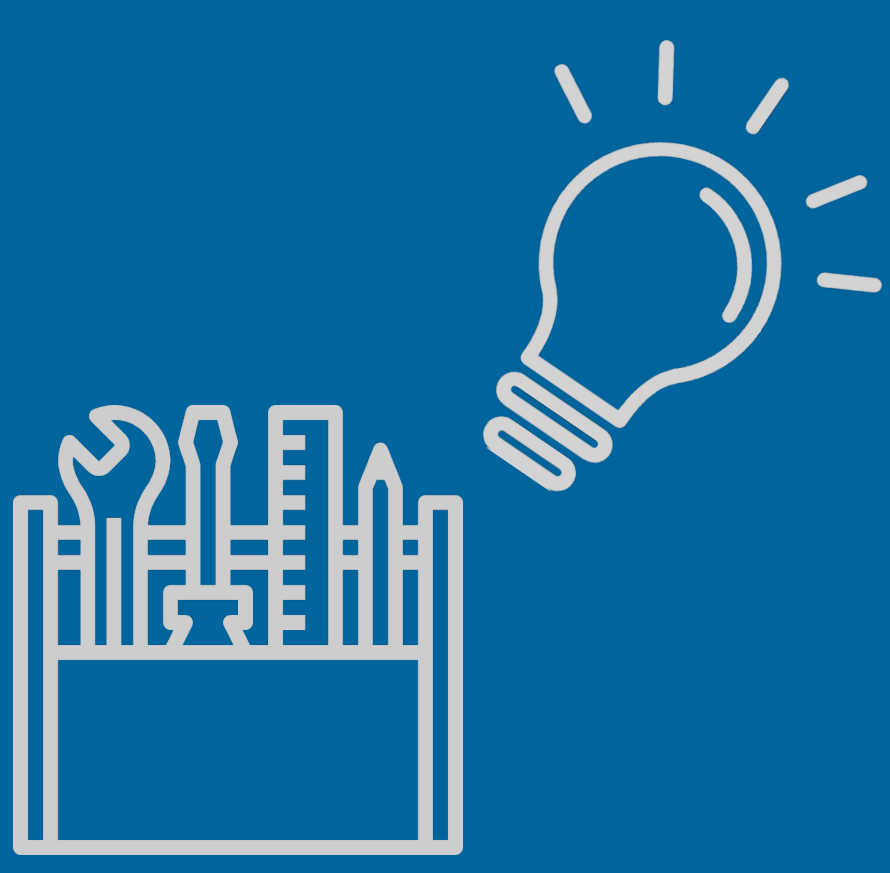


Moving towards hep C-free BC: A Change Ideas Toolbox



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Why we made the Toolbox

- New tolerable, highly curative Direct Acting Antiviral (DAA) therapies have revolutionized the treatment of hepatitis C virus (HCV), spurring the World Health Organization to issue a 'Global strategy on viral hepatitis' calling for elimination of HCV by 2030.
- HCV treatment uptake in British Columbia (BC) improved dramatically after the introduction of DAAs; however, a large proportion of people experiencing complex barriers to care are still yet to be tested/treated. Social inequities, provider level barriers, and healthcare system inefficiencies hinder care access.
- Micro-elimination (targeting a smaller, focused group or area) has been proposed as a method to optimize the curative potential of DAA therapies.
- Micro-elimination strategies that aim to address both upstream and downstream barriers to HCV care may be more effective at meeting the needs of people living with HCV.
- We developed this Toolbox using a health equity lens, aiming to provide a practical framework to design, implement, monitor and evaluate HCV micro-elimination projects.

How to use the Toolbox

- All components of the Toolbox can be downloaded as customisable templates (scan QR Code below to download the full package).
- Begin by mapping the drivers of HCV care quality improvement (Figure 1) to help determine suitable Change Ideas (Figure 3) for improving quality of care.
- Using a Continuous Quality Improvement (CQI) approach, our adapted Plan Do Study Act (PDSA) framework (Figure 2) outlines an iterative and reflexive step-by-step process to implement Change Ideas as part of HCV micro-elimination projects.

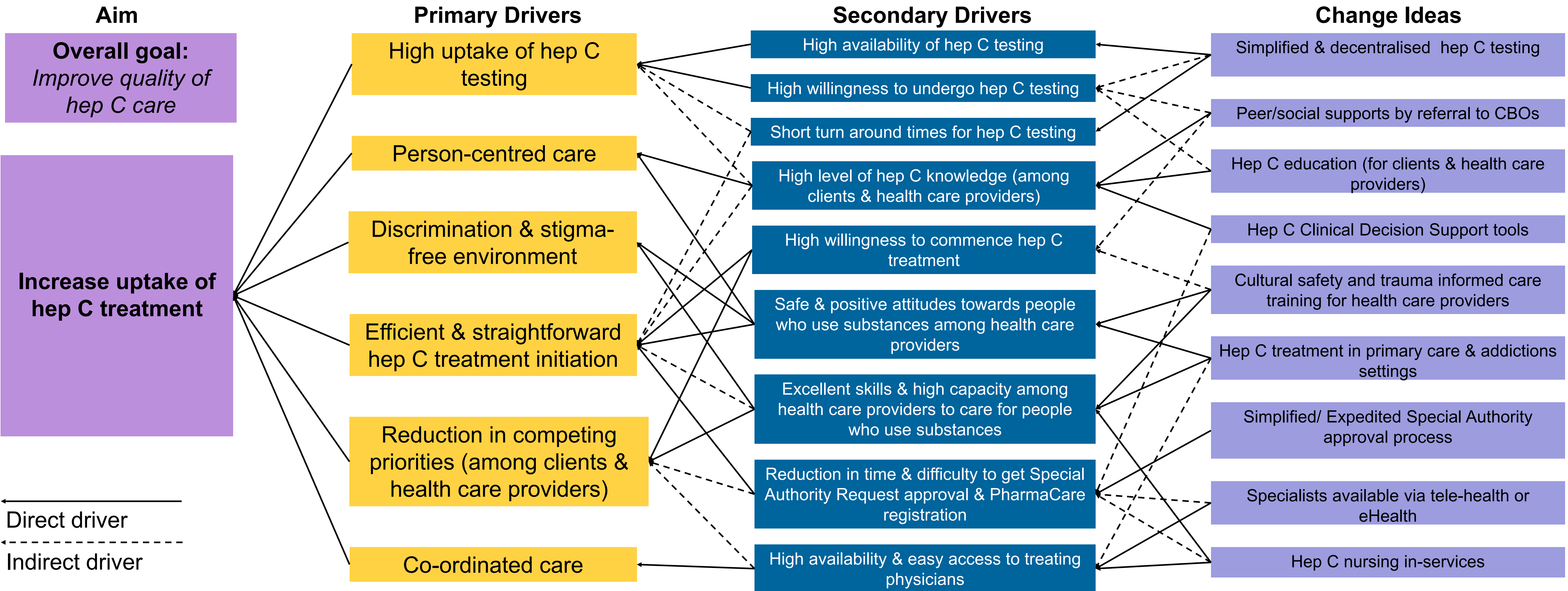
Who should use the Toolbox

- Community organisations, primary health care providers, tertiary clinics, policy makers, public health and other services involved in providing care to people affected by HCV can all use the Toolbox.
- The evidence-based Change Ideas included in the Toolbox draw from evidence of interventions that have demonstrably improved healthcare quality and patient outcomes, and are linked to HCV indicators to help monitor and evaluate impact within the HCV care cascade.

What impact will the Toolbox have

- The Toolbox offers a flexible, responsive and equity-based pathway to achieving HCV micro-elimination goals.
- With prior community and public health consultation, the hep C-free BC Change Ideas Toolbox may be adapted to multiple settings and populations.
- Preparation, monitoring, and evaluation templates, work-flow planning, and other practical resources may be adapted to many contexts, to identify and reduce service gaps or barriers to HCV care.
- CQI and PDSA are broadly utilized across healthcare settings, and a focus on quality of HCV care may improve other elements of service delivery or clinical practice, resulting in broader positive impacts beyond HCV cure, both for the health system, and people affected by HCV.
- Putting a focus on quality improvement for HCV care in micro-elimination projects is highly innovative, and the development of a process to select outcomes, indicators, and equity-based Change Ideas for HCV micro-elimination strategies has not been attempted previously.

Figure 1. Map of hep C Care Quality Improvement Drivers



Download the Toolbox:



Open the camera app in your phone & point camera at the QR code to download the **toolbox**, or contact: Sofia.Bartlett@bccdc.ca

Figure 2. PDSA Framework for hep C Care Quality Improvement

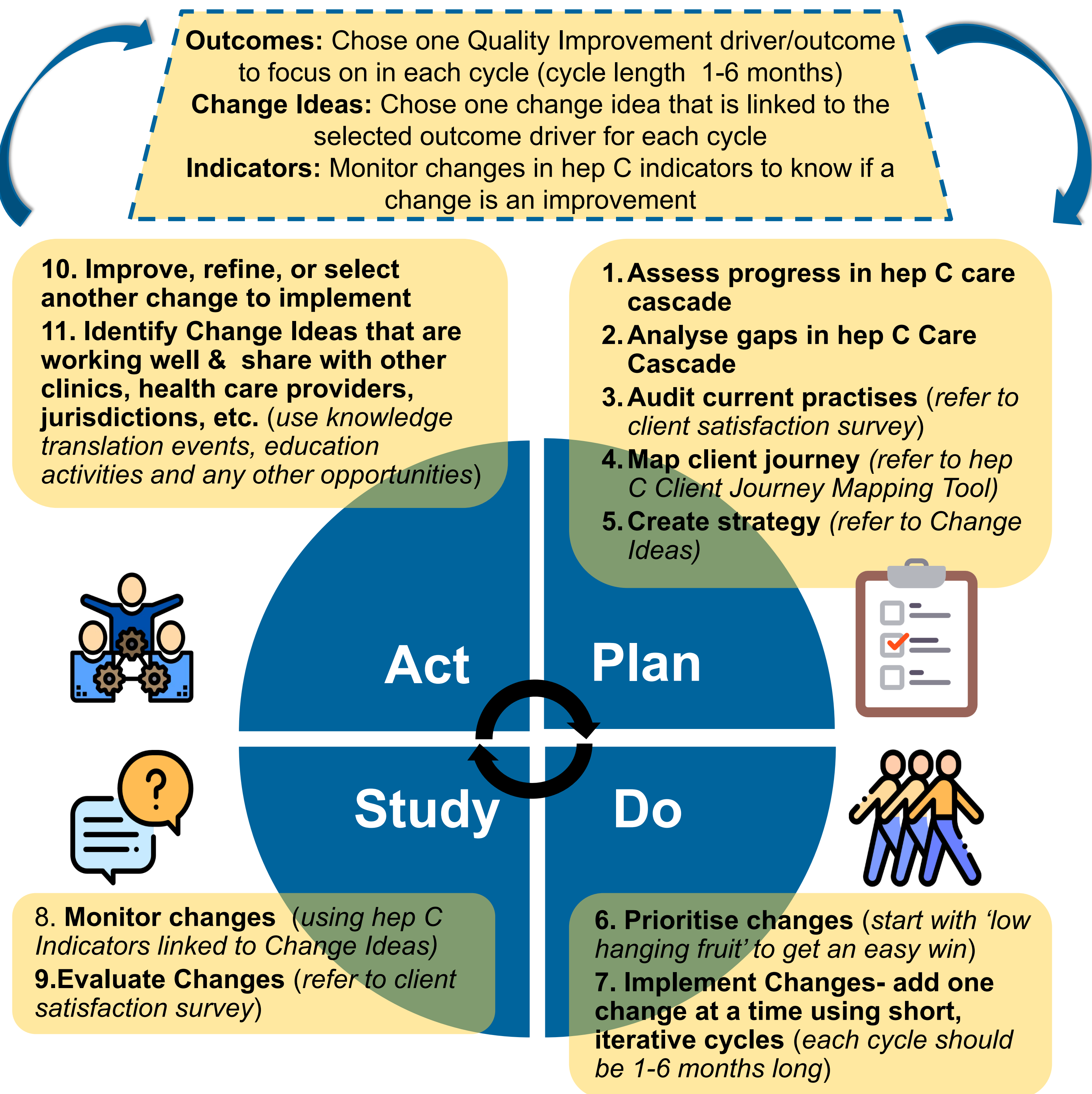


Figure 3. Change Ideas for hep C Care Quality Improvement

Discrimination & stigma free environment		Invite a Community Based Organisation (CBO) or person with lived experience (PWLE) to lead a conversation about addressing stigma .
Person-centred care		Align care model to be person-centred; adopt person-centred & de-stigmatising language .
Co-ordinated care		Partner with local ancillary support services; Use client journey mapping to identify gaps in care .
Cultural safety and trauma informed care training for health care providers		Require all staff to complete cultural safety and trauma informed training ; hire Indigenous staff, Elders, Knowledge keepers or PWLE to advise.
Simplified hep C testing		Offer point of care (POC) rapid HCV testing ; use scripts to support patient-centred conversations about HCV testing. PWLE/peers can offer POCTs!
Peer & social supports		Refer clients to CBOs for peer support & advocacy , or create space for PWLE to host their own peer support groups.
Hep C education		Get up-to-date with the latest information on HCV research and treatment, and make sure your clinic is listed on the BCCDC website!
Hep C Clinical Decision Support tools		Download decision support tools to guide HCV testing and treatment.
Hep C treatment in primary care & addictions settings		Offer HCV treatment as part of primary or addiction care e.g. in Opioid Agonist Treatment clinics
Specialists available via tele-health or eHealth		Offer virtual/telehealth health services for rural/remote patients or those with mobility challenges to support HCV treatment and long-term care
Hep C nursing in-services		Contact the Canadian Association of Hepatology Nurses to consult about nurse education, training, capacity building for HCV treatment and care

Acknowledgements

This work was carried out on the unceded & traditional territories of Coast Salish Peoples.



BC Centre for Disease Control
Provincial Health Services Authority

