



HCV Care Coordination

*from **test**, to **diagnosis**, to **cure**...and beyond*

Aaron Ruddick

Hepatitis Care Liaison

Hawai'i Health & Harm Reduction Center



HAWAI'I HEALTH
& HARM REDUCTION CENTER

"Reducing harm, promoting health, creating wellness, and fighting stigma..."

“What you talkin’ bout Willis?”

Basic tenants of HCV care coordination:

- working one-on-one with people living with HCV
- promoting timely HCV diagnosis, evaluation, and treatment
- addressing barriers to care (insurance, transportation, pharmacies)
- ensure access to necessary resources and services to promote engagement and treatment adherence





“Ahh, I get it...but how does that work?”

One-on-one relationship with HCV patient:

- working closely with the patient allows the care coordinator to understand patient needs, goals, identify barriers, and build trust/rapport
- candid conversations can lead to opportunities to educate, dispel myths, and allow for self-reflection
- “I’m with you from test to cure.”





“Makes sense...tell me more.”

Promoting timely HCV diagnosis, evaluation, and treatment:

- provide HCV antibody rapid testing to populations most likely to have been exposed to HCV (but don't forget to test everyone at least once)
- complete HCV treatment evaluation labs at the same time as HCV RNA confirmatory labs (cast a wide net on the first throw)
- increase access to FibroScan/ultrasound or build your own capacity
- build relationships with pharmacies for timely HCV medication access





“I can see how that works...what else you got?”

Addressing barriers to care (insurance, transportation, etc.):

- Med-QUEST provider “gold card” (but complete removal of prior authorization is still needed)
- work vehicles to transport patients to labs, appointments, drop off medication, etc. (also explore ride share, taxi, and medical transport)
- mobile clinic to take HCV testing, diagnosis, and treatment to the people
- increase HCV medication adherence by asking the patient what they need to be successful





“I’m picking up what you are putting down...anything else?”

Ensure access to necessary resources and services:

- knowledge of social services and referral process (shelter, housing, behavioral health, insurance navigation, etc.)
- discuss patient’s feelings about their substance use to explore MOUD, psychiatry, or treatment program referrals
- assess patient needs to put them in a place to succeed





“This is great...we should give it a try!”

Open discussion:

- what is working in your clinic?
- what can you add or improve?
- any questions?

