

# Eradicating HCV in HIV positive patients: a CHW approach

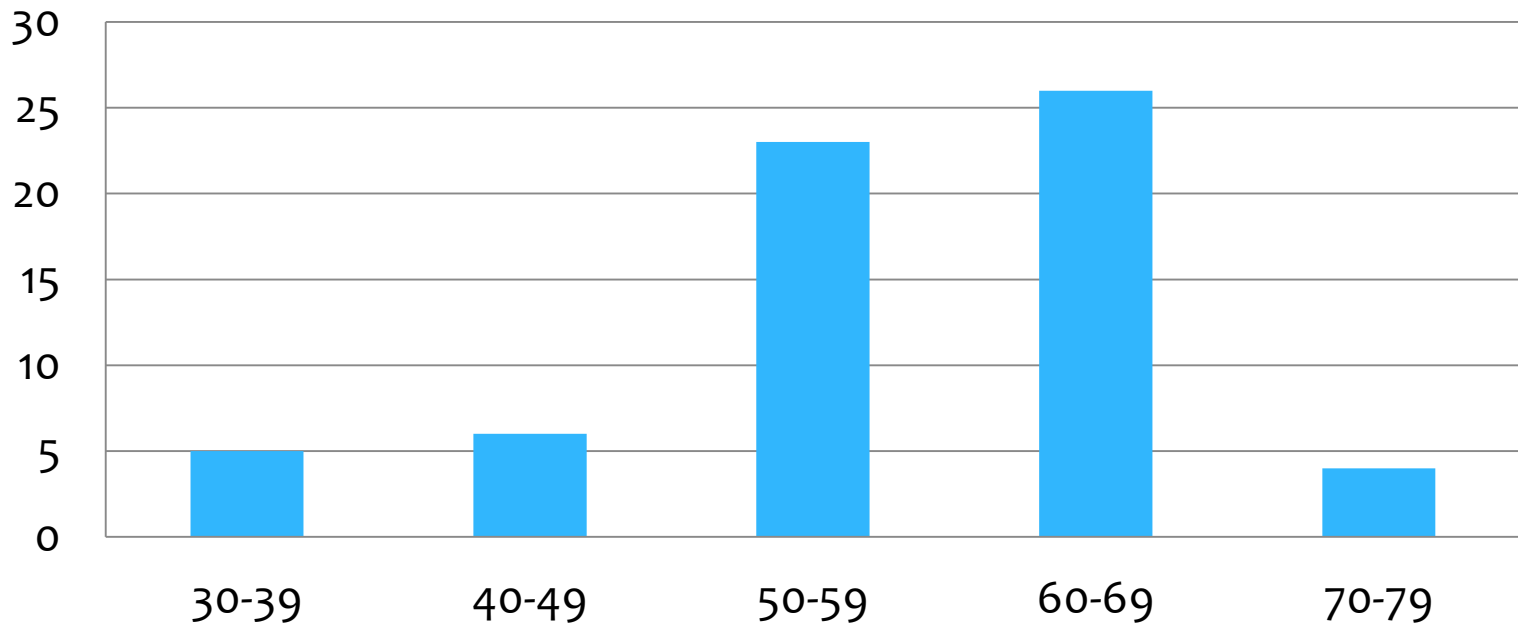
BronxCare Health System  
Department of Family Medicine  
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Program Manager

# Population Demographics

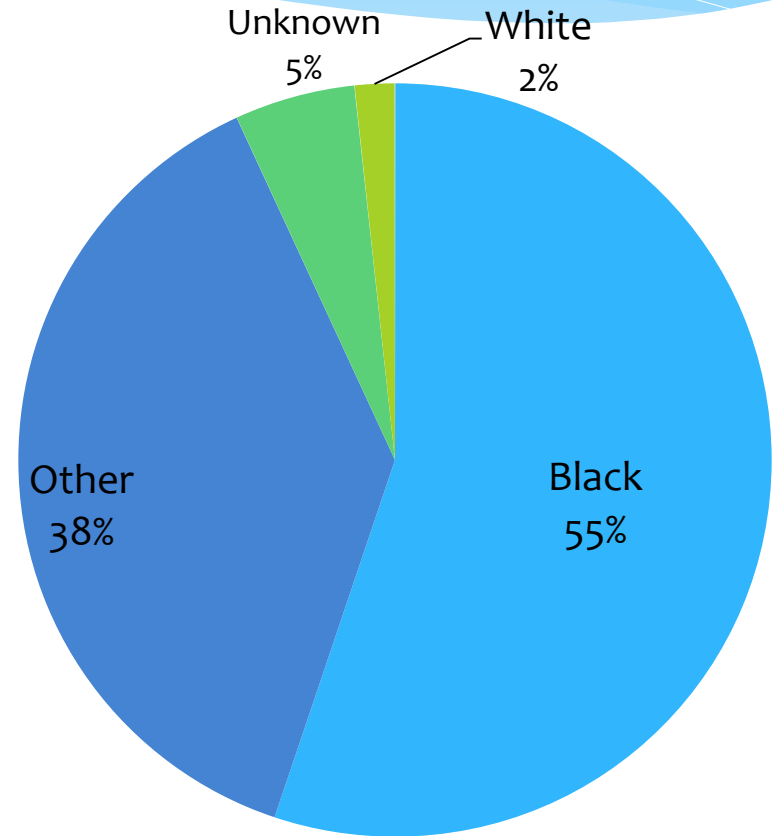
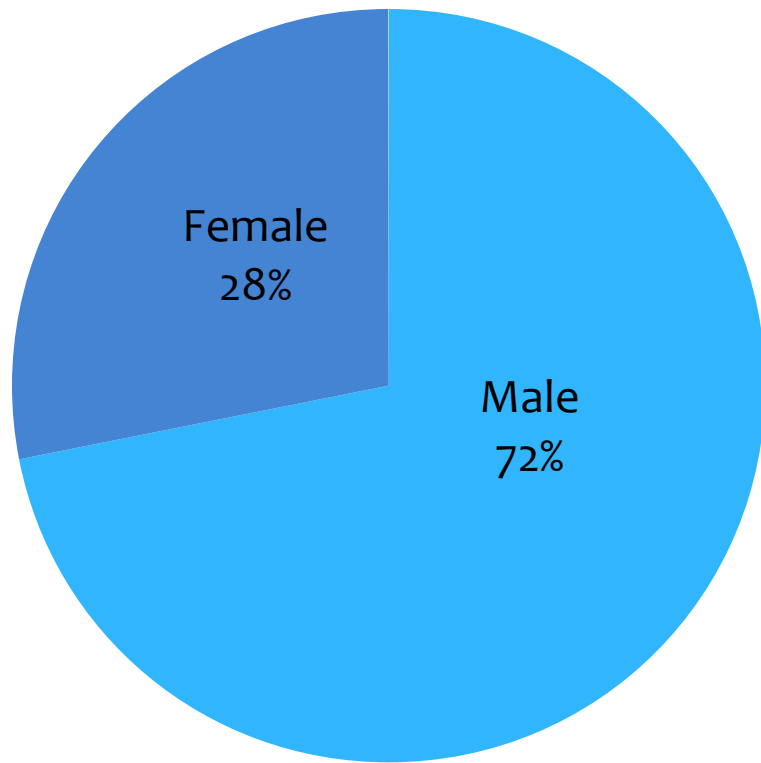
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# Age distribution of Patients

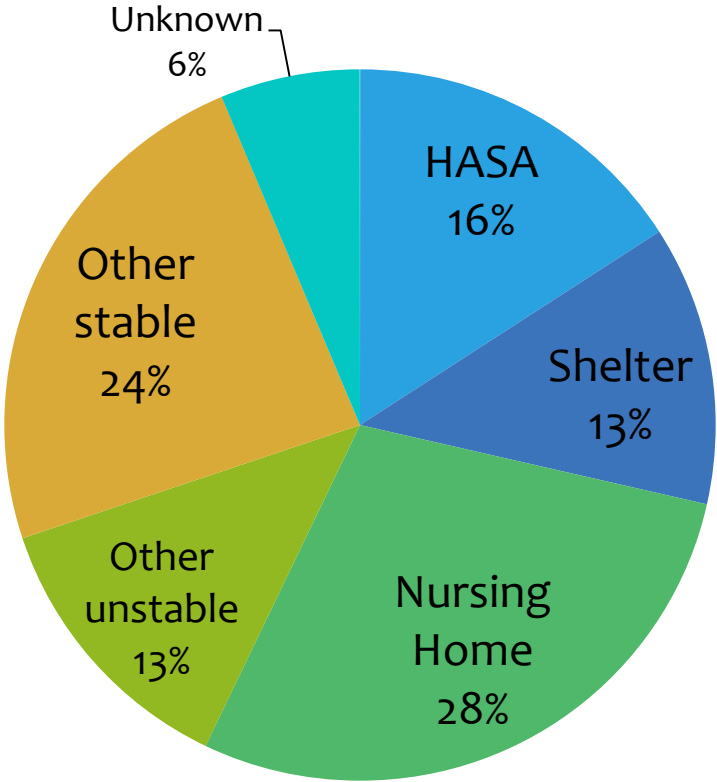
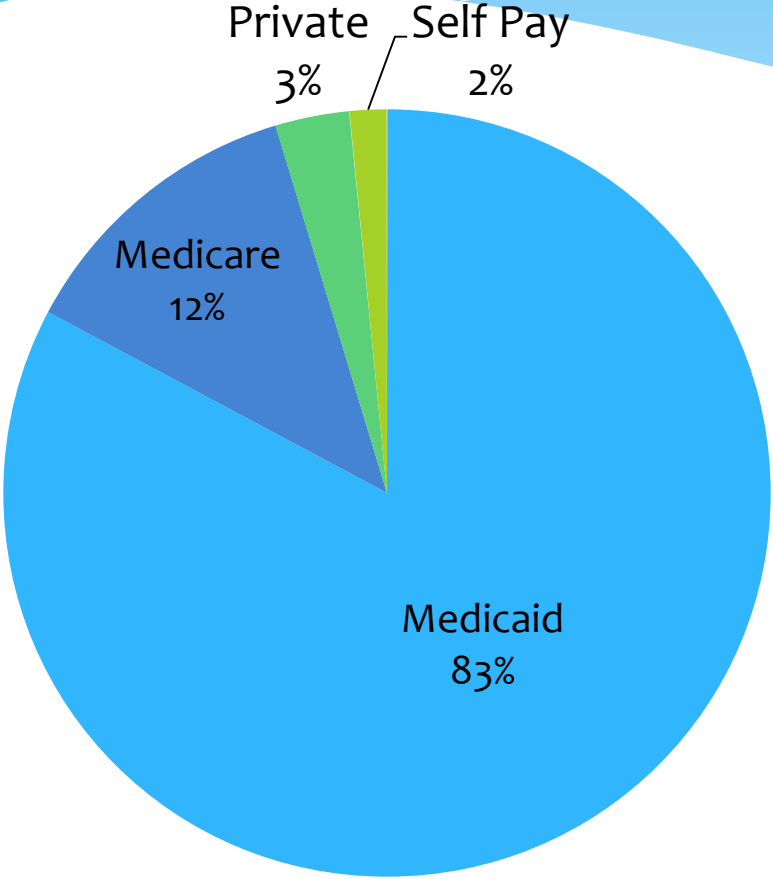
**Distribution of patients based on age ranges**



# Gender & Race of Patient Panel

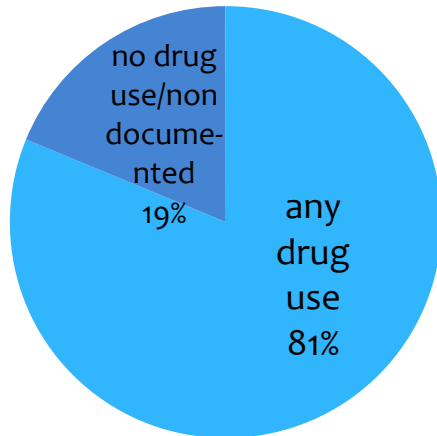


# Insurance Coverage and Housing Status of Patient Panel

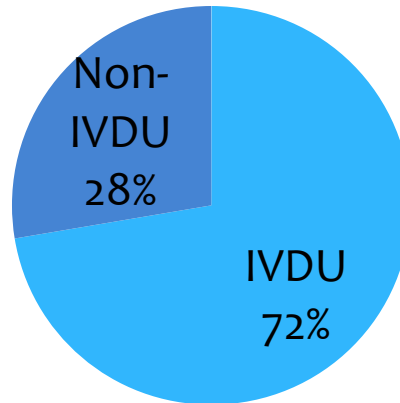


# Prevalence of Substance Abuse in Patient Panel

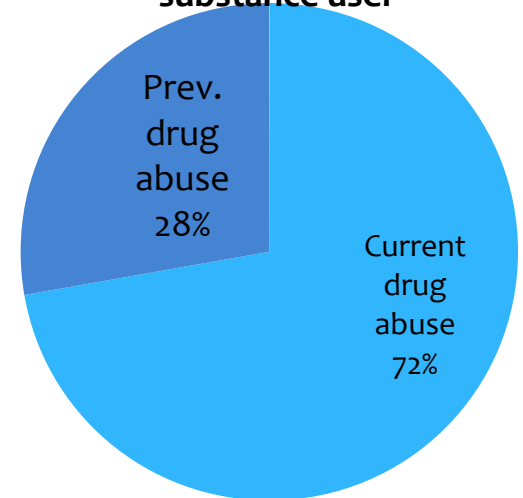
**Patients with Documented Substance Abuse vs. no substance abuse/non documented**



**Of those with documented substance abuse, any intravenous vs. non-intravenous**



**Of those with documented drug use, identified current substance user vs. previous substance user**



# Integrative Programmatic Approach



# Steps in the Integrative Model

## Identify and Review all patients

Reviewed lists from both internal electronic medical record and Dept. of Health-provided to compile complete co-infection panel

Chart reviewed every patient for: 1. cured/not cured/on treatment/other (deceased, moved, etc) 2. barriers to treatment, 3. Viral Load Suppression



## Incorporate and/or expand existing programs

Assess all current resources and how can utilize them based on each stratification of patients

Identify areas of improvement in current programs to enhance offerings



## Stratify Patients to determine approach

Unsuppressed and uncured: Check Program & Viral Load Suppression (VLS) Action Team Model

Suppressed and uncured: Check Program & step 1 of VLS Action Team Model

On Treatment and not yet cured: Monitoring/Additional Supports

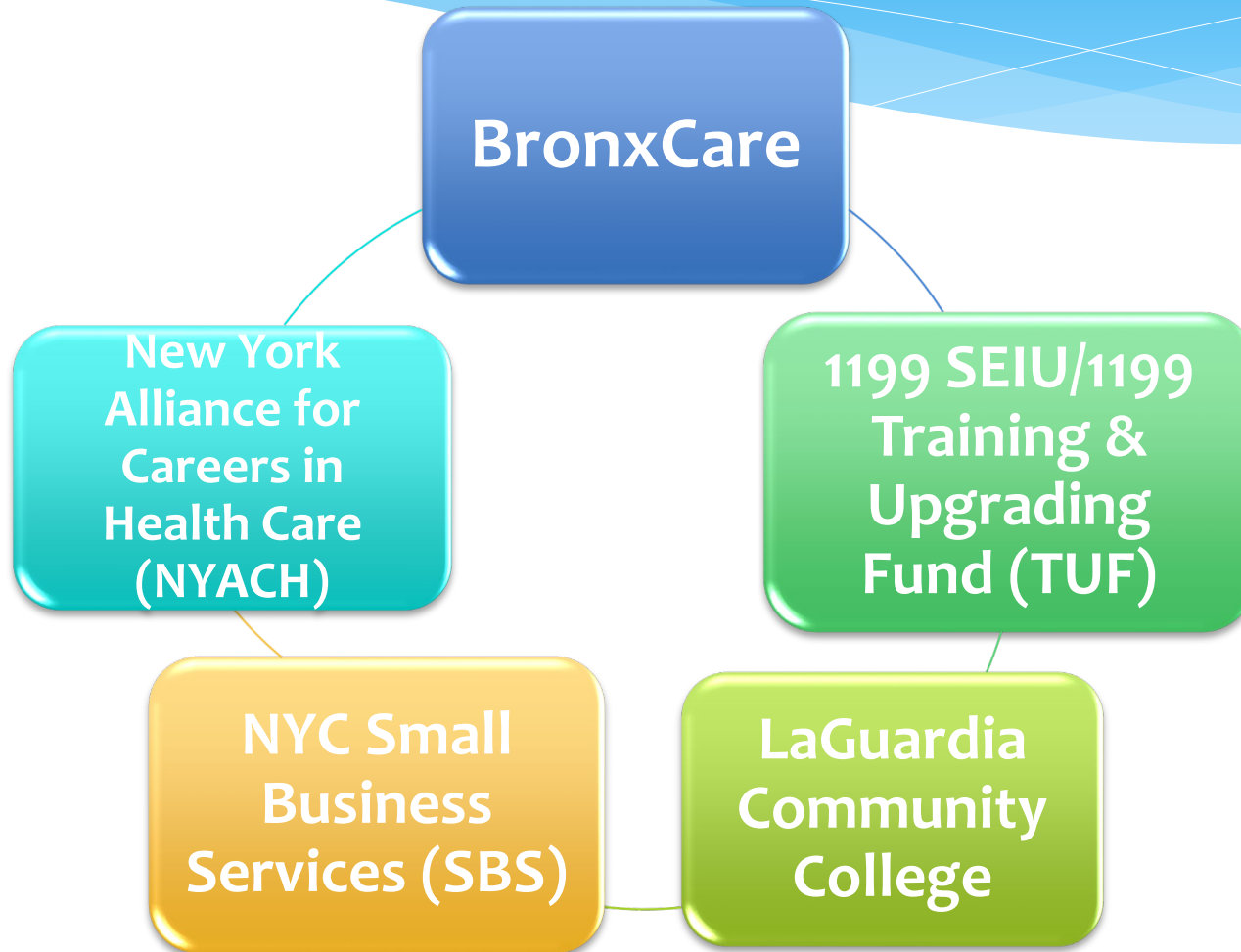
# CHW Model In Family Medicine

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# CHWs: Roles and as a Resource

- \* Community Health Worker in our Department are members of the community – who understand the unique needs of our patient population and of the South Bronx community. They have undergone an extensive apprenticeship (discussed in the following slides)
- \* Family Medicine has been a firm believer in the power of CHWs as a member of the care team for years and an important liaison between the physician and the patient
- \* The CHW force within the department has grown tremendously, especially when we doubled the numbers in 2016 (thanks to internal and external funding)
- \* Took the development of CHWs to the next level with the CHW Apprenticeship

# CHW Apprenticeship Partners



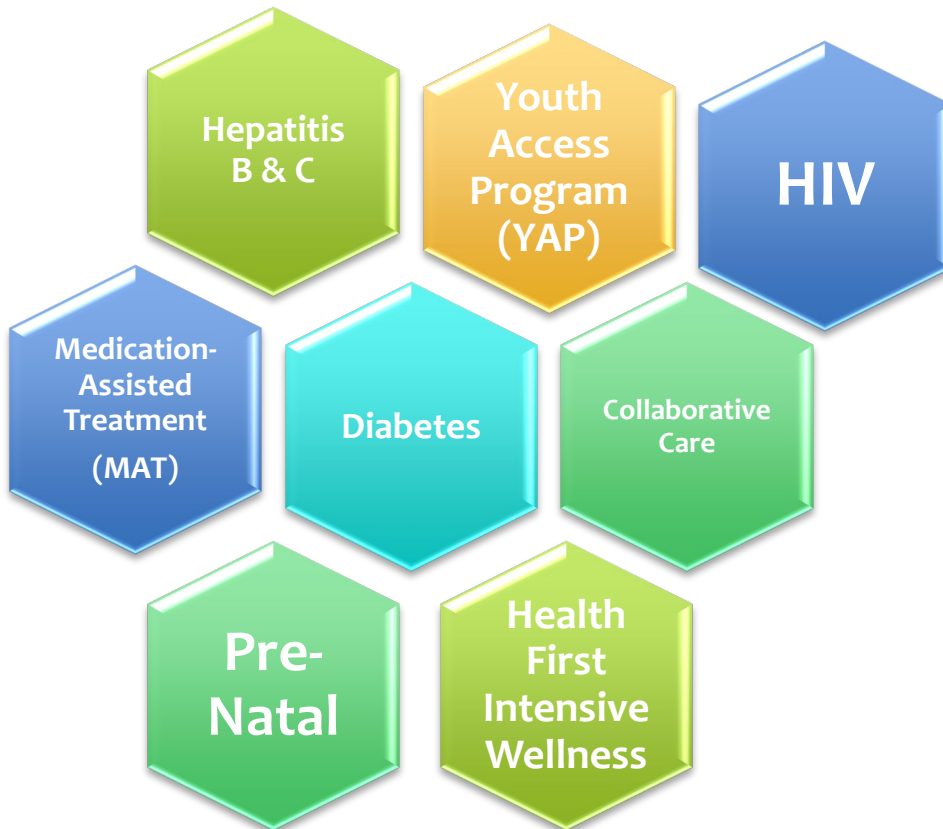
# CHW Apprenticeship Components



# CHW Responsibilities



# Area-specific CHWs



- \* Areas identified based on biggest needs of our community and patient population
- \* Collaboration of CHWs for patients who cross multiple areas of needs
- \* Occupy a unique position of not quite clinical and not quite non clinical – floating across all 5 clinics and inpatient floors and community

# CHW and Home Visits

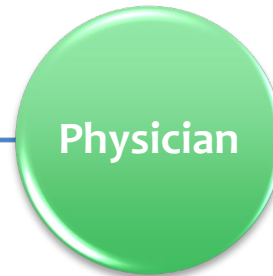


# VLS Action Team

- Provides therapy as determined in case management meetings
- Orchestrates any referrals identified by CHW
- Conducts home visits (if needed)



- Identify barriers to care for patients
- Meets patients in clinic or inpatient or in field when identified
- Orchestrate identified action steps and care plan as determined by case management



- Provides Treatment and Care
- Provides clinical advice in Case Management Meetings
- Conducts home visits (if needed)

- Outreaches to and engages patients via home visits or phone calls or letters
- Run through patient contact update protocol
- Monitors patients movement through cascades and viral load suppression



# Successes



# Challenges

- \* Locating patients
- \* Patients shared across sites
- \* Staff Turnover
- \* Barriers to treatment
- \* Combining different programs infrastructure to address co-infection specifically
- \* Addressing areas of improvement in current projects to best support this project

# Case Study

- \* Patient: 58 year old Hispanic Male
- \* Length of time in program: since 2017
- \* Diagnoses: HIV, HCV, Schizophrenia, depression, generalized anxiety disorder, pre diabetes, hypertension, epilepsy
- \* Social and Family: no family support, lives alone in permanent supportive housing
- \* Diagnosed with HCV: June 2017
- \* Diagnosed with HIV: approx. 10-15 years ago
- \* Cured HCV as of 2018, but current reinfection support being provided
- \* HIV treatment adherence a major concern and so DOT/blister packs utilized for HIV medication.