

## **HCV Care Coordination Recommendations Worksheet**

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May 5<sup>th</sup>, 2022

### **Examples of Existing HCV Care Coordination Programs**

#### Hepatitis Education Project (HEP)

- Developed one of the first medical case management programs in the U.S. for underserved, marginalized populations that identified people living with HCV and linked them to medical care and treatment.
- The 5-step process includes: meeting the client, intake and assessment, linkage to care, engagement in care, and post-treatment support. ([Link](#))

#### Hep-C Cures (SWACH, SeaMar, and CVAB)

- Embedded peer supports in clinics to connect with patients with new HCV diagnosis and help them follow through treatment.
- Initial results suggest the percentage of patients enrolled in peer-support who completed treatment was 70%, compared to less than 20% who completed treatment without peer support. ([Link](#))

### **HCV Care Coordination Articles and Resources**

#### CDC:

- Hepatitis C Questions and Answers for Health Professionals: Management and Treatment ([Link](#))

#### AASLD/IDSA:

- Testing and Linkage to Care Guidelines ([Link](#))
- Management of Key Populations with Chronic HCV Infection ([Link](#))

#### Journal Articles:

- Building a Hepatitis C Clinical Program: Strategies to Optimize Outcomes (Zuckerman et al) ([Link](#))
- Care2Cure: A randomized controlled trial protocol for nurse case management (Starbird et al) ([Link](#))
- Routine Screening and Linkage to Care for Hepatitis C Virus in an Urban Safety-Net Health System, 2017-2019 (Hunt et al) ([Link](#))
- Public health clinic-based hepatitis C testing and linkage to care in Baltimore (Falade-Nwulia et al) ([Link](#))
- 'Beyond the willing and the waiting' – The role of peer-based approaches in hepatitis C diagnosis and treatment (Henderson et al) ([Link](#))

- Improving engagement with healthcare in hepatitis C: a randomized controlled trial of a peer-support intervention (Stagg et al) [Link](#)
- Disparities in Hepatitis C Linkage to Care in the Direct Acting Antiviral Era (Sherbuck et al) [Link](#)

## Potential Care Coordination Recommendations

### Provider Counseling (CDC, DOH, and AASLD)

- All persons with active HCV infection should be linked to a healthcare provider who is knowledgeable in and prepared to provide comprehensive management. (AASLD)
- Evaluate HCV patients for chronic liver disease, hepatitis A and B vaccination, alcohol consumption, and HIV risk assessment and testing. (CDC)
- Counsel HCV-positive persons on adherence for those receiving treatment, transmission prevention, and liver health. (DOH)
- Counsel HCV-negative persons who may be at high risk of acquiring HCV about prevention strategies, such as safer drug use practices, linkages to care, treatment and recovery services. (DOH)
- Talk to patients about the effectiveness and benefits of direct acting antivirals, the importance of avoiding alcohol, the need to follow a healthy diet, and the potential risks for HCV transmission (i.e. blood donations, needle sharing, etc.) (CDC)
- Primary care and other providers wishing to learn more about managing treatment of patients with hepatitis C can learn from the [Project ECHO](#) model of hepatitis delivery.
- Innovative models for patient that take a multidisciplinary approach will likely improve treatment access and linkage to care, including patient navigation programs, non-specialist care, and telehealth. ([Zuckerman et al, 2018](#))

### Nurse (or other Multidisciplinary Provider) Navigation Model

- Patients who screen positive for HCV should be offered patient navigation services (linkage to care services) to connect patients to treatment and help address potential barriers.
  - Embedding patient navigators (such as nurse navigators) into the care cascade increases the rate of linkage to care despite the prevalence of barriers (Hunt et al, Sherbuck et al, Starbird et al)
- Embedded patient navigators should provide enabling resources to HCV-positive patients to facilitate the connection to treatment. Enabling resources include:
  - Facilitating referrals: verifying insurance and need for referral, requesting referral, and confirming referral
  - Strengths-based education: education on HCV symptoms, transmission, and treatment, assessment of strengths and barriers, goals for HCV care engagement
  - Navigation: make appointments with HCV provider, reschedule as needed
  - Reminders: 1-week and 1-day appointment reminders via phone, text, or email

### Peer-Support Model

- Patients who screen positive for HCV should be offered peer-support from others with lived experience undergoing HCV treatment.

- Initial findings suggest that patients enrolled in a peer support intervention are much more likely to complete treatment than patients without a peer support intervention (Hep-C Cures program)
- Peer supporters are those with lived experience with HCV who can advocate for the patient and help increase engagement in treatment.
- HCV+ Peer educators may also expand access to diagnosis and screening services in their communities, helping reach underserved communities such as PWID.

#### Services Offered Outside of Traditional Clinics Models

- Invest in public/private partnerships to expand HCV treatment access, including the partnership between the Washington State Health Care Authority, Washington State Department of Health, and drug manufacturer AbbVie which includes an HCV elimination bus tour.
- Substance use disorder/opioid use disorder treatment programs and needle/syringe exchange programs should offer routine, opt-out HCV-antibody testing with reflexive or immediate confirmatory HCV-RNA testing and linkage to care for those who are infected (AASLD)
- Public health clinics, especially those providing services to patients accessing sexually transmitted infection (STI) care, serve populations at high risk of HCV. Public health clinics should offer screening and specialist linkage to care for HCV. (Falade-Nwulia et al)
- People who inject drugs (PWID) should be offered linkage to harm reduction services in addition to HCV treatment services. Active or recent drug use is **not** a contraindication to HCV treatment (AASLD)