HCV: Bringing Care to Patients in Rural and Remote Settings

7th Canadian Symposium on Hepatitis C

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We also acknowledge that Toronto stands on the traditional territory of Mississaugas of New Credit First Nation. This land was occupied by many Indigenous peoples, including the Wendat, the Haudenosaunee and the Anishnawbe. We are privileged to meet, work, learn and play here.

TERRITORY ACKNOWLEDGEMENT”
Students were supported through the *CanHepC Summer Studentship and* mentored by Drs. Ametepee, King and Wobeser. The project was undertaken under the auspices of the KT Core.

**Conflict of Interest:**
- Dr. King has received speaker fees from Gilead, Merck, AbbVie and BMS. She holds a research grant from Gilead.
- Dr. Wobeser has received speakers fees from Gilead, acted on the advisory boards of ViiV, Gilead, Merck, GSK and Abbott.

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**Study Aim & Goals**

**Aim:**
- Initiated by the KTE Core to assess current methods/models for rural/remote HCV screening and linkage to care in Canada with a particular focus on Indigenous peoples

**Goals:**
- To identify priority areas
- To determine the extent of coverage and types of models used by CanHepC members to screen and treat individuals with HCV
- To determine ways to improve HCV diagnosis and treatment in Canada with a focus on rural/remote communities
Methodology

MIXED METHODS APPROACH

Quantitative
• Survey

Qualitative
• Survey
• Interviews

Respondents

Geographic:
• Maritimes: 3
• Québec: 14
• Ontario: 9
• Outside Canada: 5

Role:
• Specialist MDs: 16
• GPs: 4
• Nurses: 1
• Other: 11

Population size in catchment area:
• > 5000: 5
• 500 - 5000: 4

Area of work:
• Urban: 18
• Rural/remote: 2
• Shared: 4
Survey Results

- Estimated prevalence of HCV in catchment area:
  - < 1% — 4 respondents
  - 1% - 3% — 2 respondents
  - > 3% — 9 respondents
- Highest HCV prevalence in 31+ age group
- Most screening programs offered as part of a larger initiative
- Respondents prefer population-wide screening by more than 2:1
- 60% of respondents use venipuncture in screening
- 2 respondents reported > 100 R&R patients initiated treatment since DAAs became available

Survey Results

Barriers identified:
- Trust issues
- Stigma
- Geographical barriers and transportation restrictions
- Limited access to follow-up RNA testing
- Inadequate access to opioid substitution therapy
- Lack of skilled trauma counsellors
- Lack of trust in “Western medicine”
Survey Results

Impediments to expanding screening/treatment programs
- Funding issues (reimbursement approval)
- Poor continuity of care
- Limited time and resources

“We spend a lot of time to convince decision makers for long-term financing of our model. I wish there was a true political commitment with reinjection of the savings generated by the pan-Canadian alliance in human resources allowing professionals to set up long-term programs.”

Interview Findings

Benefits of working in R&R settings
- Better understanding of diverse lived realities of patients
- Uplifting and satisfying experience
- Promotes collegiality, professional relationships and trust between HCPs
- Promotes flexibility in thought, practice and research
- Improved access to health care
- Reduced wait times
- Improved patient satisfaction

“Despite people’s disadvantages, they’re all worthy of treatment and that they can really benefit from a little bit of attention.”
Interview Findings

Challenges to working in R&R settings

- Significant time away from friends & family
- Multi-dimensional funding issues
  - Stringent funding requirements
  - Limited long-term funding opportunities
  - Funding, accessibility to physicians > nurses
  - Reimbursement from multiple funding sources may be cumbersome.

“...whether I’ll be sponsored in six months, so I feel that it would be a bit more, you know, if I go in a community with the nurses, the people I work with, and we say we have this program, we get to meet people, they’re interested and then we say: Oh, by the way, we have no money, we’re not coming back.”

Interview Findings

Obstacles to pursuing R&R

- Insufficient time
- Insufficient knowledge/exposure to R&R opportunities
- Tertiary/quaternary training narrow and focused to urban
- Inadequate cultural safety knowledge

“I think that if we have physicians that are trained to be culturally sensitive, it’s conceivable that they might not only be good about the multi-cultural aspects of Canada but actually be curious about being a physician to some of those communities.”
Summary

HCV Care in R&R Settings

Benefits
- Promotes collegiality
- More flexibility
- Understanding lived realities of patients
- Reduced wait times

Challenges
- Funding issues
- Geographical issues
- Coordinating on/off-reserve care

Barriers
- Insufficient time
- Inadequate cultural safety training
- Urban-focused training
- Time away from family

Conclusion

"[Rural and remote work] really lends itself to being much more able to understand and be a participant at a community level rather than just an individual level, when it comes to health and wellness."
Questions