

**Moving Towards Hep C-Free BC: Models of Care for Hepatitis in BC**  
**July 24, 2019**

---

**MICRO-ELIMINATION OF HCV  
WITHIN BC CORRECTIONS: AN  
APPROACH TO IMPROVING  
CARE UNDER  
PHSA/CORRECTIONAL  
HEALTH SERVICES**

❖ Provincial Health Services Authority/Correctional Health Services

❖ Adam Beaumont, RN BScN.

# PROGRAM AND BACKGROUND

- ❖ As a Quality Improvement measure, I set a Big Audacious Goal of screening 100% of all new intakes to BC Corrections to identify their HCV status, then ensuring an established structured workflow from identification to successful Tx while in custody and a transition to their community providers.
- ❖ 31-33% of males in BC Corrections are HCV Ab+. (1) ~40% of females (66 times greater than the general population). (1)
- ❖ ~ 25% of persons in federal/provincial jails are HCV Ab+ (1)
- ❖ Epclusa duration is 12 weeks. If we can reduce the time waiting for labwork and approval for the Rx then we increase the likelihood of compliance and successful micro-elimination.
- ❖ By streamlining the process we can enhance identification and compliance and work toward our goal of 100% identification and treatment.

# MODEL OF CARE

- Vancouver Island Regional Correctional Centre (VIRCC) houses approximately 300 males that are either remanded or sentenced to a provincial sentence (less than 2 years). The average *remand* duration in BC is 39 days and the average *sentence* is 59 days.
- We are providing Primary care, Urgent care and Emergent care, as well as any appropriate referral to outside specialists. Mental Health and Addictions services, Nurses, Drs, Psychologists, Psychiatry, Social workers, Addictions and Concurrent Disorders Counselors, Mental Health and Substance Use Nurse, Discharge Planning Nurse, Community Transition Team (Social Worker and Peer Worker).
- Initial Health Assessment; workflows to any appropriate professional.
- Self referral for clients; self identifying as HCV+ or requesting testing to identify status.  
(lab results start the client in the stream for Tx)
- Outreach and Inreach to community providers for collateral or discharge planning

Client Name	CS Number	PHN	Bloodwork*	Ultrasound**	APRI Score	Fibroscan**	Hep C Genotype	Recommended Treatment
			Y	Y		No	1a	Harvoni
			Y	Y		No	1a	Epclusa
			Y	Y		No	1a	Harvoni

Special Authority Application	Start Date	Duration of Tx	End Date	Special Authority Expiration	End of Treatment Bloodwork	12 Weeks Post-Treatment quaLitative RNA	Comments	Probable Discharge Date (PDD)
Approved	2018.11.22	12 wks	2019.02.13	2019.02.15	DONE	2019.05.17	no RNA detected	
Approved	2018.12.21	12 wks	2019.03.14	2019.03.16		2019.06.07		Released
Approved	2018.12.28	12 wks	2019.03.21	2019.03.23				Released

*Must Have Bloodwork:		**Other Nice to Have Tests:
CBC, creatinine, ALT, AST, bilirubin, albumin, HCV quaNTItative RNA and genotype		Abdo U/S re: query HCC or signs of cirrhosis (whether going for treatment or not)
		Fibroscan (may eventually be available to us)
*Nice to Have:		
INR, electrolytes, anti-Hep A, Hep B Sag, Hep B Sab, Hep B Core Ab, Hep B DNA, HIV test, syphilis serology, urine G/C		
At End of Treatment:		
CBC, INR, AST, ALT, albumin, bilirubin		
12 Weeks Post Treatment:		
HCV quaLIative RNA		



# CHALLENGES

---

- Transient population.
- Unknown status of HCV
- Unknown length of stay.
- Compliance/completion
- Difficulties with family/community engagement
- Cost of treatment, approval process.
- Education re. reinfection.

A decorative border with intricate scrollwork and floral patterns surrounds the central text. The border is white and set against a dark background.

# SUCCESSSES

- *One person* realizing status and achieving clearance.
- Opportunities for broad identification and treatment in a fringe population; locally and provincially.
- Quantifiable data being collected and studied for quality improvement.
- Ability for HCV treatment to be covered for clients in Correctional Health Services.
- Staff buy-in.



# FUTURE DIRECTIONS

---

- Enhanced screening on intake, changes to the EMR platform to include required questions and follow up.
- *opt-out* testing, Point Of Care testing.
- Client and/or family surveys.
- Pilot project of complete program and workflow at VIRCC.
- Roll-out of program to all BC correctional facilities.
- Community providers awareness of the ability to initiate and complete Tx when in custody

# *Sources*

---

(1) N KRONFLI, JA BUXTON, L JENNINGS, F  
KOUYOUMDJIAN, A WONG. “*HEPATITIS C VIRUS (HCV)  
CARE IN CANADIAN CORRECTIONAL FACILITIES: WHERE  
ARE WE AND WHERE DO WE NEED TO BE?*” 2019:  
CANADIAN LIVER JOURNAL. D  
OI:10.3138/CANLIVJ.2019-0007)

(2) SOMERS RESEARCH GROUP (2015). *MENTALLY ILL  
OFFENDERS: THE INTERSECTION OF PUBLIC HEALTH  
AND PUBLIC SAFETY*. REPORT PREPARED FOR THE BC  
MINISTRY OF PUBLIC SAFETY AND SOLICITOR  
GENERAL, CORRECTIONS BRANCH.