



MEDICAL CASE MANAGEMENT FOR PWID

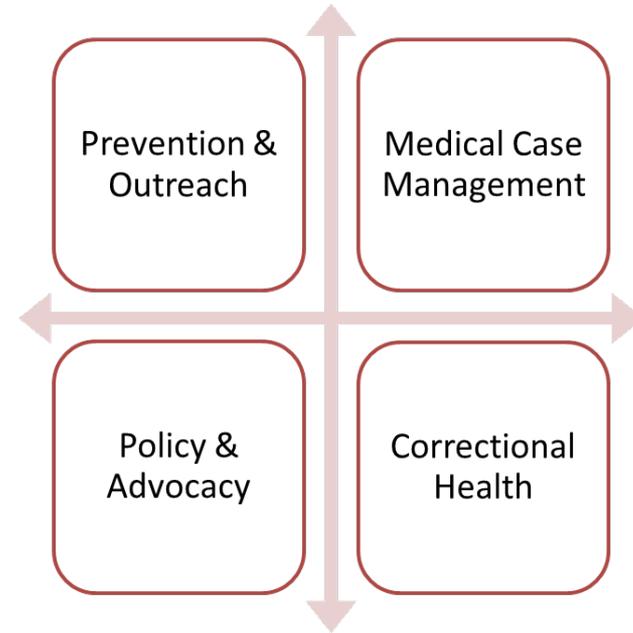
HEPATITIS EDUCATION PROJECT (HEP)

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HEP'S PROGRAMMING

For the past 25 years, HEP has been supporting individuals disproportionately impacted by viral hepatitis through education and awareness, advocacy, low-barrier prevention, and testing and linkage to care services. We are a leading agency in supporting policy change to improve access to care and treatment and increasing city, state, and federal viral hepatitis funding. HEP's services include:





MEDICAL CASE MANAGEMENT

- Hepatitis Education Project began medical case management (MCM) services in 2014 through the CDC funded Test and Cure Grant
- Designed to improve the proportion of individuals who are successfully linked to care and complete curative HCV treatment, focusing on those who require bridge services to clinical care
- Nearly **80%** of the clients that HEP serves self-identify as homeless and/or unstably housed
- Currently **346** clients on the mcm team case load
- HEP's MCM team includes five full-time case managers and one MSW intern; two of the five case managers are Outreach Case Managers
- Since HEP began its MCM program services we have seen **149** clients reach SVR-12 cured, **700** clients have been case managed with over **22,000** encounters in our database



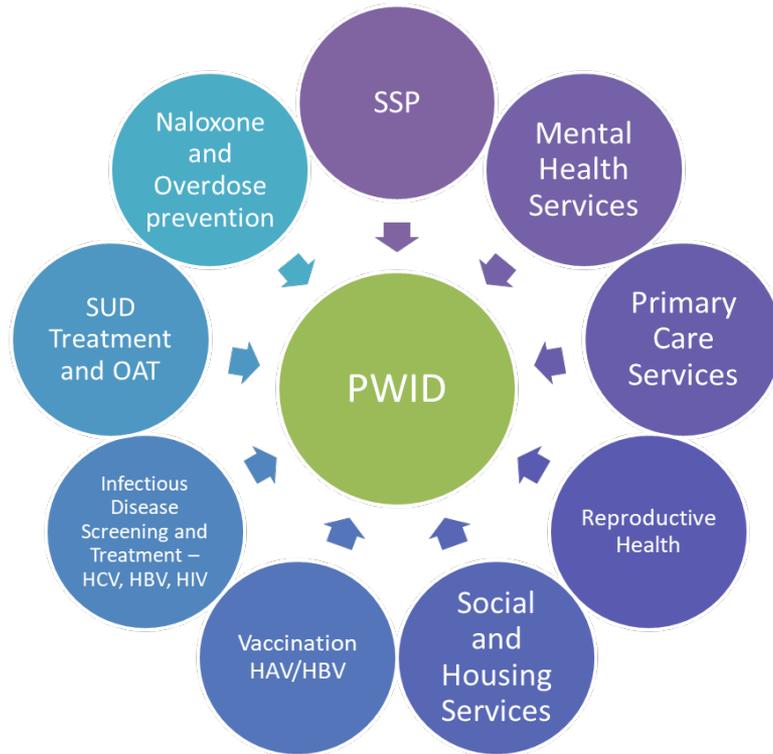
WHOLE PERSON CARE FOR PWID



Meeting people where they are at:

- HEP's MCM begins in the community, building relationships and trust
- Our medical case managers compassionately provide services and develop individualized care plans based on our clients needs
- We build goals and strategies to address social determinants of health, autonomy in decision making and self-empowerment
- During the intake process we assess barriers to care and readiness to begin the treatment process as we develop their treatment plan
- We support our clients in overcoming barriers to accessing care which includes providing wrap-around services and warm hand-offs and referrals for coordinated care

WHOLE PERSON CARE FOR PWID





PREVENTION

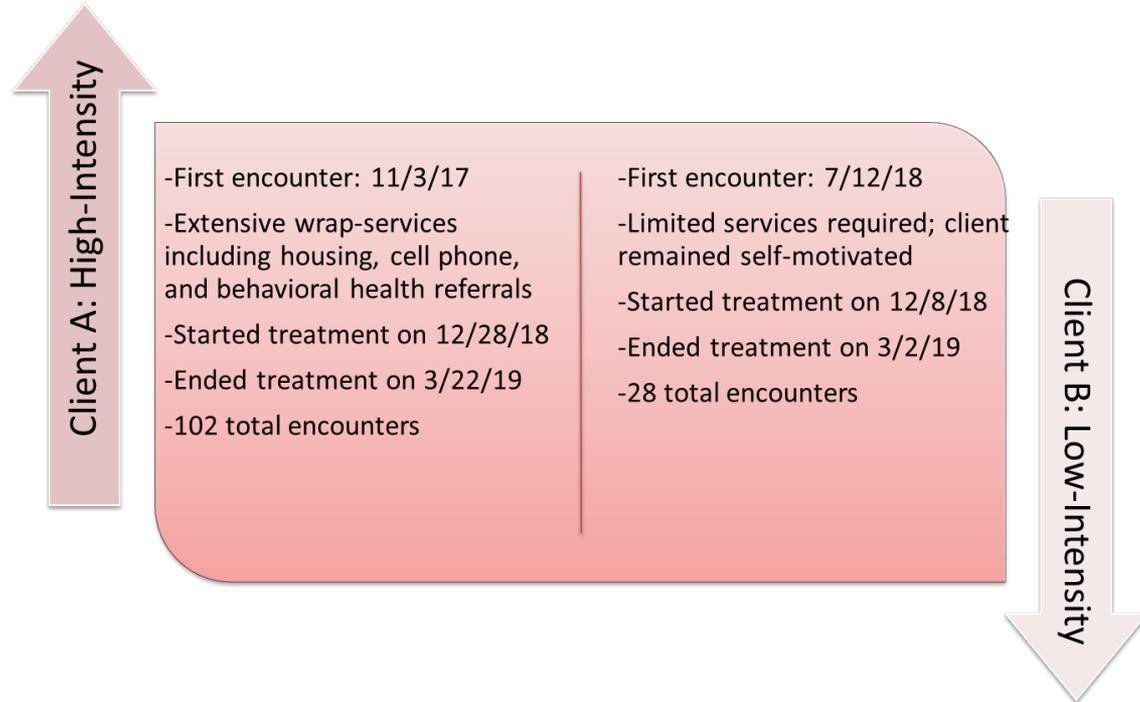
- Efforts to prevent infection and re-infection are a critical component of care at HEP. HEP's prevention services include:
 - Onsite clinic including vaccinations and wound care
 - In 2018 our clinic administered 518 HAV, HBV, and flu vaccinations
 - Syringe Services Program
 - Among 199 SSP participants screened, 54% were HCV antibody positive; of those, 47% have been diagnosed with HCV
 - In 2018 our SSP distributed 225,048 clean syringes
 - Low Barrier Suboxone Program
 - In partnership with a behavioral health agency and a primary care facility on Tuesdays and Thursdays
 - Within six weeks of the program there have been 21 new patient inductions
 - Of these 21 inductions, 18 received HCV Ab testing (opt-out), 12 are HCV positive after PCR confirmatory test, 10 HCV+ clients are enrolled in HEP's MCM program.
 - Health literacy education in the community and in the correctional system
 - HEP provided health literacy education for 500+ community partners, 1,374 Washington State inmates, and through SHIELD trained 61 inmates as PEER Educators in 2018







MCM INTENSITY LEVELS





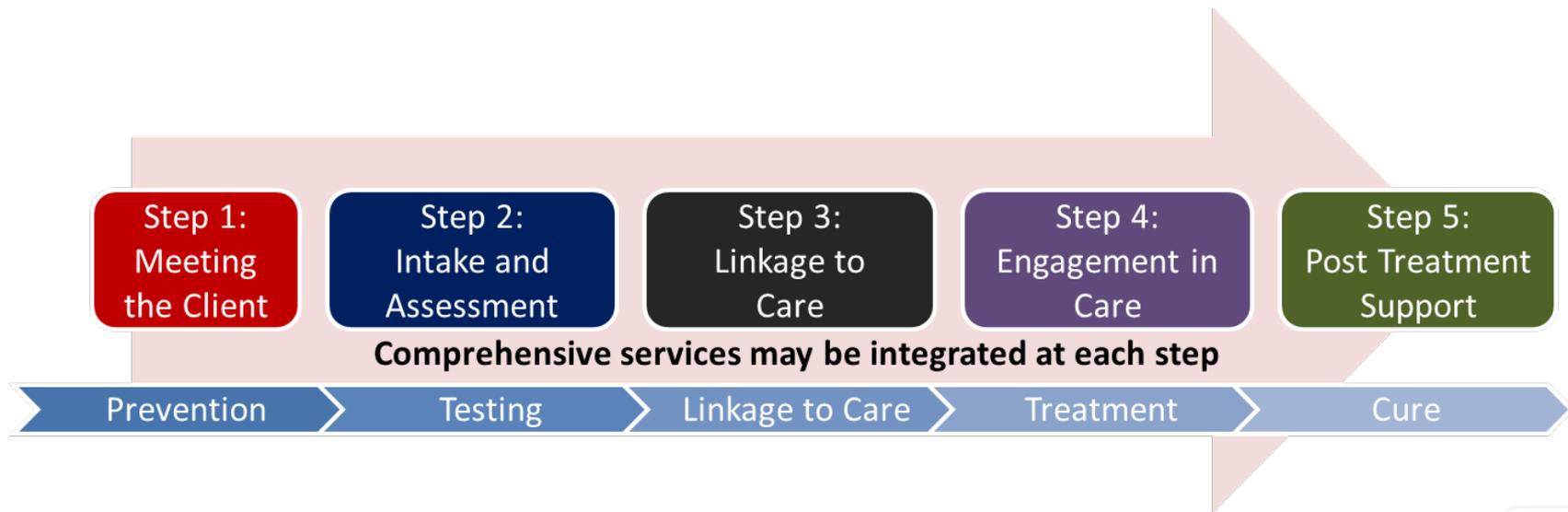
PROVIDER NETWORK DEVELOPMENT

- Our team works to de-stigmatize the health care experience for clients through:
 - Bridging provider-patient communication and educating care providers on how to create a safe, welcoming space for PWID
 - Discussing accurate and current HCV treatment guidelines with both clients and providers
- We develop strong relationships with HCV specialists and primary care physicians trained in treating HCV to provide warm hand-offs and trust-worthy referrals
- Crucial to have both agency and provider ROIs for all client related communication





IMPLEMENTING A MEDICAL CASE MANAGEMENT PROGRAM





**Step 1:
Meeting
the Client**

**Step 2:
Intake and
Assessment**

**Step 3:
Linkage to
Care**

**Step 4:
Engagement in
Care**

**Step 5:
Post Treatment
Support**

Comprehensive services may be integrated at each step

Prevention

Testing

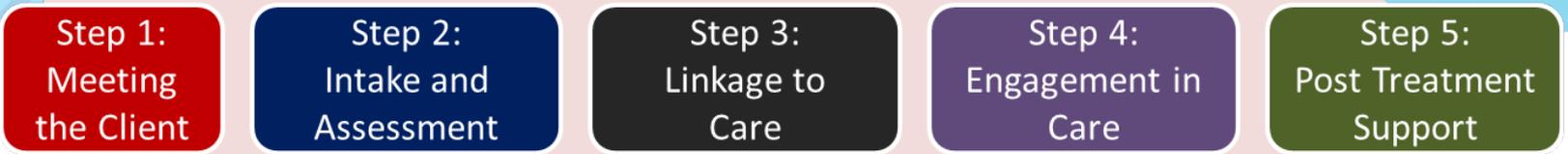
Linkage to Care

Treatment

Cure

Step 1: Meeting the Client

- Building rapport and connection with clients at outreach sites, in corrections, at HEP's SSP and low-barrier suboxone clinic
- Includes testing, prevention, vaccinations, and hand-off to medical case management when HCV diagnosis is confirmed
- Outreach Case Managers are able to provide onsite linkage to care



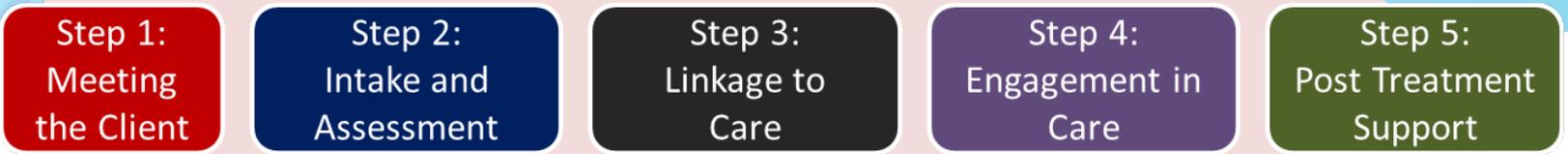
Comprehensive services may be integrated at each step



Step 2: Intake and Assessment

- Medical case managers consult with clients, gather demographic information, obtain client consent to enroll in services, and provide education about hepatitis C and harm reduction
- Assess readiness, intensity level, and create a person-centered care plan
- Discuss wrap-around services and options
- Administer Intake Client Survey with incentive





Comprehensive services may be integrated at each step



**Step 3:
Linkage to Care**

- Medical case managers link clients to medical care for HCV treatment
- Once a client has decided to pursue treatment, medical case managers support the client’s connection to care by providing referrals, and assistance in scheduling an initial appointment with a medical provider
- A client is considered “linked to care” after attending their first appointment with a medical provider
- Medical case managers request records and/or contact the client’s care team to confirm that a linkage to care has been made



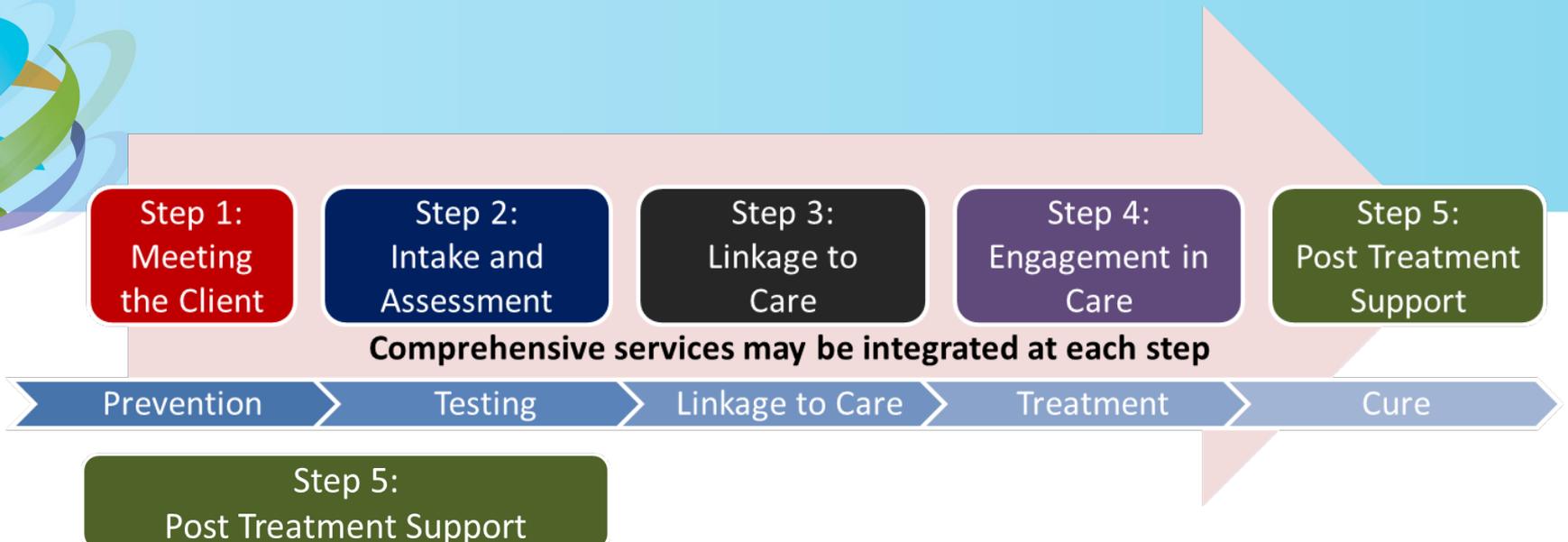


Comprehensive services may be integrated at each step



- Medical case managers support the client in adhering to treatment with reminders about upcoming appointments, getting necessary lab work completed, providing emotional support, and accessing comprehensive or wrap-around services as needed
- Administer Client Satisfaction Survey with incentive once treatment begins





**Step 5:
Post Treatment Support**

- Medical case managers follow a client until they have achieved a sustained viral response for 12 or more weeks after the end of treatment (SVR-12)
- Post-treatment support also includes providing education on reinfection
- Administer final Client Satisfaction Survey with incentive





BUILDING A MEDICAL CASE MANAGEMENT TEAM

- Qualified staff –both licensed and unlicensed—who provide support to clients along the care continuum
- Masters degrees in public health, social work, counseling psychology encouraged
- People with lived experience
- Core-skills for staff include:
 - Provide client-centered, harm reduction, low barrier approach; meeting clients where they're at
 - Empathic presence and compassionate listening
 - Dignity and respect
 - Provide accurate information and follow-up for clients on HCV testing, treatment, and linkage to care
 - Cultivate outreach and linkage to care resources
 - Use data collection and reporting tools effectively





PROGRAM TRACKING

- Client satisfaction surveys
 - Incentives provided
 - Track client engagement and satisfaction at intake, when treatment begins, and when cure is achieved
- EMR platform
- HEP uses an Access database with Sequel on the back-end to capture:
 - Demographics
 - Encounter data
 - Lab results
 - Comprehensive services
 - Provider and treatment information
 - Vaccination records and comorbidities





HEP'S MCM TOOLKIT



**Hepatitis C Medical Case Management Toolkit:
Creating and Expanding Services**

Part One: Intro and Background

Part Two: Setting Up Your Program

Part Three: Implementing Your Program

Part Four: Evaluating and Measuring for Success





NAVIGATING THE TOOLKIT: SETTING UP YOUR PROGRAM

SETTING UP YOUR PROGRAM

Assessing Organizational Readiness

Organizational readiness is a key consideration in developing, implementing, and evaluating HCV MCM services. In its organizational development work, Cardea often uses an adapted version of the Transtheoretical Model of behavior change, or Stages of Change⁴, developed by Drs. Prochaska and DiClemente, to support teams in reflecting on their organizational readiness for change and determining how to move from initial discussions toward action and, ultimately, improvement and maintenance. See the appendix for [Getting Started: Hepatitis C Medical Case Management Program Readiness Assessment Tool](#). This tool will help you assess where your organization is along the stages of change by answering a series of questions. The assessment may suggest the need for organizational development prior to or during the delivery of HCV MCM services.

Roles and Responsibilities

Example of case manager roles and responsibilities

- Conduct HCV testing
- Provide strengths-based case management
- Schedule appointments and provide reminders/follow-up
- Provide transportation or vouchers to get to appointments
- Attend appointments
- Support linkage to comprehensive services
- Provide education on safer injection methods
- Provide detailed information on HCV care and treatment

Quality training and coaching can improve staff skills and strengthen MCM programs. For primary care programs that have not previously offered HCV MCM but are able to treat HCV infection, staff training may improve adherence to treatment and cure rates by supporting and enhancing movement of clients through the HCV continuum of care.

When setting up your program consider...

- What MCM services do you currently offer? What policies and procedures are in place?
- What will be the scope of your new or expanded HCV MCM services?
- How will you define and communicate staff roles and responsibilities?
- What training, coaching and/or supervision will be needed?
- How might you build on or strengthen your referral networks, processes, and documentation?
- What modifications will be needed regarding data collection, data sharing, client tracking, and evaluation of the program?
- How or with whom will you collaborate to ensure funding and sustainability over time?
- Other: _____



NAVIGATING THE TOOLKIT: STAGES OF AGENCY CHANGE

Overview of the Stages of Change in relation to Hepatitis C Medical Case Management

1. Precontemplation

An agency at the precontemplation stage is not currently doing HCV MCM work, but is interested in learning more about the program and how it could be practically applied in their setting.

2. Contemplation

An agency at the contemplation stage is interested and beginning to explore the details of implementing an HCV MCM program. They are assessing alignment with the agency mission, staff buy-in, operational aspects of implementation, and opportunities for budget allocation.

3. Preparation

An agency in the preparation stage is developing a plan to implement HCV MCM services and outlining the systems, procedures, and protocols to support the program. Some important elements include:

- Billing/grant funding
- Staffing and/or hiring
- Specific operational MCM protocols and procedures
- Client marketing
- Community partnerships and referral networks for linkage to care
- Comprehensive, wrap-around services
- Data collection, data sharing, and evaluation
- Assessment and integration of client and staff input

4. Action

An agency at the action stage has developed an HCV MCM implementation plan, secured senior leadership approval, and allocated resources. As the action stage begins, an agency should test assumptions made in the preparation stage and revise if necessary. Some areas for consideration are:



NAVIGATING THE TOOLKIT: HEP'S DATABASE

The screenshot displays the 'HEP Client SQL Application' interface for a client named 'ADAM zztest'. The interface is organized into several sections:

- Client Information:** Includes 'Date Added' (ClientID: 2647), 'Save and Refresh', and 'Exit Client Info' buttons.
- Client Enrollment Information:** Features dropdown menus for 'Ever Case Managed?' (Yes), 'Ever Enrolled?' (Yes), 'Enroll Date' (8/8/2018), 'Current Enrollment Status' (Enrolled), 'Other Status', and 'Continuum Of Care' (Diagnosed).
- Navigation Tabs:** Includes 'Substance Use', 'Lab Info', 'Vax_Data', 'Testing_Data', and 'Comprehensive Services'.
- Is Client Linked to Care?:** A dropdown menu with options: 'Appt Scheduled', 'Unknown', 'Appt Scheduled', 'Client Linked to Care', and 'Not Linked to Care'.
- Case management activities - Referrals to PCP:** Includes dropdowns for 'Referred to a PCP', 'Date Referred to PCP', and 'Counseled to Talk with PCP'.
- Insurance Information:** Includes fields for 'Insurance Status', 'Insurance Provider', 'Group Number', and 'Member Number', along with a 'Did HEP Assist with Insurance Signup?' dropdown.
- Client's Primary Care Provider (PCP):** Fields for 'PCP Clinic', 'PCP Name', 'PCP Phone', 'PCP Fax', and 'PCP Notes'.
- Enter the information below for the provider or specialist managing client's HCV:** Fields for 'HCV Provider Clinic', 'HCV Provider First Name', 'HCV Provider Last Name', 'HCV Provider Specialty', 'HCV Provider Phone', 'HCV Provider Fax', and 'HCV Provider Notes'.
- Next Scheduled Future Appointment:** Includes fields for 'FutureApptID', 'Complete?', 'Employee', 'FutureApptDate', and 'DaystoFutureAppt', with 'Set New Future Appointment' and 'See All Future Appointments for this Client' buttons.





NAVIGATING THE TOOLKIT: EVALUATION

When evaluating and measuring for success consider...

- What data needs to be collected and how often?
 - For your reporting requirements
 - For program planning and implementation
 - For understanding important outcomes for your community
- What systems will you use to collect, monitor and track client progress across the care continuum?
- How will you assess and incorporate client and staff input into program planning and implementation?
- What technical assistance do you need to:
 - Set up data collection systems
 - Collect data
 - Track and monitor data
 - Analyze and interpret findings
 - Share and report data



NAVIGATING THE TOOLKIT: READINESS ASSESSMENT TOOL

Getting Started: Hepatitis C Medical Case Management Program Readiness Assessment Tool

Instructions

For each statement in the first column, mark the stage of change for your hepatitis C (HCV) medical case management (MCM) program:

- **Pre-Contemplation** — not yet providing HCV MCM
- **Contemplation** — interested in providing HCV MCM and beginning to assess staff buy-in and budget implications
- **Preparation** — starting to plan for staffing, protocols, linkage to care and services, data collection, data sharing, evaluation, and billing
- **Action** — starting to implement the HCV MCM program and monitor billing, staffing, policies and procedures, client tracking systems, quality improvement, and community partnerships
- **Improvement and Maintenance** — continuing to monitor the HCV MCM program efficiency and effectiveness, strengthening services

As you complete the tool, the score for each section will automatically appear to help you determine your organization's section-specific readiness for change. Compare the total score for each section with the key at the bottom of the page. In the last column, describe the next steps for moving your HCV MCM program forward.

A. Leadership Investment	Pre-Contemplation	Contemplation	Preparation	Action	Improvement & Maintenance	Score	Comments and Next Steps (Includes lead staff and action items)
Our leadership team is dedicated to implementing new programs to meet client needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0	
Our leadership team is committed to making hepatitis C (HCV) medical case management (MCM) services a part of our mission and vision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0	
There are senior staff with knowledge and ability to implement and monitor HCV MCM.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	0	
Our agency is invested in working with all communities with risk of HCV, including people who: were born between 1945-65, inject drugs, experience homelessness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	0	





DOWNLOAD THE TOOLKIT

Download the toolkit on our website at
hepeducation.org/mcmtoolkit





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