

HOPE TO HEALTH OVERVIEW

REPORTING QUARTER: MARCH 2024



625 Powell Street
Vancouver, BC V6A 1H2



SCS: 604-416-2871
Clinic: 604-416-1517



www.bccfe.ca

About Hope to Health

Opened in late 2019, the BC-CfE's Hope to Health (H2H) clinic is an interdisciplinary primary care service in Vancouver's Downtown Eastside. H2H's team-based approach to primary health care is based on the best evidence for service design in engaging marginalized populations. Clinical services at H2H were also planned using evidence and best-practices and refined under an ongoing quality improvement (QI) approach. Psychosocial supports offered at H2H include helping clients in areas of housing, income, social supports, and behavioural interventions.



Hope To Health Complex Includes



**SUPERVISED
CONSUMPTION SITE**



**SAFER
DRUG SUPPLY**



**PRIMARY
CARE CLINIC**



**CLINICAL &
BEHAVIOURAL
RESEARCH STUDIES**



**CLINICAL
RESEARCH
LABORATORY**



**PHARMACY
SERVICES**

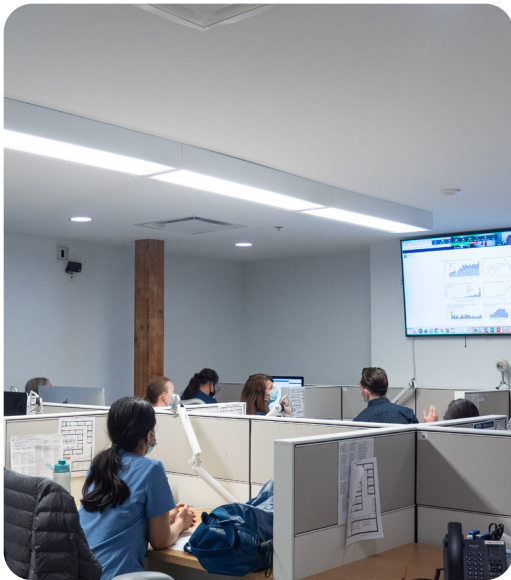
Before H2H opened, DTES residents relied extensively on the publicly-administered community health centres (CHCs) in the neighbourhood. CHCs have difficulty in engaging and retaining clients with complex medical and psychiatric needs and also have limited capacity to enroll new clients.

The most marginalized DTES residents predominantly access health care through emergency services at one of three hospitals in central Vancouver. Many patients discharged from acute care stays in hospital do not have an identified primary care provider resulting in limited outpatient follow-up and frequent re-admission.

HOPE TO HEALTH LOCATION

Fig 1: Downtown East Side Map





HOPE TO HEALTH STAFFING

Fig 2: 625 charting room

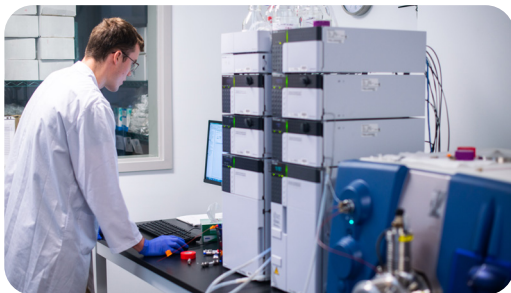
H2H staffing consists of various primary care teams and one triage team. Each primary care team has a family doctor, social worker, peer, medical office assistant, and casual LPN and RNs. Teams are supported by a behavioural consultant, a clinical pharmacist, a phlebotomist and a clinic coordinator. The triage team focuses on triaging walk-ins, and unattached clients who may have urgent care needs. Limited psychiatric consultations are provided by an on-site psychiatrist. Other specialized services are being offered including Infectious Diseases Consultations, behavioural interventions to manage Stimulant Use Disorders and Complex Chronic Pain and substance use disorders.



HOPE TO HEALTH SERVICES

Fig 3: clinic

H2H is open during regular business hours with access for after-hours consultation by an on-call physician. Services are wrapped around client needs, with proactive system of care, and use of Electronic Medical Record (EMR).



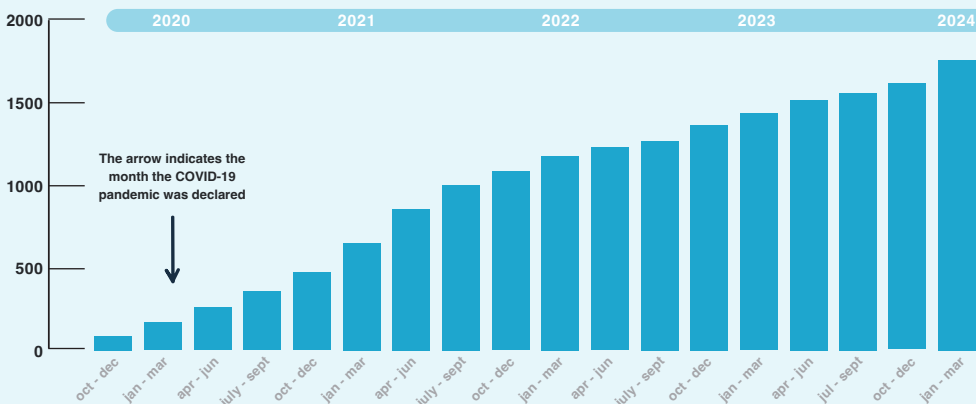
HOPE TO HEALTH PERFORMANCE AND QUALITY

Fig 4: 647 lab

H2H clinic service uses performance and quality measures to drive quality improvement. A scientific evaluation of H2H will be carried out with a grant from the Canadian Institute of Health Research (CIHR).

H2H PRIMARY CARE SERVICES

Fig 5: number of clients

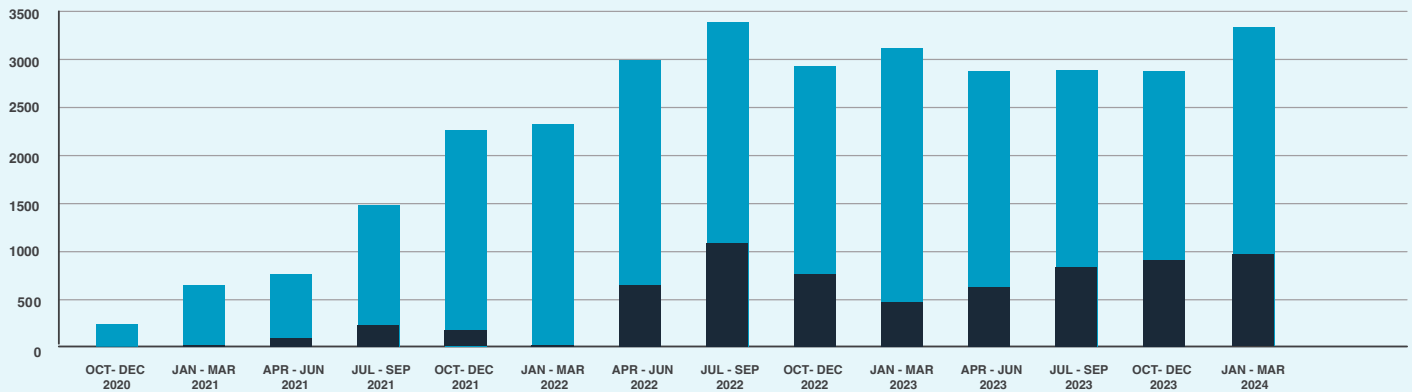


- 1725**
 CLIENTS ENROLLED
- 87.8%**
 CLIENTS ARE ENGAGED
- 84.5%**
 CLIENTS HAVE DOCUMENTED THEIR OWN GOALS (EMPOWER)
- 332**
 ACTIVE CLIENTS WITH A DIAGNOSIS OF OUD - 100% HAVE AN ACTIVE OAT/RM PRESCRIPTION

Total SCS Visits Reported Since Opening (Oct. 2020)

TOTAL VISITS TO SCS

Fig 1: Average of 982 visits/months in 2023



5858 HARM REDUCTION SUPPLIES DISPENSED

136 TOTAL OVERDOSES

0 FATAL OVERDOSES

Data For The Month of March

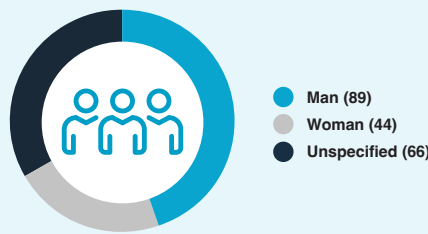
OVERDOSES & HARM REDUCTION

Fig 2: interventions



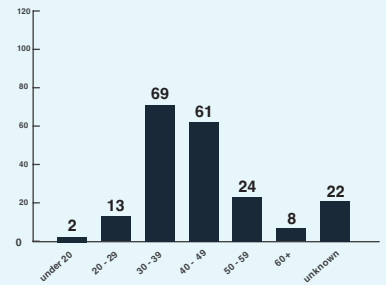
CLIENT IDENTIFIED GENDER

Fig 3: gender



CLIENT AGE DISTRIBUTION

Fig 4: age in years



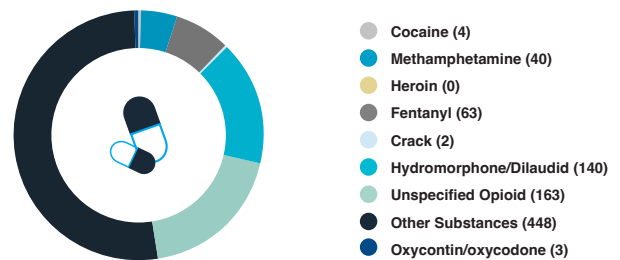
SITE OVERVIEW & USAGE DATA

Fig 5: monthly overview

| | |
|------------------------------|------|
| Total Number of Visits | 1139 |
| Total Number of Consumptions | 863 |
| Number of Unique Clients | 199 |
| New Clients | 55 |
| EMS Services Called | 0 |

DRUGS CONSUMED BY VISIT

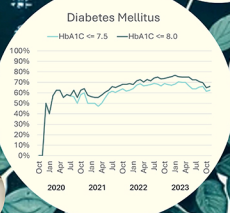
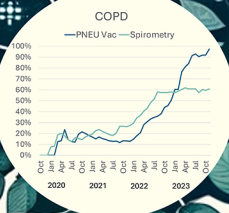
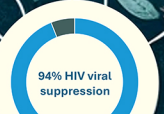
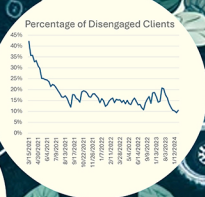
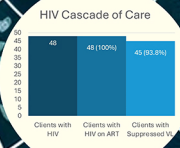
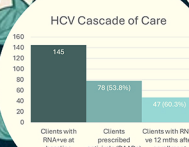
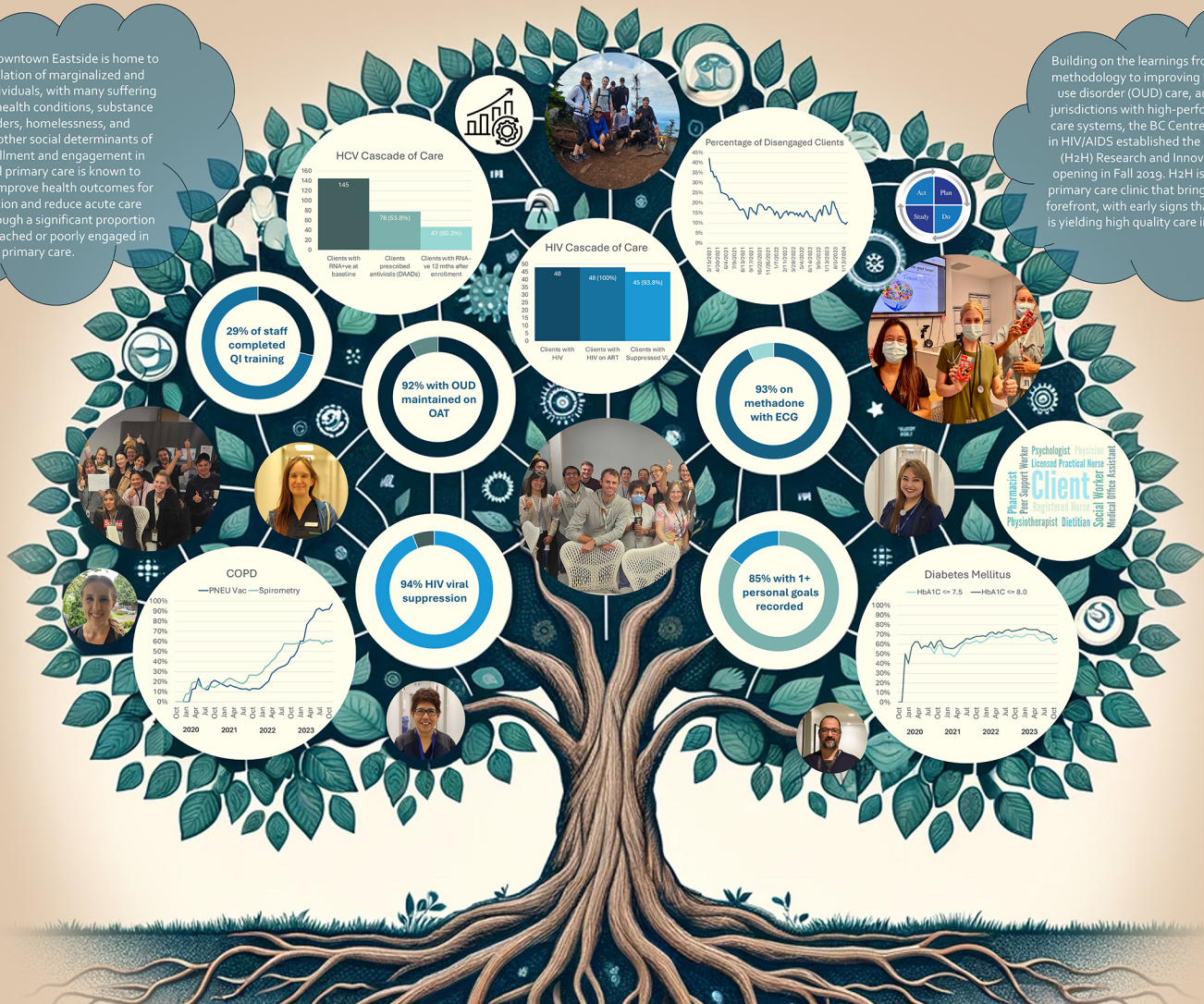
Fig 6: client identified substances



Dr. Rolando Barrios, Dr. David Hall, Dr. Cole Stanley, Dr. Julio Montaner, Dr. Ronald Joe, Gabriela Sinclair, Angie Semple, Melissa Bryden, and the Hope to Health Team

Vancouver's Downtown Eastside is home to a large population of marginalized and vulnerable individuals, with many suffering from mental health conditions, substance use disorders, homelessness, and disparities in other social determinants of health. Enrollment and engagement in longitudinal primary care is known to significantly improve health outcomes for this population and reduce acute care utilization, though a significant proportion remain unattached or poorly engaged in primary care.

Building on the learnings from applying QI methodology to improving HIV and opioid use disorder (OUD) care, and from other jurisdictions with high-performing primary care systems, the BC Centre for Excellence in HIV/AIDS established the Hope to Health (H2H) Research and Innovation Centre, opening in Fall 2019. H2H is a team-based primary care clinic that brings quality to the forefront, with early signs that our approach is yielding high quality care in various areas.



Psychologist
Peer Support Worker
Pharmacist
Physiotherapist
Registered Nurse
Social Worker
Licensed Practical Nurse
Medical Office Assistant
Dietitian
Client Worker



Unlock more details here



Unlock more details here



BRITISH COLUMBIA
CENTRE for EXCELLENCE
in HIV/AIDS

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1081 Burrard Street
Vancouver, BC
Canada, V6Z 1Y6

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Fax 604-806-8464
www.bccfe.ca

December 1, 2023

Re: Doxycycline for the prevention of bacterial sexually transmitted infections available to eligible participants of the BC-CfE HIV Treatment Program and the HIV PrEP Program

Dear Healthcare Provider:

The British Columbia Centre for Excellence in HIV/AIDS (BC-CfE) is pleased to inform you that with the support of the BC Ministry of Health, beginning December 1, 2023, doxycycline for the prevention of bacterial sexually transmitted infections (B-STIs) including syphilis, chlamydia and gonorrhoea, will be available at no charge to eligible participants of the BC-CfE Drug Treatment Programs for HIV Treatment and HIV Pre-Exposure Prophylaxis (HIV PrEP).

Studies conducted in BC and elsewhere among high-risk gbMSM (gay, bisexual and other men who have sex with men) currently using antiretroviral therapy (ART) or HIV PrEP for the treatment or prevention of HIV infection have confirmed the feasibility, safety, and efficacy of single dose doxycycline 200 mg taken orally within 72 hours after a high-risk sexual encounter to decrease new diagnoses of B-STIs by about two thirds. To date, the evidence supports this intervention for high risk gbMSM and transgender women living with HIV on ART, and HIV PrEP recipients; however, the prophylactic role of doxycycline for B-STIs in cis-gender women, and other populations, remains unclear.

The BC-CfE Therapeutic Guidelines for Syphilis provide guidance regarding doxycycline for B-STI prevention, including a review of the evidence, prescribing, and monitoring recommendations. Please refer to "Section IV: Prevention" of the syphilis guidelines, available at bccfe.ca/therapeutic-guidelines/opportunistic-infection-therapeutic-guidelines.

To obtain doxycycline for bacterial STI prevention through the BC-CfE initiative, all of the following eligibility criteria must be met:

- The client must be a current participant of the *BC-CfE HIV Treatment Program* **or** the *HIV PrEP Program*, **and**
- The client identifies as gbMSM or transgender woman, **and**
- The client is at increased risk of B-STI as indicated either by having a history of B-STI such as syphilis, chlamydia, or gonorrhoea within the past year, or being clinically assessed as being at increased risk, **and**
- The client is a BC resident with MSP coverage, or Interim Federal Health



Providence
Health Care
How you want to be treated.

Doxycycline for B-STI prevention medication is available through the systems in place for the HIV PrEP and HIV Treatment Programs. Detailed information about access, including *the Enrolment & Prescription* form are available at <https://www.bccfe.ca/drug-treatment-program>

Prescription: Doxycycline 200mg (2 x 100mg tablet or capsule) one single dose taken as soon as possible within 72 hours post-coital, up to a maximum of doxycycline 200mg once a day.

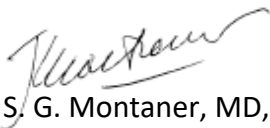
Doxycycline should not be used in persons allergic to tetracyclines, those taking contraindicated medications (e.g.: warfarin, carbamazepine, systemic retinoids), or during pregnancy.

Clients should be counselled about possible gastrointestinal symptoms, sun sensitivity, esophagitis, and rare events of intracranial hypertension.

Monitoring: STI screening should be performed at baseline and every 3 months for syphilis, for gonorrhea and chlamydia at all relevant anatomic sites (urogenital, pharyngeal, and rectal), and for HIV (if HIV uninfected at baseline). If an STI is diagnosed, treat according to standard STI treatment guidelines.

Together with the expansion of STI testing, and treatment as recommended as part of the BCCDC's BC Syphilis Action Plan Refresh, this new doxycycline for B-STI prevention initiative is anticipated to decrease the rate of new B-STI infections in BC in the gbMSM population, and contribute to the control of syphilis in BC.

Yours sincerely,



Julio S. G. Montaner, MD, FRCPC
Executive Director and Physician-in-Chief
BC Centre for Excellence in HIV/AIDS



Val Montessori, MD, FRCPC
Director of Clinical Education and
Co-Chair, Committee for Drug Evaluation & Therapy
BC Centre for Excellence in HIV/AIDS

TREATMENT & PREVENTION GUIDELINES

- Primary Care Guidelines for the Management of Adults Living with HIV/AIDS in BC
- Therapeutic Guidelines for ARV Treatment of Adult HIV Infection
- Opportunistic Infections
- HIV Pre-Exposure Prophylaxis (PrEP)
- HIV Post-Exposure Prophylaxis (PEP)
- Acute HIV Infection
- Pregnant Women
- Pediatric Therapeutic Guidelines

[VISIT SITE](#)

DRUG TREATMENT PROGRAMS & DRUG SAFETY

- Eligibility, enrolment and how to obtain HIV medication
 - HIV Treatment
 - HIV PrEP
 - HIV PEP
 - Doxycycline for b-STI Prevention
- HIV/AIDS Drugs Available through the BC-CfE
- Medication Patient Information Sheets
- Program Communications
- Drug Safety Updates and Alerts
- Adverse Drug Reaction Reporting and Form

[DTP SITE](#)

[SAFETY SITE](#)

LABORATORY TEST ORDER FORMS

- HIV-specific Testing – BC-CfE Laboratory Requisition Form
 - HIV drug resistance testing
 - HLA-B*57:01 testing (for abacavir hypersensitivity)
 - HIV CCR5 tropism testing (for maraviroc susceptibility)
- Hepatitis C Resistance Testing
- Therapeutic HIV Drug Monitoring

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EDUCATION & TRAINING

- Online Courses
 - HIV Treatment & Management
 - HIV Prevention
 - Working Together: Interprofessional Care in HIV
- Lecture Series
 - BC-CfE Webinar Learning Series
 - Hope to Health Learning Series
- Clinical Training Programs
 - Intensive Preceptorship Program
 - UBC Enhanced Skills Program (PGY3): H2SUM
- Nurse Practitioner Program

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BC-CFE REPORTS

- [HIV Monitoring Semi-Annual Report](#)
- [HIV/AIDS Drug Treatment Program Monthly Report](#)
- [BC-CfE Pharmacovigilance Initiative Annual Report](#)
- [HIV PrEP Semi-Annual Report](#)
- [Key Outputs, Research, Policy and Innovation](#)

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QUALITY IMPROVEMENT INITIATIVES

- STOP HIV/AIDS®
- Best-practices in Oral Opioid agonist Therapy (BOOST) Collaborative
- Re-Engagement and Engagement in Treatment for Antiretroviral Interrupted and Naïve Populations (RETAIN)
- Treatment Optimization of Psychosis (TOP) Collaborative*

* Since August 2022, TOP is managed by VCH; several resources available on BC-CfE website

[VISIT SITE](#)

CONTACT NUMBERS

BC-CfE Drug Treatment Programs

CALL 604-806-8515 (Mon-Fri, 8am-5pm, Pacific)
FAX 604-806-9044

St. Paul's Hospital Ambulatory Pharmacy

CALL 604-806-8151 (Mon-Fri, 8am-5pm, Pacific)
TOLL FREE 1-800-547-3622
ON-CALL AFTER HOURS 1-888-511-6222

BC-CfE Laboratory

CALL 604-806-8775 (Mon-Fri, 8am-5pm, Pacific)
FAX 604-806-9463

Race Line

CALL 604-696-2131 (Mon-Fri, 8am-5pm, Pacific)
TOLL FREE 1-877-696-2131
EMAIL RACE@providencehealth.bc.ca