

Outreach Programs Can Successfully Engage Highly Marginalized HCV-Infected Individuals Facing Multiple Barriers to Care

The Ottawa Hospital Viral Hepatitis Program
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Background

- ◆ High prevalence rates of HCV are common in marginalized populations (i.e. street-involved individuals, drug users, those living with mental illness, and certain immigrant groups).
- ◆ These populations tend to face numerous psychosocial barriers in accessing HCV care.

Response: The inclusion of an Outreach Worker to the HCV team.

Outreach Program Overview

Outreach worker, in partnership with a variety of community agencies, connects with, and provides support to, marginalized individuals at 5 distinct stages of engagement in HCV care.

Stages of Engagement

- 1) Contemplating engagement**: Focus is on education re HCV, HCV treatment and Viral Hepatitis Clinic.
- 2) Seeking referral**: Support provided to patient and health team in referral process, and with appointment logistics.
- 3) Preparing for treatment**: Case management, counselling and multidisciplinary support.
- 4) Receiving treatment**: Ongoing multi disciplinary psychosocial support.
- 5) Aftercare**: Transition to community-based care.

Objective

- ◆ To examine the impact of an Outreach Worker on the successful engagement and treatment of marginalized groups.

Methods

Process:

Available data on patients who have accessed O/R services was compiled/analyzed from:

- Outreach patient roster and,
- Viral Hepatitis Program database

Eligibility:

- Individuals facing numerous barriers to HCV care, referred through partnerships with local social service agencies.
- Individuals facing numerous psychosocial barriers residing in remote communities.

Results

60 patients have been engaged in our Outreach Program from January to August 2013.

Demographics:

- ◆ HCV- 95%
- ◆ HBV- 3.3%
- ◆ Co-Infected- 6.7%

- ◆ White - 91.7%
- ◆ Male- 76.7%
- ◆ Born in Canada- 95%
- ◆ History of Incarceration-50%

Results cont'd

HCV

- ◆ Mean Baseline HCV Viral Load - 7.05×10^6 IU/mL
- ◆ ALT (117 U/mL)
- ◆ AST (83 U/mL)
- ◆ Geno 1 (60.8%)
- ◆ Geno 3 (35.3%)
- ◆ Liver Fibrosis Assessment (n=23)
 - 52.2% minimal fibrosis
 - 47.8% advanced fibrosis.

Results

Psychosocial issues:

Substance abuse history:

- ◆ IVDU (80.0%)
- ◆ Cocaine snorting/smoking (65.0%)
- ◆ Marijuana Use (58.3%)
- ◆ Excess ETOH use: 50+ grams/day (76.7%)

Results cont'd

Mental health:

- 73.3% report a psychiatric history
 - 70% depression
 - 36% anxiety
 - Multiple other diagnoses

Results cont'd

Engagement in care:

- ◆ Started HCV Treatment- 17%
- ◆ Actively Preparing for Treatment- 25%
- ◆ Ongoing HCV Follow-Up- 22%
- ◆ Undergoing Work-Up- 30%
- ◆ Lost to Follow-Up- 6%

Conclusion

Use of an outreach worker has led to positive outcomes in terms of engagement and treatment of highly marginalized populations.

- ◆ Significant number engaged (n=60)
- ◆ Few lost to follow up (6%)
- ◆ Numerous actively preparing for tx (25%)
- ◆ 17% receiving treatment vs. 38% of clinic patients

Discussion

Key factors in successful impact of Outreach Worker:

- Engagement and support through all of the key drop out points in the HCV drops in care cascade.
- Addresses systemic barriers to care for target population by:
 - a) Increasing community based engagement and care.
 - b) Providing 'hands-on' help in navigating hospital system.

Discussion cont'd...

- ◆ Multi-disciplinary approach, which supports patients in addressing barriers to HCV treatment, such as mental health.

Next steps.....

- ◆ Increased focus on women and racial minorities who meet inclusionary criteria.
- ◆ Address 'lost to follow up' by increasing outreach into correctional facilities.
- ◆ Ongoing collection and analysis of data, and comparison with other programs.

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