Cool Aid Community Health Centre nurse-led model of HCV care

The Cool Aid Community Health Centre operates as part of the Victoria Cool Aid Society and provides healthcare to >4400 clients1 with substantial vulnerabilities in a city of ~375,0002 inhabitants in Victoria, Canada.

Aim:
To improve screening and linkage to care (LTC) for people infected with HCV through a nurse-led ‘seek and treat’ micro-elimination approach supported by the Cool Aid Community Health Centre.

Why is the model needed?
Our clients present with substantial vulnerabilities:
- 48% active substance users
- 29% with history of IV drug use
- 23% HCV+ active substance users
- 82% unemployed
- 66% depression
- 18% homeless
- 22% indigenous

During outreach, health centre nurses identify many clients who would benefit from HCV treatment but do not attend the health centre clinic.

What is the model and how does it work?

**Interventions used to enhance HCV testing, LTC and treatment uptake**
- Targeted community outreach nurse-led HCV evaluation and liver disease assessment using transient elastography
- Rapid HCV antibody testing (OraQuick® test) at low-threshold settings (supportive housing sites)
- Onsite HCV education for housing support staff and clients
- Peer recruitment and peer mentors to recruit residents and key social sharing networks (peer-driven interventions)
- Clients and their sharing networks within each housing site started on HCV treatment on the same visit day

**Outcomes: Micro-elimination in practice**
HCV cascade of care for 180 individuals identified through ‘seek and treat’

**Project successes**
- Increased engagement in primary care
- Excellent medication adherence
- Stronger outreach relationships
- Harm reduction strategies/education regarding risk of reinfection reinforced
- Peer involvement reduces stigma and increases treatment uptake
- Increased client confidence to pursue other hopes and dreams

**Challenges and lessons learned**
- OraQuick® tests are less effective in chaotic environments – point of care HCV RNA testing will be valuable
- Peer recruitment and peer mentors are essential for treatment uptake
- Incentives work
- Length of HCV treatment can still be an issue
- Treating networks at the same time may reduce reinfection

This nurse-led micro-elimination strategy can decrease the local HCV burden and reinfection risk in people who inject drugs and can be used as a model of care for nurses in other communities. This initiative hopes to inspire a more ambitious and targeted treatment as prevention approach at all housing sites where people who inject drugs reside.