

PROGRAM INNOVATION



The Role for Addiction Medicine Providers in Hepatitis C Elimination

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Hepatitis C is among the most burdensome infectious diseases in Ontario, and a leading cause of death and chronic illness from an infectious disease. It is estimated that 20-40 per cent of infections remain undiagnosed. Those born between 1945 and 1965 have the highest rates of infection. Having acquired the virus decades ago, these individuals are now increasingly being diagnosed with serious liver-related illnesses, including liver failure and liver cancer and non-liver-related illnesses such as cardiovascular disease, diabetes, and kidney disease. Furthermore, people who use substances are disproportionately impacted, and as many as one in four individuals receiving addictions support have hepatitis C.

The good news is that hepatitis C is the first-ever curable chronic viral infection. Treatments are highly effective, [curing 95%](#) of people in as little as eight weeks, with minimal or no side effects, and can prevent liver disease, including cancer. Treatment is effective for everyone, including people who are actively using or have previously used substances, and those receiving opioid agonist treatment.

To ensure treatment reaches as many people as possible, CATIE, in collaboration with a range of partners, has implemented Ontario's first-ever coordinated hepatitis C elimination effort. Launched in late 2023, [Ontario's Hepatitis C Elimination Roadmap](#) has set an ambitious goal: to end hepatitis C by 2030. With input from clinicians, researchers, people with lived and living experience, and community-based agencies, the Roadmap will help Ontario establish and strengthen pathways for hepatitis C testing, treatment, and cure.

RAAM clinics can help. As a vital touchpoint between the healthcare system and people who use substances across sectors, RAAM clinics are positioned to significantly impact hepatitis C elimination. RAAM clinicians have the opportunity to discuss with their clients the importance and subsequent success of remaining engaged in all stages of treatment - from testing to diagnosis, to treatment to cure.

Addiction medicine providers can incorporate hepatitis C care into their patient care in two main areas:

Integrate screening as a routine part of care:

- Screen patients annually, particularly individuals with ongoing risk factors. This includes people who have already been treated and cured but may be at risk of reinfection. Make testing for hep C the standard of care for all addiction medicine practitioners by becoming familiar with ordering hepatitis C tests.

Use shared care models to facilitate low-barrier access to hepatitis C treatment:

- Some addiction medicine providers treat it routinely, but for others, referring to a community partner makes more sense. After screening and diagnosing patients, provide a warm and informed referral and linkage to low-barrier treatment. Reach out to the Roadmap for help identifying and connecting with other care providers like a primary care physician or nurse practitioner, or [Ontario Hepatitis C Teams](#).

The Ontario Hepatitis C Elimination team is here to facilitate access to resources, training, and connections that enhance delivery of screening and confirmatory testing. Contact kpalbom@catie.ca to learn more. If interested in integrating hepatitis C testing into routine care, register for META:PHI's [Nov 20 webinar](#).

PROFILE



Digital Front Door Comes to Stonehenge

Kate McLintock, MSc

Clinical Manager, Addiction Medicine and Withdrawal
Stonehenge Therapeutic Community, Guelph

It is widely known that the number of ED visits, overdoses, and deaths due to drug poisonings have risen exponentially in the last few years. In response, and in part due to the COVID-19 pandemic, The Royal Ottawa Mental Health Centre created a new tool to support in-person and virtual visits to RAAM clinics. The Digital Front Door (DFD) integrated videoconferencing platform allows patients to virtually connect with clinicians and care teams through a phone, computer or tablet. We are very pleased to partner with The Royal to offer DFD services to Stonehenge clients.

In 2022, Stonehenge had two bricks and mortar RAAM clinics in Guelph and Fergus (Ontario). Our mobile RAAM van extended services by visiting locations throughout the County of Wellington on a weekly basis. It was especially through our mobile services that we sensed an increasing demand for low-barrier access to RAAM services in our rural and urban catchment areas. The innovative DFD platform has proven to be the best fit to meet this demand.

Since onboarding with The Royal in 2022, the Stonehenge DFD clinic has operated five days a week alongside our bricks and mortar clinics, servicing Guelph, Wellington County, Kitchener, Cambridge, and Waterloo. Our platform is completely virtual, staffed with a medical office assistant, counsellor, nurse practitioner, and most recently, a peer support worker. The Digital Front Door has allowed us to enhance our virtual same-day care model, allowing for creative solutions for coordination and service delivery. Our DFD supports all substance-using clients, and has expanded to offer all forms of opioid agonist treatment (including methadone, buprenorphine, and slow-release oral morphine) for initiation and ongoing care.

As awareness of our virtual clinic has increased, so has the impact. In the two years from April 2022- April 2024, our appointments increased by almost **300%**! In the first quarter of fiscal year 24/25, our team had more than 1300 individual visits on the platform.

With every success there are always challenges. Our team has had to navigate real-time virtual challenges including patient safety, managing confidentiality, reporting, and up-to-date documentation. We are thrilled with the success of the DFD, but it sometimes feels like we can't keep up! We are continuously working on modifications to continue meeting the needs of our clients, while avoiding burn-out among our staff. We are also fortunate to have collaborative partners across southern and eastern Ontario - The Royal Ottawa, Lakeridge Health, Health Sciences North Sudbury, Women's College Hospital, Addictions Services Central Ontario, St. Josephs Care Group, CAMH, and The Brant Haldimand Norfolk RAAM Clinic.

While physical clinics remain an integral component of care, the Digital Front Door has proven to be an innovative model and asset to our expansion of RAAM service delivery for our patients seeking same-day, low-barrier, virtual-access care in addictions medicine.

PERSPECTIVES



Community as Client: Healthcare Strategy for Rural and Small Communities

Vicki Phillips

Community Outreach Nurse, Hay River, Northwest Territories

Currently, the annual overdose death rate in Canada is an alarming 170 per 100,000 people. Closer to home, between 2016 and 2023, six of the twenty documented deaths by overdose in the Northwest Territories occurred in Hay River. What is most revealing is that all six fatalities occurred in 2023.

A hub to five smaller outlying communities, Hay River is a mining town with a population of 3,449 including the Katl'odeeche First Nation. Located on the south side of Great Slave Lake, Hay River's history has recently been overshadowed by its notoriety as a delivery and distribution hub for illicit drugs brought in from southern provinces.

In tracking the abysmal outcomes of prevailing healthcare substance abuse strategies across the nation, I wanted to engage a more grass roots approach than extracting from typical public healthcare data. Drawing on my ten years in remote northern communities as a healthcare worker, I turned inward toward a community-oriented, strength-based strategy.

The research on harm reduction interventions in remote communities is scant. Data that is available is often based on isolated cases or interventions in large urban settings that often ignore the ripple effect of these interventions on the surrounding community. While we know that clean needles can reduce the transmission of hepatitis C and HIV, what do clean needles do to a town where injection drug use is unusual? And what happens when harm reduction is disengaged from discussions about treatment and recovery? Dr. Samuel Weiss of the Canadian Institute of Health Research in 2023 advised the federal Standing Committee on Health to go cautiously into harm reduction, AFTER social supports and determinants of health are first addressed; and that "[prevention and recovery are of higher importance](#)".

Prevention and recovery join enforcement and harm reduction to form the pillars of a drug use reduction strategy. Coordination of **all four** pillars, while being aware of the themes of connection, relationship and compassion, is required to build a strategy that will support, rather than harm a community. Healthy communities prioritize connecting and rebuilding relationships, and empowering one another to create social contracts that result in realistic strategies for addiction recovery.

Embracing the idea of community as client in Hay River, I drew upon the community's strengths through workshops, interviews, surveys, committee meetings, and discussions with NGO's, non-profits and stakeholders. After distilling the outcome of these community engagements, it was clear that harm reduction strategies in Hay River (aside from naloxone) created further harm, enabling unhealthy behaviours, and offered no access to therapists or recovery options. Furthermore, these strategies tended to create an ideal environment for the drug trade to actually prosper, allowing low-level dealers to bring drugs into remote communities and develop their drug trafficking skills.

However, on the plus side, after conducting two ABCD Community Development workshops in the community, there emerged increased stakeholder and community connections, new relationships, working groups, and a greater sense of hope. These strong community connections are what protect, prevent, and develop spaces that make addictions recovery a realistic option.

CONFERENCE

META:PHI at CSAM Conference - Nov 14-16, Hamilton, ON

META:PHI and partners will be presenting 3 sessions at this year's CSAM conference:

- **Addressing Alcohol and Opioid Use Disorder in Acute Care Settings**
Fri. Nov 15, 10:30-11:30am
- **Rapid Access Addiction Medicine (RAAM) Clinic Care**
Fri. Nov 15, 1:00-3:00pm
- **Managing Alcohol Withdrawal in the Community**
Fri. Nov 15, 3:30-5:00pm

Anyone who will be attending in person is invited to stop by room (2) Webster AB during the 12-1pm lunch hour to say hi to the META:PHI team.

THOUGHTS FROM A SEMI-RETIRED ADDICTION DOCTOR

Will return next month.

EVENTS

2024 Webinar Series - Session #8

Eliminating Hepatitis C: The Role for Addiction Medicine Providers in Ontario

Wed Nov 20, 7-8:30 pm Register [HERE](#)

RAAM Monthly Videoconference Dialogue Series

Wed Nov 6, 12-12:45 pm

CSAM Conference (Hamilton, ON)

Nov 14-16, 2024

Addiction NP Videoconference Discussion

Wed Nov 27, 12-1 pm

To join any of these events contact laurie.smith@wchospital.ca

Visit the META:PHI website: www.metaphi.ca

Interested in being featured in a future issue? Email: laurie.smith@wchospital.ca