




RECAP: AN INTERPROFESSIONAL COMPREHENSIVE COMMUNITY-BASED
CARE CLINIC FOR THE MANAGEMENT OF HEPATITIS C POSITIVE AND AT-
RISK INDIVIDUALS IN SAINT JOHN, NEW BRUNSWICK, CANADA

S Materniak^{1,2}, L Frechette¹, S Gander^{1,2}, D Smyth^{1,2}, S Robinson^{1,2}, D Webster^{1,2}

¹ Centre for Research, Education and Clinical Care of At-Risk Populations (RECAP) ² Horizon Health Network

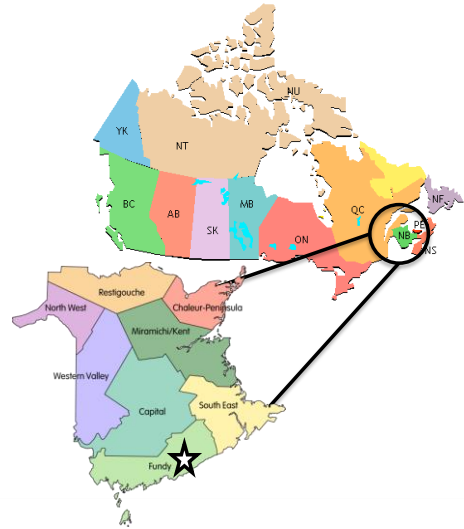


Disclosures

- Dr. Smyth reports grants and personal fees from Merck, Gilead and AbbVie.
 - Dr. Webster reports a grant from AbbVie.
 - Dr. Gander reports a grant from Gilead.
 - All authors report affiliation with a non-profit organization who receives grants and/or sponsorships from Abbvie, Gilead, and Merck.
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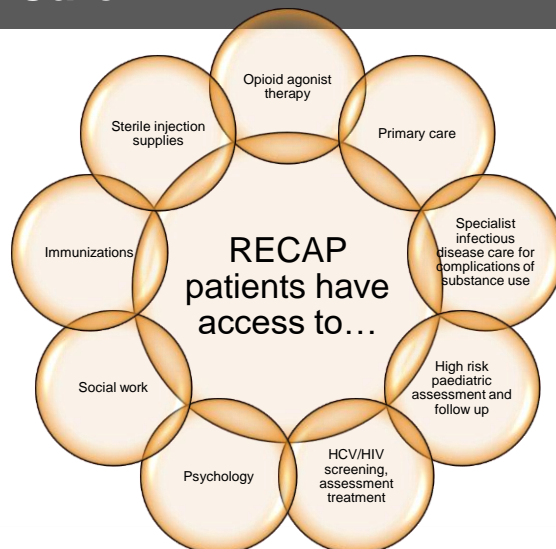
Background/Context

- Population 168,389 (2016), 22.5% of the entire New Brunswick population
- Large area: 8,368 square kilometres, 50/50 urban/rural
- Standard of care for this at-risk population is fractured in the current healthcare system.



Description of Model of Care

- Non-profit organization
- Referral-free
- Low threshold
- Nurse practitioner led
- Situated in the centre one of the poorest communities in Canada
- High tolerance
- Once a patient, always a patient.



Results

- **Two-year retention rate 87%**
- Mean age 39.2 years, 65% male, 29% with no primary care provider, 63% with children < 18, 89% Caucasian, 57% with prior jail time, 63% on social assistance
- 56% with a family history of addiction, 68% on OAT
- 52.3% snorting and/or injective actively at baseline
- 27% actively using benzos and opioids together
- **19.9% reduction (95% CI 12.7-27.1%, $p < 0.001$) in snorting and/or injection drug use from baseline to 1st follow up (median 251 days)**
- 6.6% reduction (95% CI -1.3-14.5%, $p = 0.1153$) in snorting and/or injection drug use from 1st to 2nd follow up (median 234 days)
- **70.4% HCV+ (49% of those treated and cured)**
- **Annual operating budget \$166,500 (CAD) vs. \$259,000 (CAD) in the traditional model of care**

Conclusions/implications

- Significant decrease in injecting and/or snorting.
- High retention rate in care.
- Lower cost than traditional system.
- High proportion of HCV treated and remaining in active follow-up.
- Ongoing issue: funding.