OUTREACH AND CLINICAL MODELS DESIGNED TO IDENTIFY AND ADDRESS BARRIERS TO HEPATITIS C TREATMENT

SYNC 2019

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CONFLICT OF INTEREST DISCLOSURE
SAM FORSYTHE, BA

- No disclosures

POPULATIONS MOST AT RISK AND THE BARRIERS WE'VE IDENTIFIED

- PWUD
- Baby Boomers
- LGBTQ identified clients
- Co-infected population
- Reentry population

BARRIERS

Availability of Resources

- Lack of health centers in the west and south sides of Chicago*
- Lack of LGBTQ competent care*
- Most providers refer out and there are lengthy wait times for HCV programs (~2 months); issue of who is allowed to treat due to state regulations

Information and Education

- Many populations most at risk are neglected in health education opportunities (south/west sides, reentry population, etc.)
- Many who are at risk are unaware of what HCV does, why it's important to treat, and other ways it can be transmitted beyond needles.

BARRIERS

STIGMA

- Fear of friends and family finding out status, prohibiting conversations around transmission and entry into healthcare settings
- Judgement experienced by patients in health care settings for identity or substance use
- Beyond judgement: many providers block treatment based on substance use

SO HOW DO WE ADDRESS THIS

What can we do to mitigate these barriers and increase access to available and compassionate care?

SO HOW DO WE ADDRESS THIS

- Harm reduction
- Outreach
- Multidisciplinary care team model

HARM REDUCTION

- First and foremost we move towards treatment no matter what.
- Baseline team needs: Can you take this pill at the same time daily
- Accommodating instability by attempting to preserve as much flexibility as we can.
  - Due to unstable housing, substance use, unemployment, mental health, interpersonal violence, etc. people come in and out of care.
  - Patient directed: Each care plan and timeline is individualized (ex. Patient G)
  - Creating a safety net for those who are lost to care: we follow up for a year then speak with care teams and put in chart alerts to ensure follow up when patients reengage.

HARM REDUCTION

The pros and cons of accommodating instability with flexibility?

Benefits:

- We successfully treat patients within a high-risk population
- All-inclusive treatment
- Decreasing community viral load

HARM REDUCTION

Programmatic Stats: 2018*

147 referrals; 5 self-cleared, 6 were negative on confirmatory

86 people began treatment

80 people were cured

23 people were in treatment at the end of the year

*Medicaid restrictions still effective until 2019

OUTREACH

- Meeting with participants in their own communities, agencies, and trusted spaces.
- Consulting with community or facility leadership to ask what kinds of services and education they'd like.
- Ask participants what they want out of it
- Offering people the opportunity to learn and engage where they feel comfortable while also offering one-on-one assistance
- Stressing that patients can come to us only for HCV treatment

OUTREACH

- Including a VARIETY of spaces for outreach
  - Spanish speaking spaces, and non-English speakers in general
  - Safe spaces for those who don't have documentation(Ex. Cermak)
  - Residential programs for aging populations
  - Reentry populations
  - Substance use services and sobriety programs (Ex. Haymarket)
  - Training internal departments and team members
  - Emphasizing co-infected populations within clinics and in outreach, in all services that cater to PLWHIV

CARE MODEL: MULTIDISCIPLINARY CARE TEAM

Team:

Thomas Ambelang- HCV Linkage to Care Coordinator, full time

Alaa Wasfi- Registered Nurse, part time

Sarah Kwasigroch- Pharmacist, part time Walgreens partner

Sam Forsythe- HCV Case Manager, full time

Communication within team; Triage Meetings

CARE MODEL: MULTIDISCIPLINARY CARE TEAM

Case Managers
Provider

Pharmacist
Nurse
Provider

Nurse
Provider

This model allows us the capacity to address barriers: completing insurance enrollment, arranging transportation, calling in orders with patients, check-in's during treatment, internal administrative tasks.

CARE MODEL: MULTIDISCIPLINARY CARE TEAM

- Team model prevents need for referring out
- We can intervene to manage the clinical demands that might prevent treatment (ex. Substance use, comorbidities)
- Building relationships for the purpose of engagement (ex. Patient L)
- Ensure that the language and messaging clients receive from referral to post-treatment care aligns with the harm reduction priorities of the team

CARE MODEL: MULTIDISCIPLINARY CARE TEAM

- Providing consistent support: In our first conversation we are providing direct numbers for patients to call with every question and concern
  - Readily available, with back-up contacts
  - Complete face to face initiation visit upon starting meds
  - Pharmacy and Medical support offered at start of treatment
  - Consistency of care

QUESTIONS ?

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