

DISCLOSURES

**This activity is jointly provided by
Northwest Portland Area Indian
Health Board and Cardea**



DISCLOSURES

COMPLETING THIS ACTIVITY

Successful completion of this continuing education activity includes the following:

- Attending the entire CE activity;
- Completing the online evaluation;
- Submitting an online CE request.

Your certificate will be sent via email

If you have any questions about this CE activity, contact Michelle Daugherty at mdaugherty@cardeaservices.org or (206) 447-9538



DISCLOSURES

Faculty: Kimberly Suk, MD

CME Committee: David Couch; Kathleen Clanon, MD; Johanna Rosenthal, MPH; Pat Blackburn, MPH; Richard Fischer, MD; Sharon Adler, MD

CNE Committee: David Stephens, BSN, RN; Erin Edelbrock MPA; Ginny Cassidy-Brinn MSN, ARNP; Carolyn Crisp, MPH



CONFLICT OF INTEREST

Richard Fischer, MD is a member of an Organon speaker's bureau.

Dr. Fischer does not participate in planning in which he has a conflict of interest, and he ensures that any content or speakers he suggests will be free of commercial bias.

Dr. Jorge Mera has been on advisory boards for Gilead Sciences and AbbVie Pharmaceuticals.

Neither of these company's products will be discussed in this presentation.

None of the other planners or presenters of this CE activity have disclosed any conflict of interest including no relevant financial relationships with any commercial companies pertaining to this CE activity.



Acknowledgement

This presentation is funded in part by:

The Indian Health Service HIV Program
and

The Secretary's Minority AIDS Initiative Fund

There is no commercial support for this presentation



Outcomes and Objectives:

Outcome: As a result of participating in this event, learners should be able to implement a home outreach program and apply best practices in screening and treatment of HCV.

By the end of this learning event participants will be able to:

- Describe how a home outreach program can increase adherence to HCV treatment

Home Outreach for HCV Care

Kimberly Suk, MD

Gallup Indian Medical Center

January 24, 2017

Disclosures

- None

Agenda

- Review hepatitis C in Gallup
- List the steps we took to create a Hepatitis C home visit program
- Discuss outcomes and future directions of the program

Who We Are



- Gallup Indian Medical Center is a 99 bed hospital in Gallup, New Mexico
 - Referral hospital for the area
 - 250,000 outpatient encounters and 5,800 inpatient admissions annually
- Borders the Navajo Reservation
- “Heart of Indian Country”



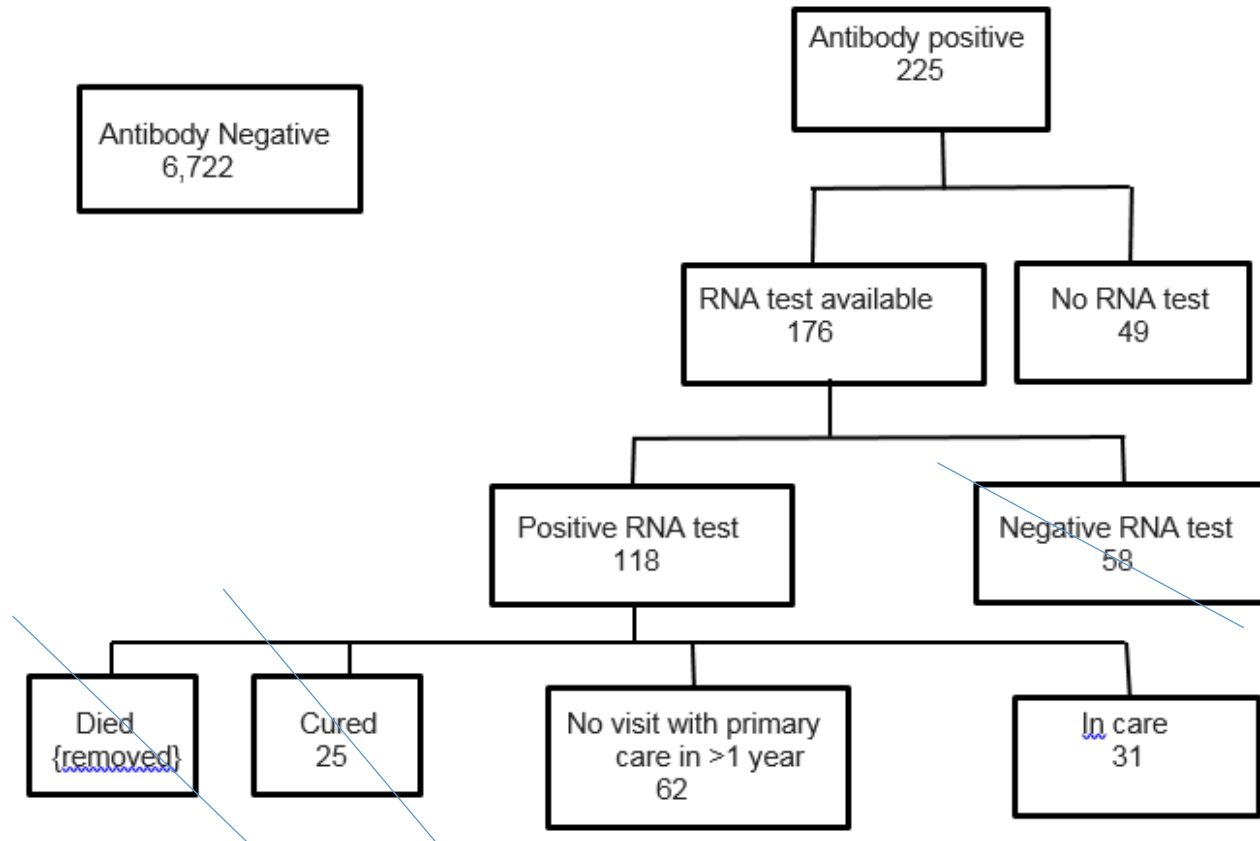
Hepatitis C Care in Gallup

- Prior to 2016
 - Patients referred to two Infectious Disease Physicians
 - Many patients awaiting treatment
 - Many patients lost to follow up
- Dedicated “Liver Clinic” and home visit program started in 2016

Step 1: Determine Cohort of Patients

- Chart Review – 1990 to 2016
 - Identified patients with hepatitis C through lab tests and ICD 9/10 codes
 - Patients classified as “Chronic HCV” and “In Care”

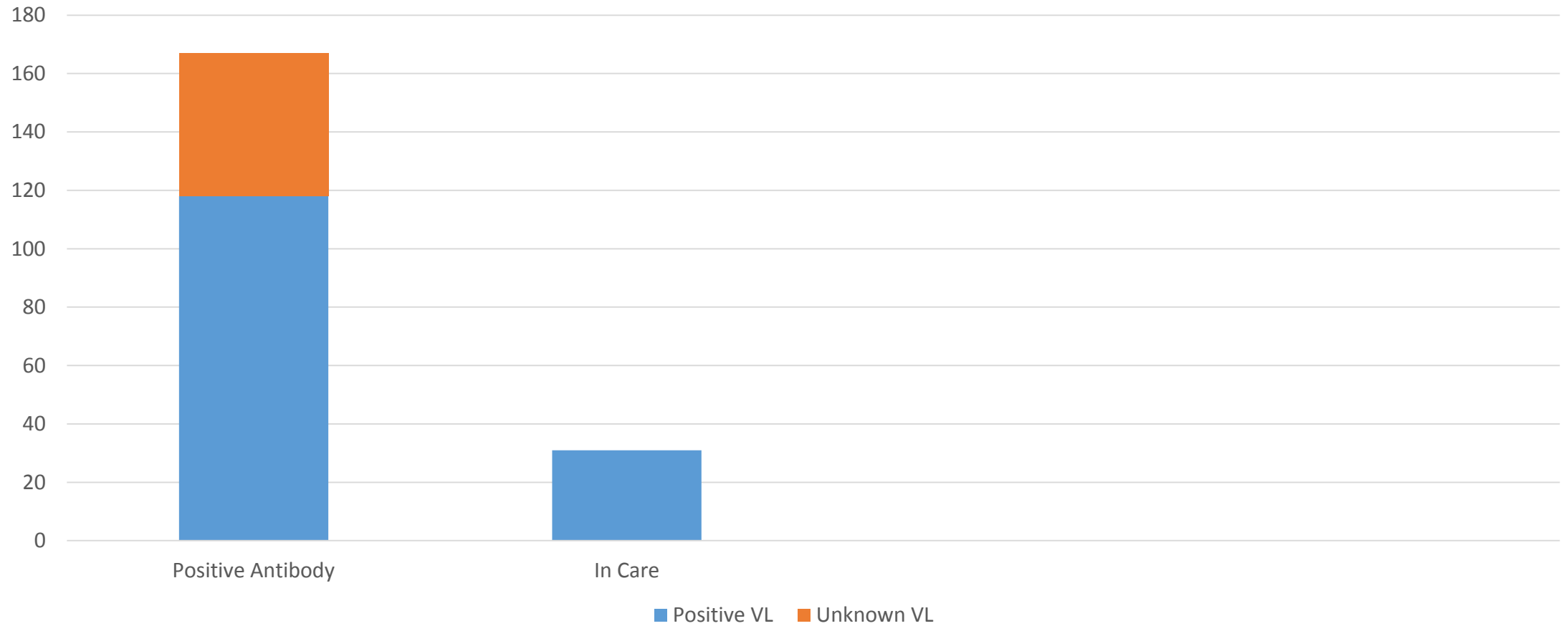
Cohort of patients



Other ways to identify cases

- Identifying through ICD coding
 - ICD coding identified 72% of patients with chronic hepatitis C

Cascade of Care prior to 2016



Step 2: Create Referral Process

- Hepatitis C EHR Consult

The screenshot displays an EHR interface with a navigation bar at the top containing tabs for 'Progress Notes', 'Discharge Summary', 'Consults (for GIMC services)', and 'Referrals (purchase ref care)'. Below the navigation bar is a menu with 'File', 'View', 'Action', and 'Options'. The main content area is split into two panes. The left pane, titled 'All Consults', shows a list of consults with columns for date, status, and service. The right pane shows the details for a specific consult on 'Mar 07,17' for 'HEPATITIS C CONSULT' with 'Consult #: 181011'. The details include patient status, order information, and a reason for request.

Date	Status	Service
Mar 23,17	(s)	IMC - NON IHS REFERRALS Cons Consult #:
Mar 07,17	(c)	HEPATITIS C CONSULT Cons Consult #:
Oct 22,15	(c)	GENERAL SURGERY Cons Consult #:
Jul 12,15	(p)	WOUND Cons Consult #: 106240
Dec 05,14	(c)	GENERAL SURGERY Cons Consult #:
Apr 05,14	(c)	WOUND Cons Consult #: 58105
Jan 24,13	(s)	INTERNAL MEDICINE Cons Consult #:

Mar 07,17 (c) HEPATITIS C CONSULT Cons Consult #: 181011

Current Pat. Status: Outpatient

Order Information

To Service: HEPATITIS C CONSULT

From Service: ED-SBIRT

Requesting Provider: WHITE,DUNCAN R MD

Service is to be rendered on an OUTPATIENT basis

Place: Consultant's choice

Urgency: Routine

Orderable Item: HEPATITIS C CONSULT

Consult: Consult Request

Provisional Diagnosis: Hepatitis C antibody test positive |

Reason For Request:

+ hepatitis C antibody. Significant ETOH hx with high APRI score but U/S negative for cirrhosis this fall. Recently admitted to Pres with upper GI bleed. Currently sober.

- Education to urgent care, ER, Ob/gyn, clinic staff

Step 3: Develop Team

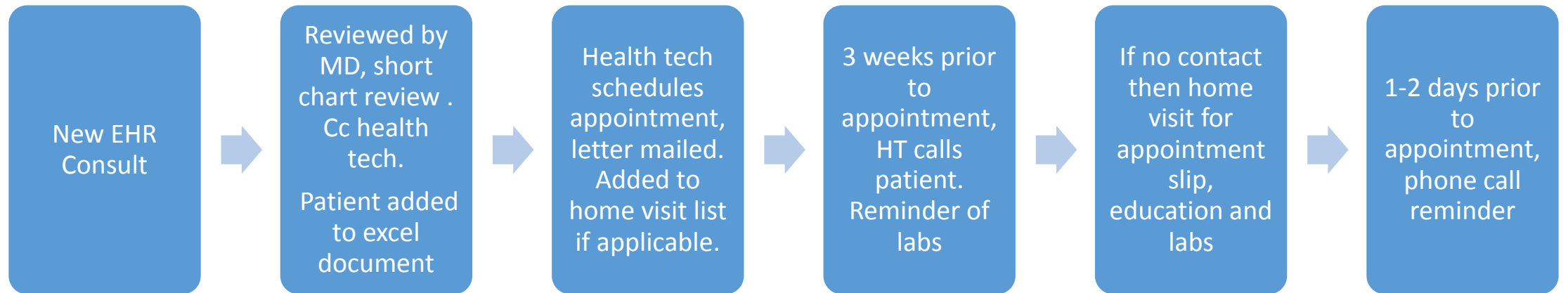
- Physician
- Pharmacists
- Health technicians



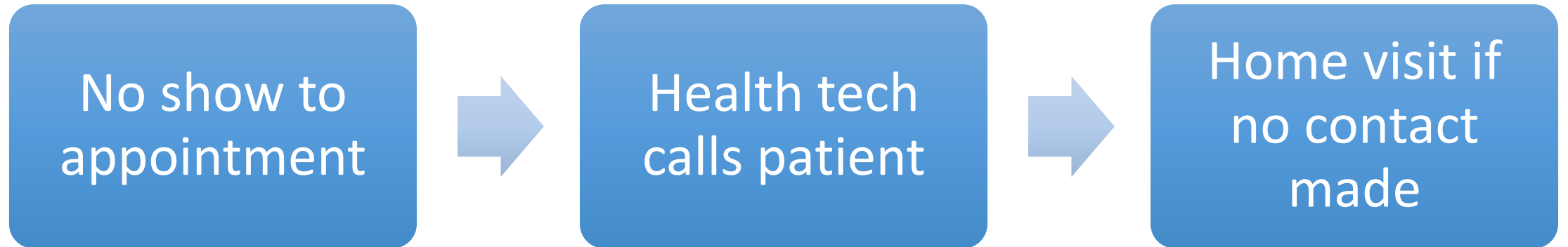
Step 4: Create goals and responsibilities

- Goal: to engage patients into care, improve the care of patients with hepatitis C and expand outreach and education in the community
- Health technicians
 - Clinic
 - New consults, Appointments, screening, follow up
 - Naloxone
 - Home visits
 - Appointments, labs, education
 - Outreach
 - Data collection

New Consults to Clinic



No Show to Clinic



Home Visits

- Engage patients into care
 - Appointment slips
 - Lab draw
- Education
- Other

Subjective:

Home visit done to establish care and to check well being, Medication delivery, blood draw with a urin, and medication adherence of patient.

Environmental Health Factors:


Family Support: No

Income:


Heating: No Lives with father in small Mobile Home, Caretaker of father.

I WAS TOLD
MY HEPATITIS C ANTIBODY
IS POSITIVE

C care. Determine if patient is
and obtain labs for baseline of
l signs and general impression
nt on Hep C and overall
rage patient to f/u with PCP.



Hepatitis C Treatment: Getting ready and what to expect



HOPE

Pilot version

Outreach

- Assist pharmacy and HIV team on outreach at detox center
 - Education
 - Rapid testing



Data Collection

- Update excel document
- Keep track of priority home visits

04/24/2017 Called number in chart,
male answered stated pt is deceased,
advised to bring death Cert. in to have
chart closed

HV done 03/17/17 No contact
made(BGS), Moved to ABQ2017
HV done 03/17/17 No contact
made(BGS)

Naloxone

- Received training on naloxone
- Can immediately dispense high risk patients with naloxone

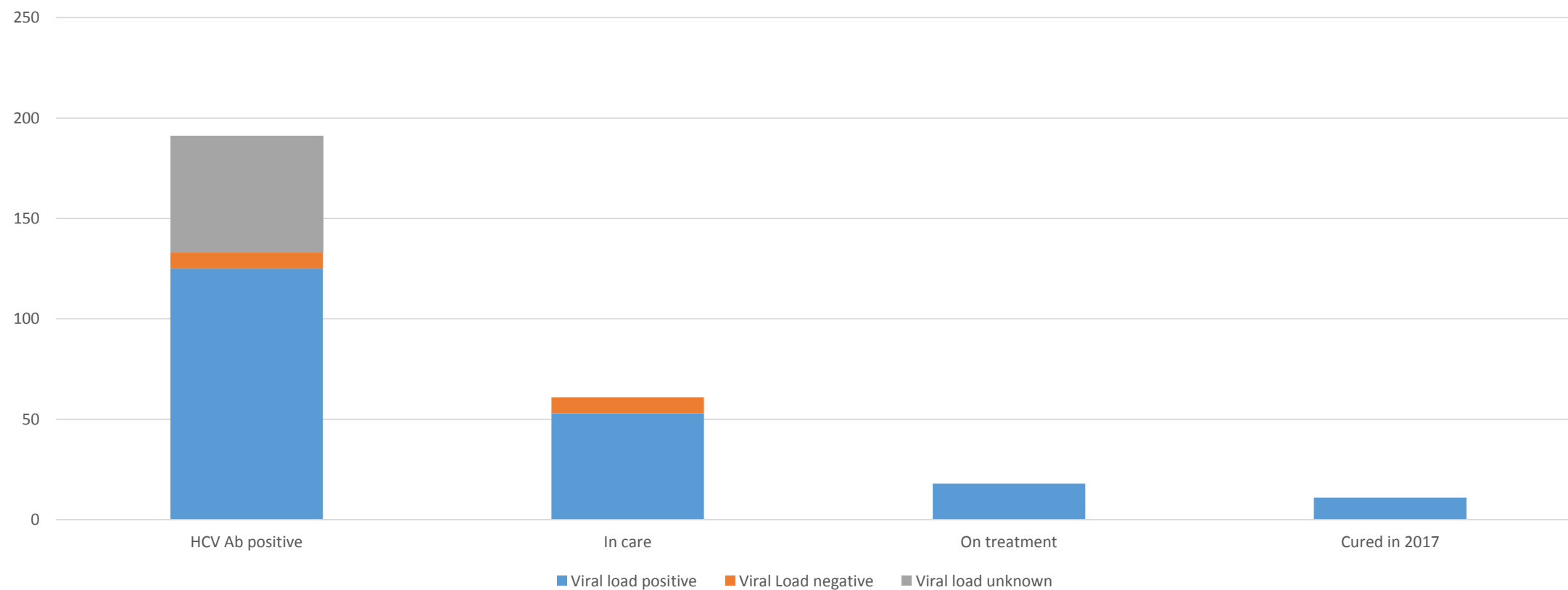


Step 5: Assess Program

- Engage patients into care
 - Protocol for referral
 - Historical patients
 - Through home visits and phone calls determine patients no longer receiving care at our service unit. 11 patients established care elsewhere, 9 deceased, 3 in jail
 - Viral load status
- Improve care of patients with hepatitis C
 - Treatment success
 - Adherence to meds
 - No show rates
- Expand outreach and education in the community
 - Teaching to hospital staff
 - Detox center

Cascade of Care in 2017

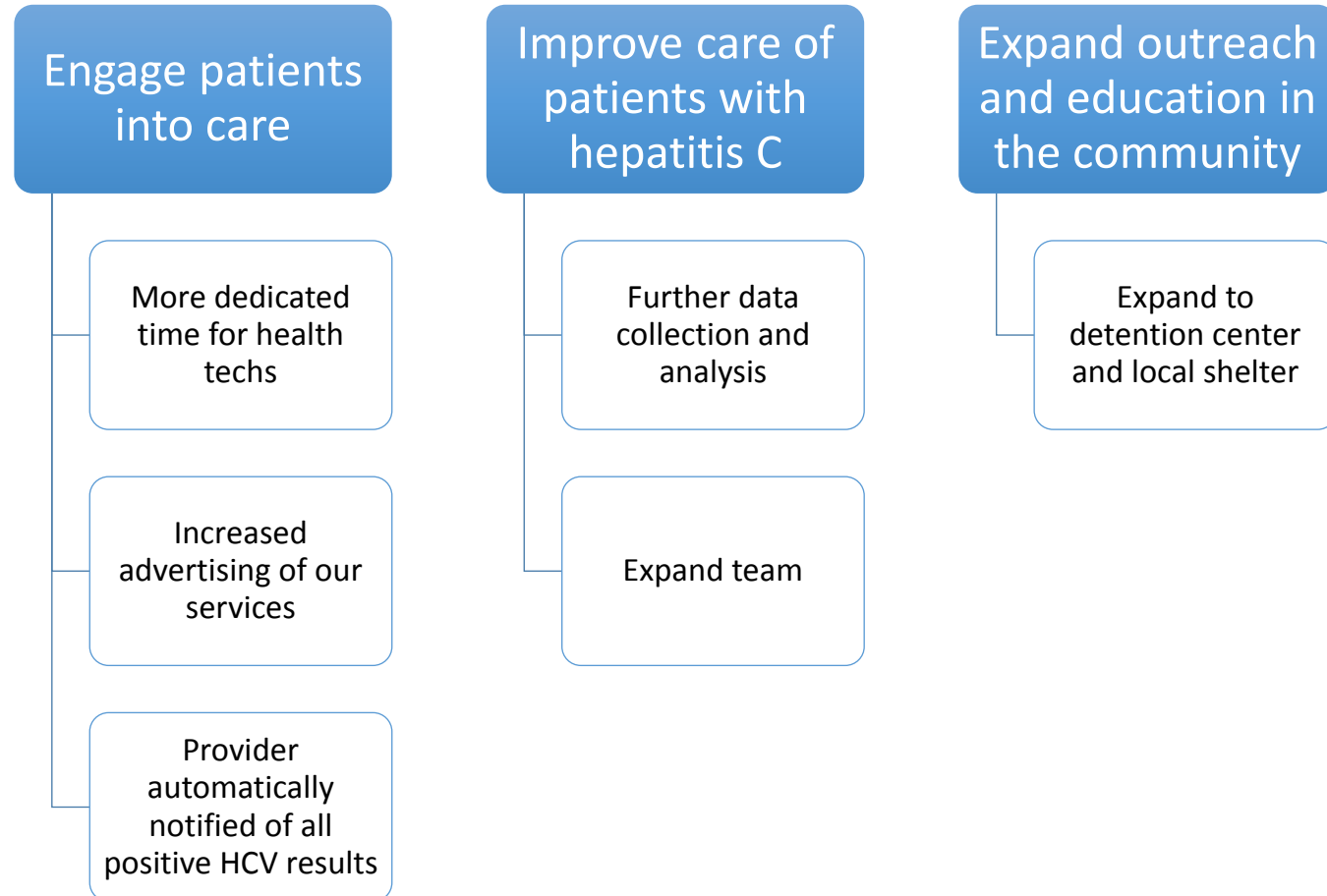
Cascade of Care 2017



Limitations

- Staffing
 - Multiple responsibilities of health techs
- Time
- Manual data collection

Goals going forward



QUESTIONS?



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