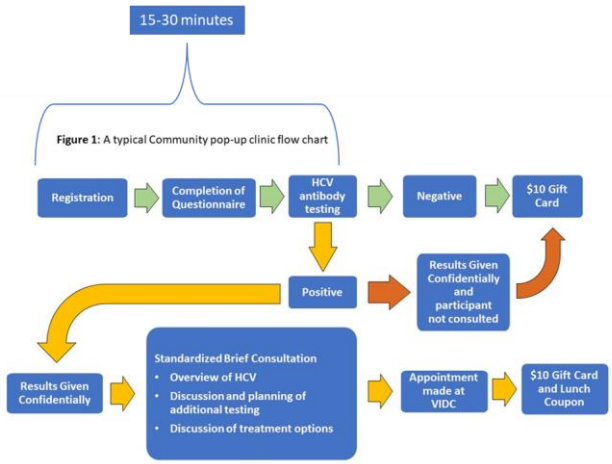
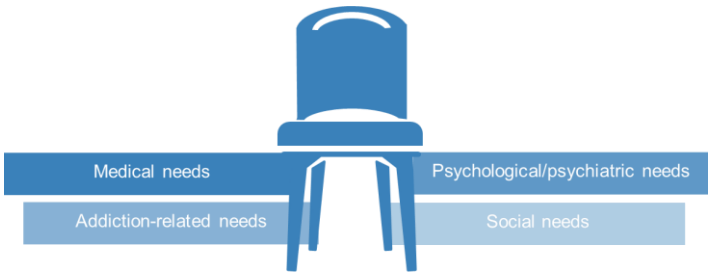


Figure 1: A typical Community pop-up clinic flow chart

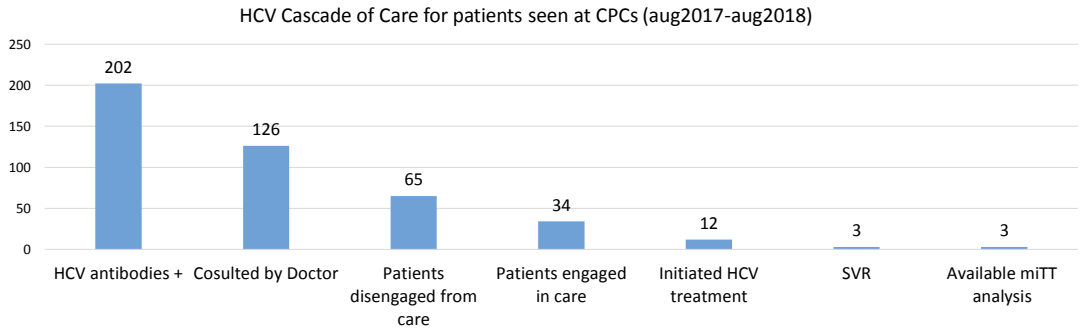
A Multidisciplinary Approach

- All patients enrolled in a comprehensive, multidisciplinary treatment program, addressing:
  - Addictions
  - Medical
  - Psychological
  - Social
- Including weekly educational support group (with breakfast and lunch), over the counter medications, refreshments, snacks



CPC Locations

Results – Cascade of Care



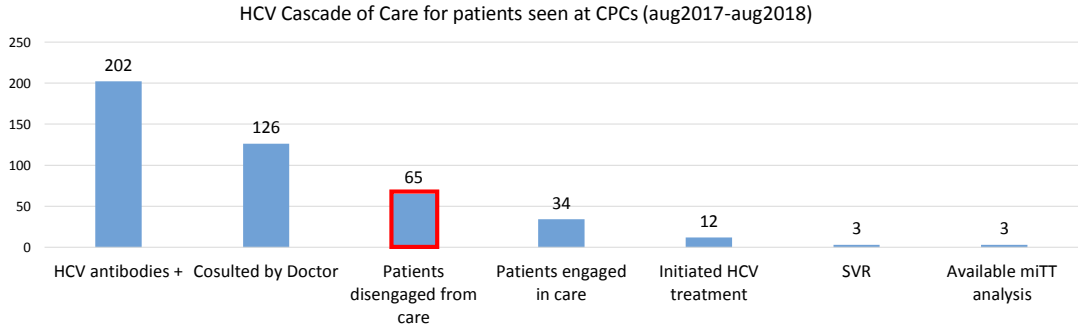
Of 22 people who engaged in care but have not started tx:

- 8 LTFU and will be attempted to be re-engaged
- 7 AB+ but RNA-
  - 4 spontaneous SVR
  - 3 previously received treatment
- 3 approved for tx, awaiting initiation
- 2 not interested in treatment – working with them on this
- 1 awaiting confirmation of HCV chronicity
- 1 moved out of province

Results – Participant Characteristics: HCV+ vs. HCV-

	HCV+ (n = 202)	HCV- (n = 640)
Male	73%	72%
Caucasian	43%	37%
Indigenous	24%	13%
Education – university	18%	27%
Not working	48%	39%
History of incarceration	51%	25%
Self report health very good or excellent	15%	24%
Self report health poor	10%	4%
Drink daily	14%	9%
Smoking	58%	39%
Injected drugs	55%	39%
Used drugs alone	40%	20%
Reported overdose	24%	10%

Results – Cascade of Care



Results: Participant Characteristics - Attended Clinic vs. Not Attended Clinic

	AC (n = 34)	NAC (n = 31)
Male	73%	73%
Caucasian	35%	38%
Indigenous	15%	38%
Education – university	15%	12%
Not working	53%	56%
History of incarceration	56%	62%
Self report health very good or excellent	9%	15%
Self report health poor	21%	15%
Drink daily	24%	16%
Smoking	60%	75%
Injected drugs	45%	71%
Used drugs alone	50%	60%
Reported overdose	33%	80%
Single/divorced/widowed	59%	76%
Live in shelter/homeless	42%	59%

Discussion

Continued challenges:

- Most marginalized are still not engaging
- Concerning % of people self-reported HCV but had not reported receiving treatment (113/202)
- Cascade of care still not optimized

Discussion

Highlights of the program:

- Removing barriers to seeking testing – screened hundreds of people
- Direct linkage to care for those who are positive
- Model of care addresses other needs – HCV can be relatively latent for many people – not a major priority

Conclusion

If we wish to eliminate HCV, we need to make the healthcare system more accessible.

Programs such as this may be the key to re-engaging the dis-engaged.

Thank you!