

# The Ontario Hepatitis C Multidisciplinary Team Model

Samantha Earl, RN, Senior Policy Analyst  
2013 CATIE Forum  
Wednesday September 18, 2013



# History

- The Ontario Hepatitis Nursing Program was announced by the Minister of Health and Long-Term Care in February 2007. The goal of the program was to increase treatment capacity, adherence and access, particularly in under-serviced communities with high rates of hepatitis C virus (HCV)
- Sites were selected based on eligibility criteria including local prevalence rates, suitable host agency with a capacity to treat HCV and at least one treating physician willing to treat the target population
- Experience with the nursing program identified that more support was required to provide comprehensive care to patients
- The Ontario Hepatitis C Task Force (OHCTF) provides advice to the Minister of Health and Long-Term Care on strategies to improve hepatitis C treatment, prevention, education and support in Ontario. In September 2009, the OHCTF submitted their report entitled, [A Proposed Strategy to Address Hepatitis C in Ontario 2009-2014](#) to the Minister of Health and Long-Term Care. The OHCTF report formed the bases of the current Ontario HCV Strategy

## History (con't)

- The report recommended an expansion of the nursing program to include a wide-range of supports through a multidisciplinary model to enhance HCV care and treatment
- The expansion included the creation of 16 'HCV Teams' to ensure a coordinated and comprehensive approach to treatment and support for those living with/at-risk of acquiring HCV
- The teams needed to be built into existing services to increase capacity and access to HCV treatment, while utilizing existing infrastructure
- The team model has allowed for flexibility in the implementation of the team (i.e. to cater to local needs), however, the composition of each team is the same

# Evidence

A multidisciplinary approach to treating HCV in people who use drugs is well-supported in the literature

- "...interventions oriented to creating opportunities for stable housing, stigma reduction and systemic changes in policy and health care delivery have the capacity to play a critical role in enhancing HCV treatment access and uptake for people who use drugs. This suggests a combination intervention approach which does not overly rely on biomedical interventions but which includes social, welfare and structural interventions and which seeks to integrate such care services as much as possible at the point of delivery"

Harris M, Rhodes T: Hepatitis C treatment access and uptake for people who inject drugs: a review mapping the role of social factors. *Harm Reduction Journal* 2013, 10:7

- "The findings of a Canadian viral hepatitis clinic study demonstrates that medical care alone is not enough to meet the needs of a patient population who require educational and psychosocial support to cope with a long-term and potentially life threatening chronic illness. Results from this study highlight the need to develop comprehensive multidisciplinary HCV clinic teams and advocate for a bio-psycho-social model of health care delivery for people living with HCV"

Balfour L, Cooper C, Tasca G, Kane M, Kowal J, Garber G: Evaluation of Health Care Needs and Patient Satisfaction among Hepatitis C Patients Treated at a Hospital-based, Viral Hepatitis Clinic. *Canadian Journal of Public Health* 2004; 95(4):272-277.

- "It has been demonstrated that the rate of hepatitis C treatment initiation is increased in the presence of a multidisciplinary approach. Effective management of viral hepatitis requires the services of many disciplines, including physicians, nurses, addiction medicine specialists and social workers. These services can only be effectively delivered in a clinic setting"

Moirand R, Bilodeau M, Brissette S, Bruneau J: Determinants of Anti-viral Initiation in a Hepatitis C Infected Population Benefiting from Universal Health Care Coverage. *Can J Gastroenterol* 2007; 21(6): 355- 361

## Who do Teams serve:

Rooted in treatment, the teams were set up utilizing a multidisciplinary approach, to provide **access to specialized care for people who have barriers to accessing traditional forms of healthcare** including;

- People who use drugs
- People involved with the correctional system
- People who are homeless or under-housed
- Aboriginal Peoples
- Street-involved Youth
- People with tattoos and/or piercings

# Teams: Goal and Objectives

## Goal

To establish specific care and treatment services that will help **curb the spread of HCV** by ensuring that people are diagnosed and treated

## Objectives

- To **increase access** to HCV care and treatment for priority populations in Ontario
- To **increase knowledge and awareness** to prevent the transmission of HCV among priority populations in Ontario
- To **increase collaboration, coordination and evidence-based practice** across the system responding to HCV

# Translating objectives to services...

## To increase access to HCV care and treatment for priority populations in Ontario

- Increase awareness and provision of HCV testing among priority populations
- Increase the capacity of physicians and allied health professionals to meet the needs of people living with HCV
- Increase the capacity of HCV multidisciplinary teams
- Provide comprehensive care and treatment for people living with/at-risk of HCV

## To increase knowledge and awareness to prevent the transmission of HCV among priority populations in Ontario

- Promote integration of the use of peers in support, awareness and prevention initiatives
- Increase knowledge and awareness of HCV through prevention programming and harm reduction services for priority populations in Ontario

## To increase collaboration, coordination and evidence based practice across the system responding to HCV

- Provide coordination support to reduce gaps in service for people living with/at-risk of HCV
- Build capacity of the wider health, social service and legal sector through regional HCV community networks
- Promote system effectiveness, transparency, and responsiveness
- Support opportunities for high quality research
- Provide opportunities to integrate evidence into practice

# HCV Team Composition

Each HCV Team consists of the following members:

## *Outreach Worker*

Improves access to direct support, education, counselling and referrals through **low threshold outreach to marginalized community members** living with/at risk of acquiring HCV

## *Community Coordinator*

Establishes and **leads an HCV network within the local community**, bridging and addressing gaps within the health, social service and legal sectors to enhance community collaboration and coordination of services that affect people living with/at risk of acquiring HCV

## *Nurse*

Prepares the client prior to treatment, supports the client in managing side effects during treatment and provides follow-up to address side effects and medications after treatment. Nurses **promote adherence to the treatment regimen by monitoring and supporting clients throughout the treatment process**, thus improving clinical outcomes

# HCV Team Composition (con't)

## *Psychosocial Support*

Provides a range of interventions to assist people living with HCV to cope with their chronic illness, social difficulties and side effects of treatment. This includes **counselling, psycho-social assessments, consultation, education and advocacy** functions for clients and/or families, as well as education services for staff, as required

## *Peer Component*

**Reaching out to at-risk clients within their own community** to provide resources to reduce HCV transmission and provide support to those on treatment. **Peer education and support help to make information more personally relevant, credible and accessible.** Peers respect the culture of the host agency, however, they are representatives of their own community culture

# Team Utilization

Between October 2011 and September 2012:

- 7,020 people were engaged with the HCV Teams
- 6,039 people were in the 'pre-treatment' phase, whereby the team is supporting the client in preparation for treatment (e.g. applying for drug coverage, assisting in stabilizing mental health complications)
- 429 people were started on treatment, 452 completed treatment and 175 had cleared the virus\*
- 159 had spontaneously cleared the virus upon further testing (i.e. antibody positive only)

\* Statistics are independent of one another. They do not directly correlate, as reporting occurs semi-annually so by virtue of treatment duration (up to one year) treatment numbers carry over from one report to the next. These numbers also do not reflect those who were excluded or withdrawn from treatment during this period.

# HCV Team Sites

Sixteen regional teams have been implemented in organizations across Ontario including:

Team	Location	LHIN Region
AIDS Committee of North Bay and Area	North Bay	North East
AIDS Committee of Thunder Bay	Thunder Bay	North West
Bramalea Community Health Centre	Brampton	Central West
Group Health Centre	Sault Ste. Marie	North East
Kingston Community Health Centres	Kingston	South East
London Intercommunity Health Centre	London	South West
Niagara Health System	Niagara	Hamilton Niagara Haldimand Brant
Oshawa Community Health Centre	Oshawa	Central East
Réseau Access Network	Sudbury	North East
Sanguen Health Centre	Kitchener/Waterloo/Guelph	Waterloo Wellington
Sherbourne Health Centre	Toronto	Toronto Central
South Riverdale Community Health Centre	Toronto	Toronto Central
The Ottawa Hospital	Ottawa	Champlain
Timmins Family Health Team	Timmins	North East
Wayside House of Hamilton	Hamilton	Hamilton Niagara Haldimand Brant
Windsor-Essex Community Health Centre	Windsor	Erie St.Clair

## For more information...

Samantha Earl, Senior Policy Analyst  
AIDS and Hepatitis C Programs  
Provincial Programs Branch  
Negotiations and Accountability Management Division  
(416) 212-5473  
[samantha.earl@ontario.ca](mailto:samantha.earl@ontario.ca)