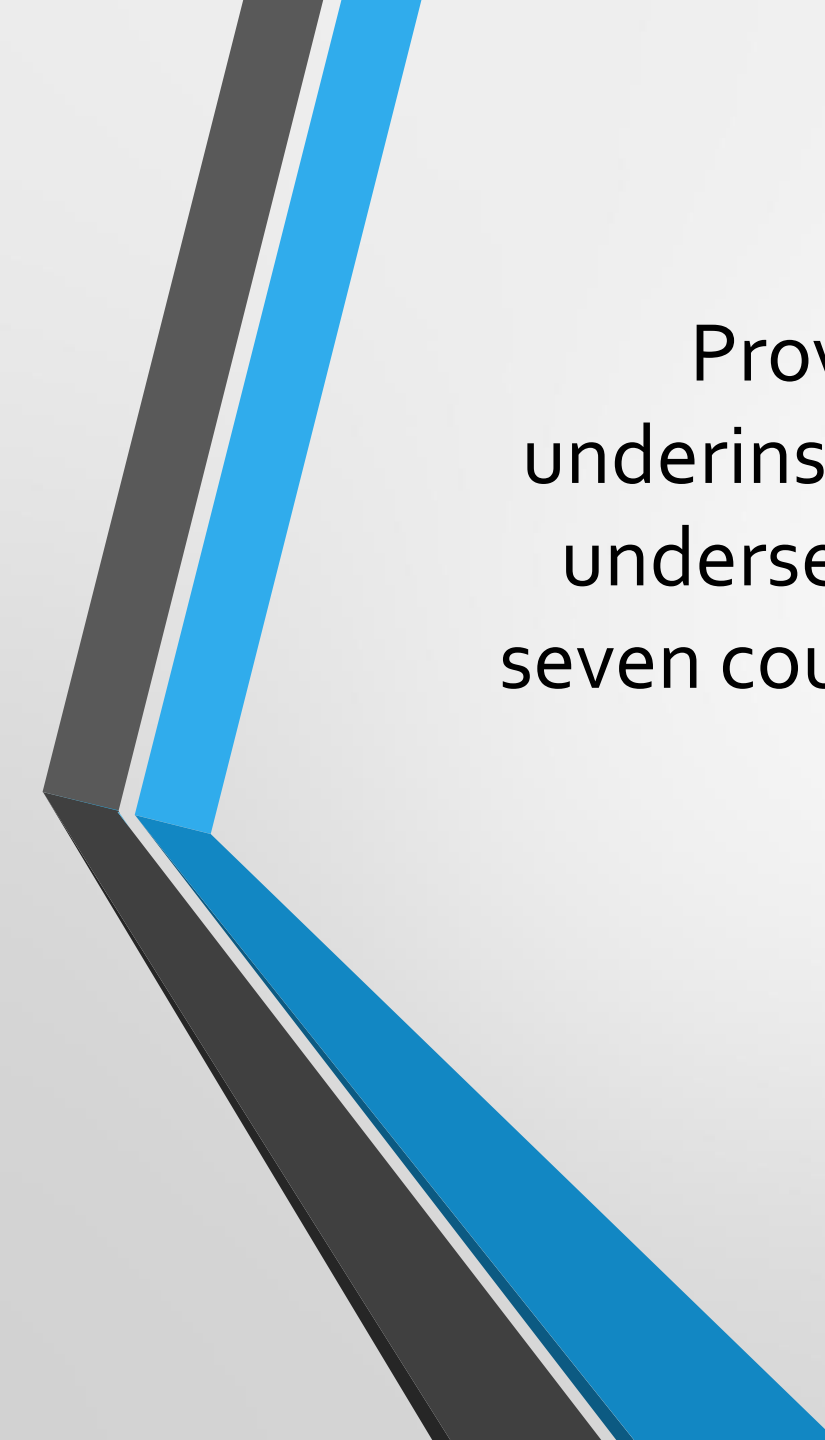


# KHAMP Trials and Triumphs

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

## Mission Statement

- Committed to provide quality, integrated health care and human services for vulnerable and homeless individuals and families in the Green River Area.
- Director: **Samantha Taylor-Kaai, MBA**



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

- Physical Examinations
  - Immunizations
- Office and laboratory testing
- Primary care for acute and chronic health problems
  - Behavioral Health Counseling
  - Substance Abuse Counseling
    - PMHNP on site
- Certified Community Health Worker on site
  - Dental Care Assistance and referrals
- Health Care Specialties such as school based services
  - PrEP, HCV treatment, and HIV primary care clinic

# 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

# 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. (homeless, DOC patients, outpatient rehabs, women shelters and safe houses)

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.

Free standing clinic inside homeless shelter, Daniel Pitino Shelter Owensboro KY

Coordination with local health department for needle exchange program, DOC for Daviess County/surrounding county detention centers healthcare services providers, Matthew 25, PrEP clinic, STI clinic for Hepatitis testing and treatment.

**COMMUNITY Engagement and support is priceless.**

# Screenings and treatment: CDC recommendations

We provide baseline **and** 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"*

# Facing this together...

- As part of screening, reassure them that no matter what comes out of these tests, we are going to face it together.
- If you don't know what to do with the results, I have the resources to get the appropriate care. KHAMP PROVIDERS through U of L, Hepatitis C Treatment Center Dr. Cecil, MD, and Landmark Digestive Health Owensboro KY.
- Again, no judgement here, one goal, and that's you, the pt. Your number one here and you have a team working with you.
- **Primary care, jack of all trades, master of none.**



# Offer Solutions:

- Secondary contact (how can I reach you)- parent, friend, shelter, anyone who can 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. “just give me 6 months of your life”.
- If still using, help them find resources. Rehab, psychiatric care if desired, needle exchange programs, how to clean your own needles, Narcan, PrEP, encouragement with any small progress, “we celebrate every victory here, there’s no small victory”.
- What are you concerned about? Many times, they have heard horror stories about Hep C treatment.
- Vaccinations, PrEP, what can we do to prevent any exposure risks to infectious diseases.
- *“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

# Ever Played Whack-A-Mole?

## Hep C in Primary Care



# Obstacles:

- Losing patients to follow-up, relapse
- Gaining trust- even if you go back to using, please come see me, even if it's just a phone call. We will come to you. OFFER PrEP while your at it!!

# Resources for WINS!

- Resources at your fingertips (e-mail, phone a friend, reach out to your local GI resources)
- <https://kyrha.org/> recorded trainings and resources
- <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.>

Record ID	Demographics	Initial Consultation Form	Treatment Outcome
<a href="#">319-5</a> (PID KKOE3620) KOEHLER, KYLE DOB: 09-29-1983	●	●	●
<a href="#">319-6</a> (PID DDEN3925) DENISON, DAVID DOB: 05-18-1979	●	●	●
<a href="#">319-7</a> (PID VSHE1927) SHERIFF, VICTOR DOB: 03-09-1970	●	●	●
<a href="#">319-8</a> (PID TBRE1171) Brey, Todd DOB: 01-04-1971	●	●	●
<a href="#">319-9</a> (PID CCAM4088) CAMERON, COY DOB: 05-03-1966	●	●	●
<a href="#">319-10</a> (PID DMCC4935) McCoy, Daniel DOB: 09-09-1993	●	●	●
<a href="#">319-11</a> (PID RBRA7934) BRAY, ROBERT DOB: 09-03-1989	●	●	●
<a href="#">319-12</a> (PID ABOL8772) Bolser, Alexis DOB: 01-31-1979	●	●	●
<a href="#">319-13</a> (PID RTHO1781) Thomson, Randall DOB: 05-12-1967	●	●	●
<a href="#">319-14</a> (PID CEVA3954) Evans, Cecil DOB: 12-04-1964	●	●	●
<a href="#">319-15</a> (PID DKEM0578) Kempf, Daniel DOB: 08-03-1989	●	●	●
<a href="#">319-16</a> (PID BCUR4316) CURTIS, BOBBY DOB: 03-21-1990	●	●	●
<a href="#">319-17</a> (PID MMCD4267) McDonald, Michael DOB: 04-04-1992	●	●	●
<a href="#">319-18</a> (PID CBOL0826) Bolin, Chad DOB: 06-15-1985	●	●	●
<a href="#">319-19</a> (PID DBel6188) Bell, David DOB: 07-13-1983	●	●	●
<a href="#">319-20</a> (PID WGar5798) Garmon, Wesley DOB: 06-11-1981	●	●	●
<a href="#">319-21</a> (PID LHis) Hisle, Lewis DOB: 03-07-1985	●	●	●
<a href="#">319-22</a> (PID MKel7400) Keller, Michael DOB: 04-20-1989	●	●	●
<a href="#">319-23</a> (PID JCol6363) Cole, Jerry DOB: 03-09-1962	●	●	●
<a href="#">319-24</a> (PID VKEM0580) Victor, Kempf DOB: 08-03-1989	●	●	●
<a href="#">319-25</a> (PID CWel7957) Wells, Christopher DOB: 06-02-1980	●	●	●
<a href="#">319-26</a> (PID JWar5203) Warner, Jordan DOB: 09-02-2001	●	●	●
<a href="#">319-27</a> (PID JLAY2330) LAYMAN, JESSICA DOB: 08-01-1987	●	●	●
<a href="#">319-28</a> (PID KSEN3890) SENTNEY, KATIE DOB: 06-22-1991	●	●	●
<a href="#">319-29</a> (PID KJac) Jacobson, Kurtis DOB: 07-22-1980	●	●	●
<a href="#">319-30</a> (PID RBle) Bledsoe, Reona DOB: 02-01-1984	●	●	●
<a href="#">319-31</a> (PID SSta) Stanfil, Stanley DOB: 11-09-1965	●	●	●
<a href="#">319-32</a> (PID CVic0866) Vick, Christopher DOB: 09-14-1982	●	●	●
<a href="#">324</a> (PID SDIX1991) Dixon, Sierra DOB: 02-25-1991	●	●	●

# I Need Help!

## Specialty to the rescue...

- 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!**

When you catch the angry mole-



# Case 3:

- 45 y/o male, hx of alcohol abuse >20 year, hx of tattoo parties, unknown Hep C status until recent esophageal varices with banding, confusion, edema, breast tenderness, and portal hypertension hospital admission. No insurance, can't work, wife works and makes just enough to be over the poverty limit for Medicaid. 5 kids at home. One working, one extremity sick.....45 years old! ..... GO
- What resources will you need? Disability? Documentation of cirrhosis? Case management? Labs? HEPATOLOGY for telehealth with you doing the footwork at ground level? YES!!



# Go to the source!

- 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.
- Hang up flyers at your local community drug trafficking gas station....yes, I did

# Promoting the treatment in primary care

- **62 consults through KHAMP -18 under current treatment**
- 44 records with an outcome reported: 16 cured (36.4%), 6 presumed cure (13.6%), 2 persistent/relapse (4.5%), 10 uncertain (22.7%), 4 not treated (9.1%), 1 not treated - deceased (2.3%), and 5 lost to follow-up (11.4%).

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