

Managing Viral Hepatitis

A Hepatitis101 Presentation for Case Managers

Objectives

- ▶ Psychosocial Issues Related To HCV
 - ▶ Barriers That May Impede Access To Care
 - ▶ Preparing Patient For Treatment
 - ▶ Patient and Caregiver Role
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Link to Cure *Versus* Link to Care

- ▶ Linking to Cure (candidate ready for treatment)– Patient is ready to be connected to a practitioner who will provide curative treatment for HCV. And, patient has no barriers or contraindications to treatment.
- ▶ Linking to Care (ongoing case management)–Patient is in transition to treatment. Patient may have current contraindications or barriers to treatment including but not limited to competing comorbidities (medical or psychiatric) or psychosocial issues.

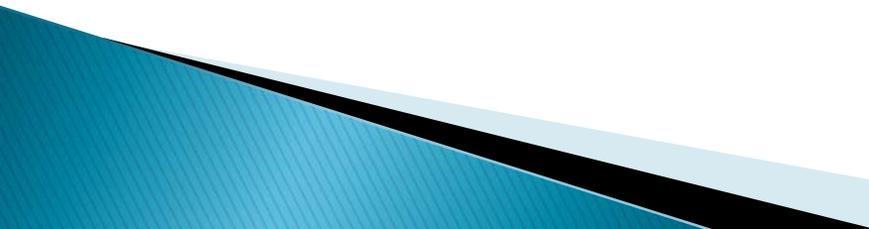
Managing HCV Patients

During the process of linking the patient to treatment, providing patient education, counseling, and assessing the needs of the patient are integral components to a successful patient outcome.

Psychosocial Issues Related to HCV

»» Addressing Patient Issues

Common Psychosocial Issues

- ▶ (Fear) Risk of Transmission to Family and Friends
 - ▶ Stigma (perceived or real)
 - ▶ Emotional Concerns (depression, insomnia, irritability)
 - ▶ Cognitive Issues (mental acuity or “brain fog”)
 - ▶ Limited Social Support
 - ▶ Fatigue– (at least 67% reported)
 - ▶ Drug and Alcohol Consumption (history)
 - ▶ **Complex Family Issues, Unstable Housing, Mental Health Diagnosis, Comorbidities
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Ways to Reduce Risk of Transmission

- ▶ Educating Patient That Transmission Can Be Controlled Reduces Some Fears:
 - Do not share personal hygiene items that may contain blood such as toothbrushes or medical devices such as diabetic needles, etc.
 - Do not donate blood, organs, or semen.
 - Use condoms with multiple sex partners.
 - Cover cuts and sores.
 - Do not engage in illicit drug use.
 - Be sure household members wear gloves to clean up any blood spills.

Addressing Stigma

- ▶ Stigma can affect self-esteem, quality of life, and lead to alienation (limited social support).
 - Healthcare workers must be aware of projecting stereotypes and judgments.
 - Inform staff and Advocate for the patient.
 - Patient should consider joining a support network outside of social circle (support group or internet).

Emotional and Cognitive Concerns

- ▶ Depression, insomnia, irritability, fatigue, and “brain fog” are common symptoms experienced before and during treatment.
 - Encourage patient to report ongoing symptoms they are experiencing for an accurate assessment and do not “self-diagnose”.
 - Determine if patient needs to be assessed further for mental health counseling or evaluation by a medical provider.
 - Educate patient about symptoms of HCV and symptoms of depression/fatigue. (A Guide to Understanding & Managing Fatigue, www.hcvadvocate.org)

HCV and Substance Use

▶ Alcohol Counseling

- Screening, counseling, and referrals should be provided where needed to decrease alcohol use.
 - **Screen** for excessive alcohol consumption
 - **Communicate** HCV-associated risks posed by substance use.
 - Provide options for behavioral change
 - Provide brief counseling or referral for patients dependent on alcohol
 - **Provider Screening Tool**– CAGE questionnaire, Developed by Dr. John Ewing, founding Director of the Bowles Center for Alcohol Studies:
 - Have you ever felt you should **CUT DOWN** on drinking?
 - Have people **ANNOYED** you by criticizing your drinking?
 - Have you ever felt bad or **GUILTY** about drinking?
 - **EYE OPENER**: Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover?
- ▶ **Scoring**: Item responses on the CAGE are scored 0 or 1, with a higher score an indication of alcohol problems. A total score of 2 or greater is considered clinically significant.

HCV and Substance Use

▶ Drug Counseling

- Discuss and assess history of drug use.
 - Explain that there is a high risk of HCV transmission in people who abuse drugs.
 - Explain the importance of drug assessment.
 - Recruit additional help or refer to drug treatment where needed.

- **Helpful Resources:**

- <http://www.samhsa.gov> (Addressing Viral Hepatitis in People with Substance Use Disorders– A Treatment Improvement Protocol)
- http://www.who.int/substance_abuse/activities/sbi/en/
- <http://cdc.gov/hepatitis>
- <http://www.hcvadvocate.org>

Barriers along the Road to Treatment

»» Tips for Preparing Patient

Barriers to HCV Treatment

- ▶ Contraindications may include comorbidities, substance abuse, and psychiatric disorders.
- ▶ Competing personal priorities.
- ▶ Long tx duration, low frustration tolerance, and side effects.
- ▶ Lack of access to treatment and services.
- ▶ Counseling, education, additional services, specific tx regimen.
- ▶ C&E, Provider with multiple housed services.
- ▶ C&E, monitor patient, follow up with patient support.
- ▶ Identify informal resources and maintain rapport with providers.

Barriers

Strategies

Preparing Patient for Treatment

- ▶ Increased knowledge of HCV leads to better treatment outcomes.
 - Ensure patient understands health information
 - New and unfamiliar health terms/issues
 - Be careful researching information
 - Patient may need help understanding information to make an informed decision about care
 - Use teach-back methods, pictures, or diagrams
 - Importance of adhering to ongoing management plan
 - Keeping treatment team informed of significant events

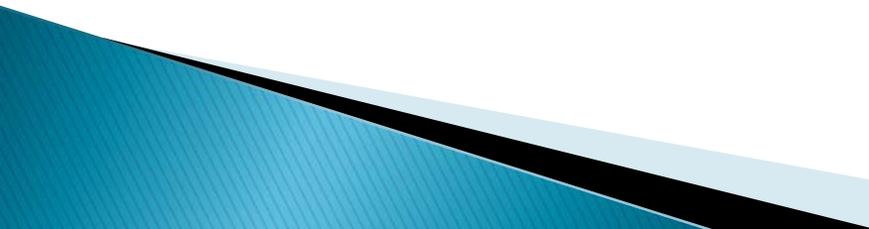
Preparing Patient for Treatment

- ▶ PREP-C, www.prepc.org (Psychosocial Readiness Evaluation and Preparation for Hepatitis C Treatment)
 - Administered by diverse healthcare disciplines
 - Free interactive weekly online teaching tools and videos
 - Assesses nine functional areas:
 - Motivation to begin treatment
 - Knowledge about HCV treatment
 - Medication adherence
 - Self confidence
 - Social Support
 - Behaviors related to substance use
 - Psychiatric stability
 - Energy level
 - Cognitive functioning

Preparing Patient for Treatment

- ▶ Patient should be aware that the primary care provider (if not treating) will need the following information to refer patient for treatment (Patient Evaluation):
 - Medical History/ Physical Exam
 - Perform Laboratory Tests
 - Cirrhosis
 - Hepatitis C
 - Hepatitis B
 - HIV
 - **Note:** Additional information such as clinic notes, other labs/reports, and discharge summary may also be requested.

Patient and Caregiver Role

- ▶ Stay informed of health status, treatment plan, and medications
 - ▶ Inform providers of any side effects or concerns
 - ▶ Cooperate with providers by participating in services offered
 - ▶ Keep a list of any OTC meds/prescriptions/supplements being taken
 - ▶ Keep a contact list of all providers
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In Summary

- ▶ Key tips for successful case management:
 - Provide an open line of communication
 - Gather and confirm required patient (medical) information
 - Screen for psychosocial readiness of patient
 - Follow up on needs of patient
 - Provide useful resources
 - Educate patient as needed
 - Counsel and/or refer patient when needed
 - Determine level of social support
 - Determine type of social/medical services needed

Thank you

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