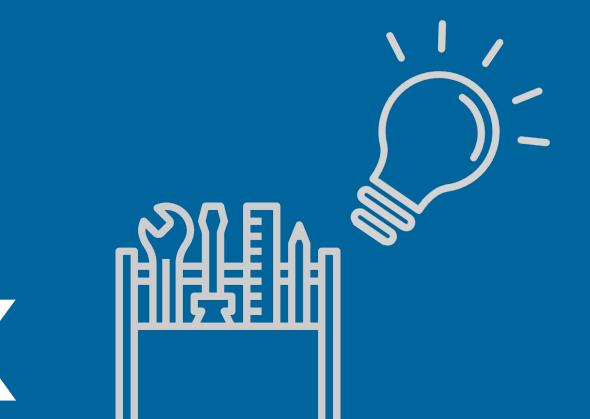
Moving towards hep C-free BC: A Change Ideas Toolbox



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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 microelimination 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 equitybased 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 **Primary Drivers** Aim Overall goal: Improve quality of testing hep C care Person-centred care

Increase uptake of hep C treatment

Direct driver Indirect driver

High uptake of hep C

Discrimination & stigma-

Efficient & straightforward hep C treatment initiation

free environment

Reduction in competing priorities (among clients & health care providers)

Co-ordinated care

Figure 2. PDSA Framework for hep C Care Quality Improvement

Outcomes: Chose one Quality Improvement driver/outcome

to focus on in each cycle (cycle length 1-6 months)

Change Ideas: Chose one change idea that is linked to the

selected outcome driver for each cycle

Indicators: Monitor changes in hep C indicators to know if a

change is an improvement

Secondary Drivers

High willingness to undergo hep C testing

High availability of hep C testing

Short turn around times for hep C testing

High level of hep C knowledge (among

High willingness to commence hep C

treatment

clients & health care providers)

Safe & positive attitudes towards people who use substances among health care providers

Excellent skills & high capacity among health care providers to care for people who use substances

Reduction in time & difficulty to get Special Authority Request approval & PharmaCare registration

High availability & easy access to treating physicians

Change Ideas

Simplified & decentralised hep C testing

Peer/social supports by referral to CBOs

Hep C Clinical Decision Support tools

Hep C education (for clients & health care

providers)

Cultural safety and trauma informed care training for health care providers

Hep C treatment in primary care & addictions settings

Simplified/ Expedited Special Authority approval process

Specialists available via tele-health or eHealth

Hep C nursing in-services

Invite a Community Based Organisation (CBO) or

person with lived experience (PWLE) to lead a

Align care model to be person-centred; adopt

person-centred & de-stigmatising language.

Partner with local ancillary support services; **Use**

client journey mapping to identify gaps in care.

conversation about addressing stigma.

Download the Toolbox:



10. Improve, refine, or select

another change to implement

clinics, health care providers,

translation events, education

satisfaction survey)

11. Identify Change Ideas that are

working well & share with other

jurisdictions, etc. (use knowledge

8. Monitor changes (using hep C

Indicators linked to Change Ideas)

9.Evaluate Changes (refer to client

activities and any other opportunities)

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

1. Assess progress in hep C care

3. Audit current practises (refer to

4. Map client journey (refer to hep

C Client Journey Mapping Tool)

5. Create strategy (refer to Change

6. Prioritise changes (start with 'low

hanging fruit' to get an easy win)

change at a time using short,

be 1-6 months long)

7. Implement Changes- add one

iterative cycles (each cycle should

2. Analyse gaps in hep C Care

client satisfaction survey)

cascade

Cascade

Ideas)

Plan

Cultural safety and trauma informed care training for health care providers

Discrimination & stigma free

environment

Person-centred care

Co-ordinated care

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



Figure 3. Change Ideas for hep C Care Quality Improvement

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

Specialists available via telehealth or eHealth



Offer virtual/telehealth health services for rural/remote patients or those with mobility challenges to support HCV treatment and long-

Hep C nursing in-services



term care **Contact the Canadian Association of Hepatology**



Nurses to consult about nurse education, training, capacity building for HCV treatment and care

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Provincial Health Services Authority













Hughes RG. Tools and Strategies for Quality Improvement and Patient Safety; 2008 Apr. Chapter 4:. https://www.ncbi.nlm.nih.gov/books/NBK2682/

Act

Study