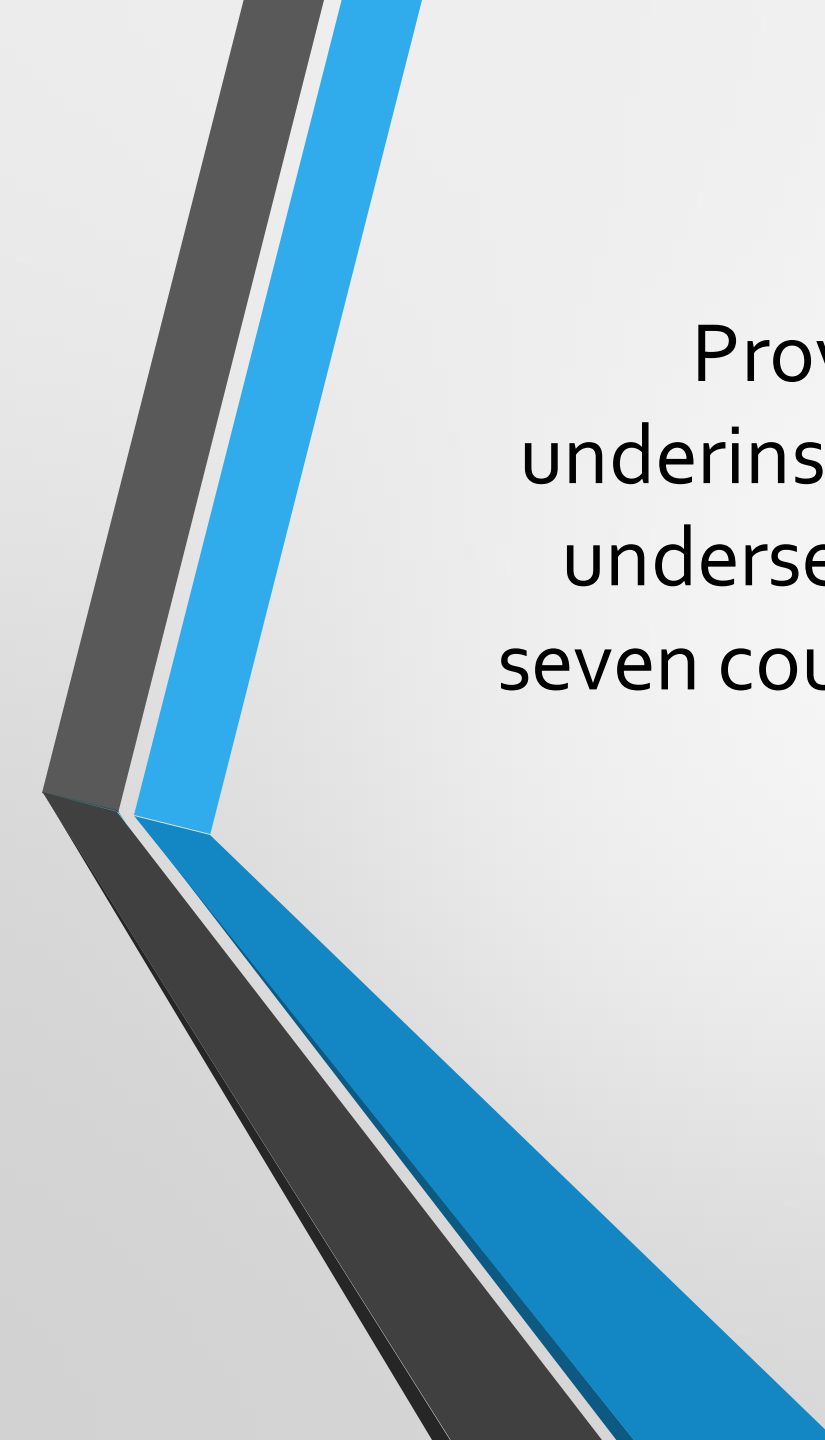


KHAMP Clinical Bumps and Triumphs

Melanie McCarty, APRN


Audubon Area Community Care Clinic

Owensboro KY



Providing services to uninsured,
underinsured, refugee and medically
underserved populations within the
seven county region of Northwestern
Kentucky.

AACCC



AACCC provides comprehensive medical services including, but not limited to:

- Physical Examinations
 - Immunizations
- Office and laboratory testing
- Care for acute and chronic health problems
 - Behavioral Health Counseling
 - Substance Abuse Counseling
- Dental Care Assistance and referrals
- Other Health Care Specialties

Clinic established in 2017

Hepatitis treatment in clinic offered in 2019, with training provided by KHAMP faculty as part of primary care services. One provider was providing Hepatitis treatment up until October 2020, clinic director coordinated KHAMP training for second provider to meet the need.

Why Community Matters

Gaining Buy-in:

Director sits on many community boards and coalitions for the underserved; promoting care for those who are often overlooked and underserved.

Volunteers at shelters/women's safe houses/rehab centers to promote communication and availability of the clinic to the underserved.

Mobile unit meeting the patient where they are. Community events and public health fairs.

Coordination with local health department for needle exchange program as well as STD clinic for Hepatitis testing and treatment.

Engagement and support for your progress is priceless.

Screenings and treatment: CDC recommendations

- 1) hepatitis C screening at least once in a lifetime for all adults aged ≥ 18 years, except in settings where the prevalence of HCV infection is $< 0.1\%$ and
- 2) periodic testing while risk factors persist. Any person who requests hepatitis C testing should receive it, regardless of disclosure of risk, because many persons might be reluctant to disclose *stigmatizing* risks. (PWID, tattoos, tooters, nail clippers, toothbrush)

“ I test everyone, rather you pull up in a Cadillac or walk here barefoot from the shelter, everyone gets the same treatment, it makes me no difference”

Offer Solutions:

- Secondary contact (how can I reach you)
- Give your card, call with any questions. Make yourself available.
- If positive results, will have you come back for needed labs and we will do this together. Encourage team approach to treatment plan.
- If still using, help them find resources. Rehab, LPCC, Needle exchange programs, encouragement with any small progress.
- “I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.”
— **Maya Angelou**

Obstacles:

- Labs to run for each case
- Losing patients to follow-up
- Gaining trust
- Which treatment?
- Don't expect to know it all in one week! It takes time...

WINS!

- Resources at your fingertips (e-mail, phone a friend, reach out to your GI resources)
- <https://kyrha.org/> recorded trainings and resources
- Use your pharmacist, we are a team, one common goal.
- <https://redcaplive.wvctsi.org/redcap/> (ReDCap)
- <https://www.hep-druginteractions.org/> (Liverpool)
- <https://www.hepatitisc.uw.edu/page/clinical-calculators/fib-4>
- <https://www.hepatitisc.uw.edu/page/clinical-calculators/apri>
- <https://www.cdc.gov/hepatitis/hcv/management.htm#:~:text=CDC%20now%20recommends%20one%2Dtime,adults%20%2D%20United%20States%2C%202020.>

ALL THESE THINGS?!?! *STAYING ORGANIZED*

Keep a running list of who is where in the process and what they are being treated with (Jim Bob-Epclusa-9/15/2022-...)(Thelma Lou-Mavyret-10/2/2022...)

Go ahead and schedule them for their lab dates once treatment is **started**-(tx lab, complete tx lab, SRV12) This will set reminders on your emr lab schedule to get this pt in for labs that week. Put it on the Monday or Tuesday so that gives the patient and office time to prepare.

Check ReDCap weekly even if you have nobody under treatment.

Update RedCap with each lab and update on treatment progress

I Need Help!

- Known Hep C patient, exposure to Hep B with labs I simply did not understand. Pt did want treatment for Hep C, and I had limited time to treat him at the recovery center.
- Email all info to the team: This pt had an exposure to HBV and is at-risk for occult HBV infection because there are no HBV surface antibodies. Treatment plan discussed with specialty including all labs and discussed options for treatment and how to monitor this pt for any acute changes. WIN!

Small Dent in the Hepatitis C epidemic

- 29 initial consultations since treatment training initiated April 2021
- Outcomes reported for 17 of those records: 5 cured, 2 presumed cured, 5 uncertain, 2 not treated, and 3 lost to follow-up.
- 12 under treatment, pending treatment, or pending SVR labs.

Attendance

- Attended KHAMP 1 training in October of 2020, KHAMP 2 training in April 2021- first treatment in April 2021 only due to support and encouragement of KHAMP faculty
- Attendance was virtual so I could note anything and ask questions at anytime

Take Away's

- * Prepare your office with discussing bias and working on ways to welcome these patients without stigmatizing their lifestyle and addictions
- * Know the process for the labs to be collected and stored.
- * Reach out to your drug reps- they are an endless wealth of knowledge
- * Promote your training and get others involved. Community, family, friends, social media....there are many people who are afraid of the treatment as well as being judged for their past or current situation.

E-mails and contacts used

- tracy.gowan@uoflhealth.org
- Epclusa drug rep
- Mavyret drug rep