

Universal Hepatitis C Virus (HCV) Screening and Treatment Programs in Community Health Centers

Part 2: HCV Care Team Formation and Linkage to Care

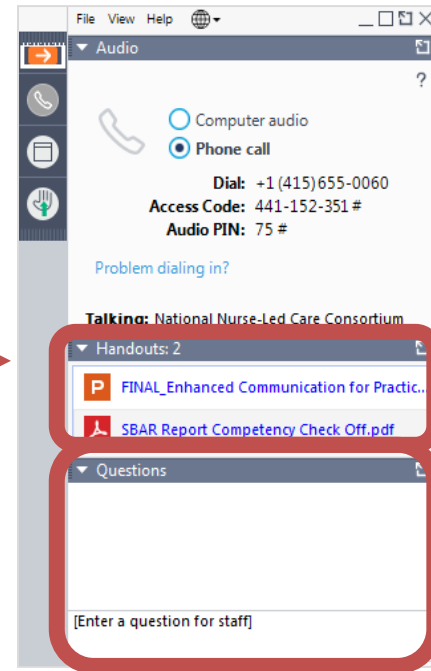
March 19, 2019 – 2:00 pm EST



Housekeeping Items

To **download materials**, go to the Handouts section on your GoToWebinar control panel.

To **ask a question**, type it into the Question pane in the GoToWebinar control panel and it will be relayed to the presenter.



National Nurse-Led Care Consortium

The **National Nurse-Led Care Consortium (NNCC)** is a membership organization that supports nurse-led care and nurses at the front lines of care.

NNCC provides expertise to support comprehensive, community-based primary care.

- Policy research and advocacy
- Technical assistance and support
- Direct, nurse-led healthcare services



HCV Learning Collaborative Overview

Part 1 (3/5/19): [HCV Programming in Community Health Centers](#)

Part 2 (Today): HCV Care Team Formation and Linkage to Care

Part 3 (4/2/19): [Health Economics 101: Comparing Standard v. Enhanced HCV Screening and Treatment](#)

Part 4 (4/16/19): [Utilizing the HCV Cost Benefit Calculator to Evaluate Resources](#)

You will receive a link for the survey from CDN for credentialing with the NNCC post webinar email within 1-2 days.

Why Community Health Centers?

- Provide screening to priority populations, including PWID and people experiencing homelessness, un/underinsured
- Decrease the disease impact and stigma with screening and treatment protocols onsite at the health centers
- Decrease risk of co-morbidity (HIV, syphilis, and other STDs)
- Promote linkage to clinical and prevention services; reduce barriers for ongoing care for HIV/HCV positive patients
- Provide comprehensive health services not normally found in primary care settings (behavioral health) -- reducing barriers to ongoing care

Speaker Introduction



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National Nurse-Led Care Consortium

HCV Care Team Formation and Linkage to Care

Workshop Focus

- Building interdisciplinary care teams and optimizing their use for patient-centered care
- Clarifying team roles and responsibilities to optimize efficiency, outcomes, and accountability
- Explore strategies to enhance patient-provider engagement and team communication

Core Competencies for Interprofessional Collaborative Practice (2016 Update)

[Interprofessional Education Collaborative \(2016\)](#)

Values/Ethics for Interprofessional Practice

Work with individuals of other professions to maintain a climate of mutual respect and shared values.

Roles/Responsibilities

Use the knowledge of one's own role and those of other professions to appropriately assess and address the health care needs of patients and to promote and advance the health of populations.

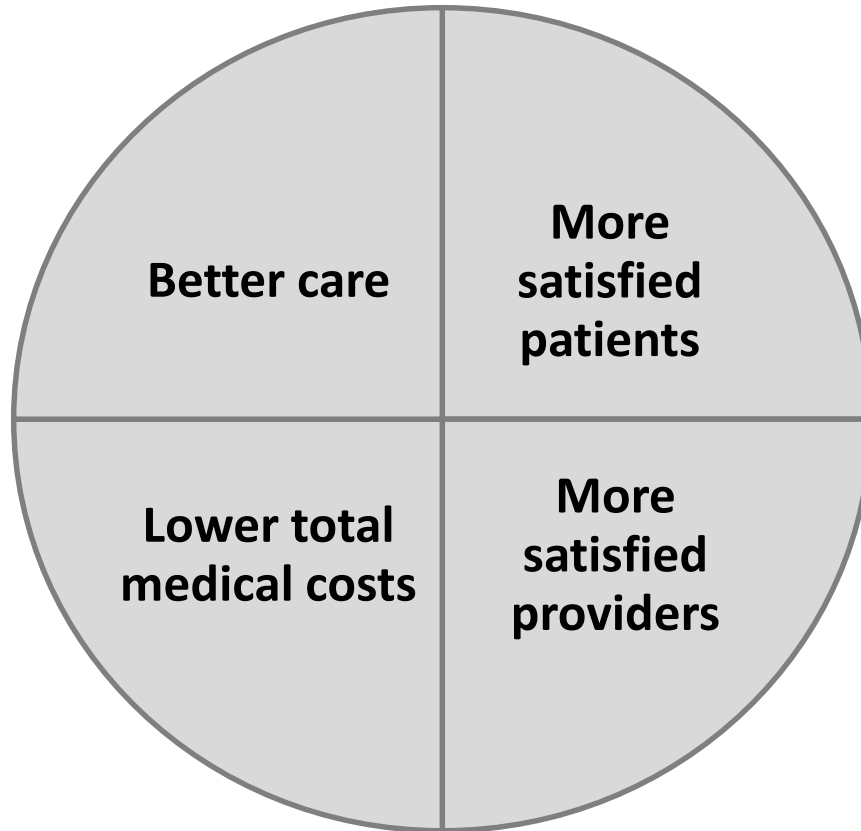
Interprofessional Communication

Communicate with patients, families, communities, and professionals in health and other fields in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health and the prevention and treatment of disease.

Teams and Teamwork

Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan, delivery, and evaluate patient/population-centered care and population health programs and policies that are safe, timely, efficient, effective, and equitable.

Quadruple Aim Framework



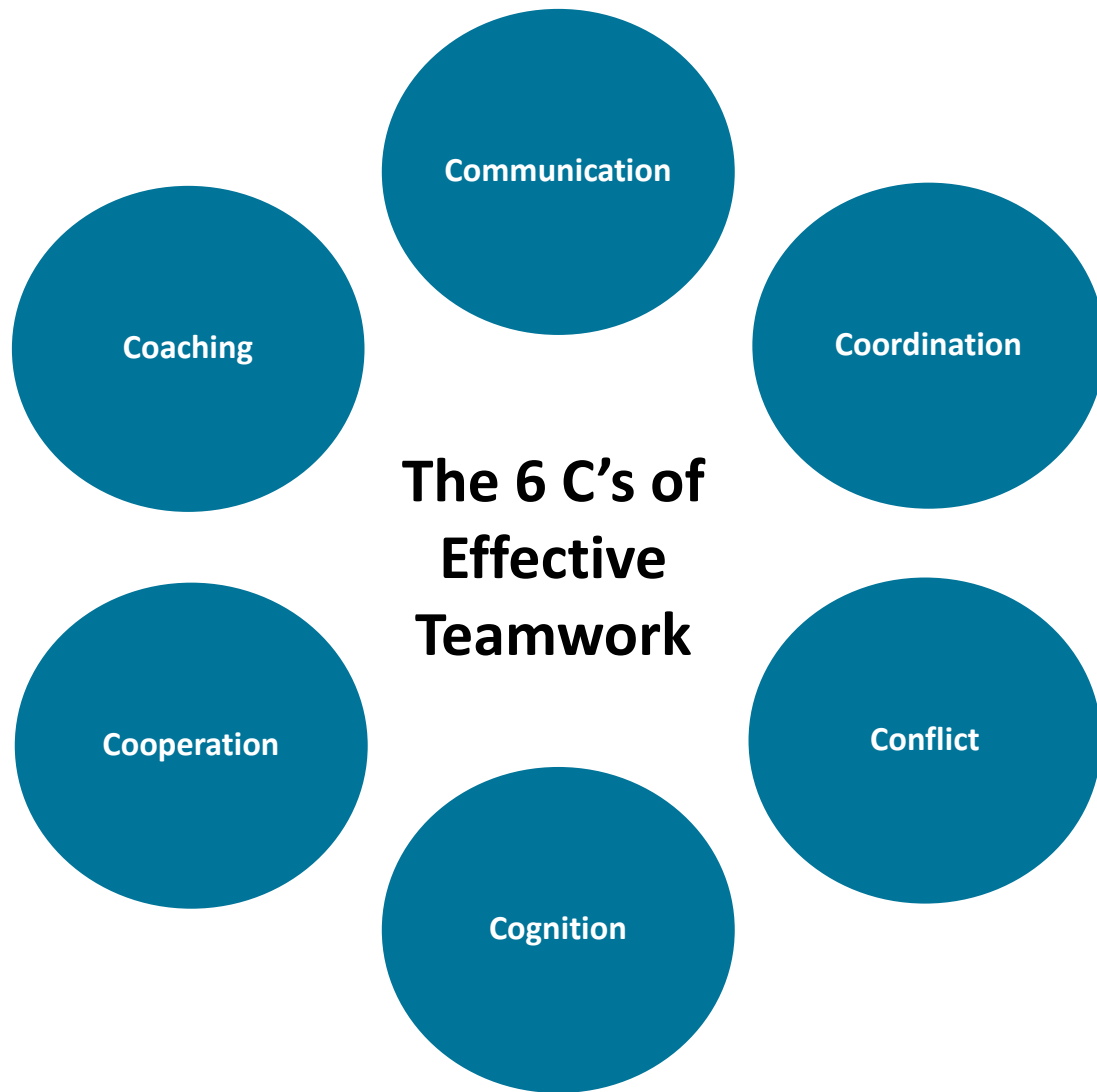
Defining Your Team

“Teamwork is the predominant form of work organization in healthcare. Clinician occupational well-being and patient safety develop in a teamwork context and are dependent on each other.”

[Welp & Manser \(2016\)](#)



Effective Care Coordination Requires Effective Teamwork



Poll:

Which of the five out of the six C's is the biggest strength within your team?

A. Coordination

B. Communication

C. Cognition

D. Cooperation

E. Coaching



Core “Team” Principles from the IOM (NAM) Roundtable

- Shared goals
- Clear roles
- Mutual trust
- Effective communication
- Measureable processes and outcomes

Defining Team Roles and Responsibilities

Roles and Responsibilities for Effective Teamwork

- All roles are understood and respected
- Scope and responsibilities of each role are explicit
- Each team member understands how their role fits in the work of the team

Outreach: Meeting the Patient Where They Are

- Testing in the Community
 - P-HOP/ Philadelphia FIGHT
- How to look for funding
 - Patient population
- Coordination for complex patients
 - Medical community support access

Role Clarity at the Health Center

- Competencies
- Scope of practice
- Licensure
- Values and ethics
- Education / accreditation standards

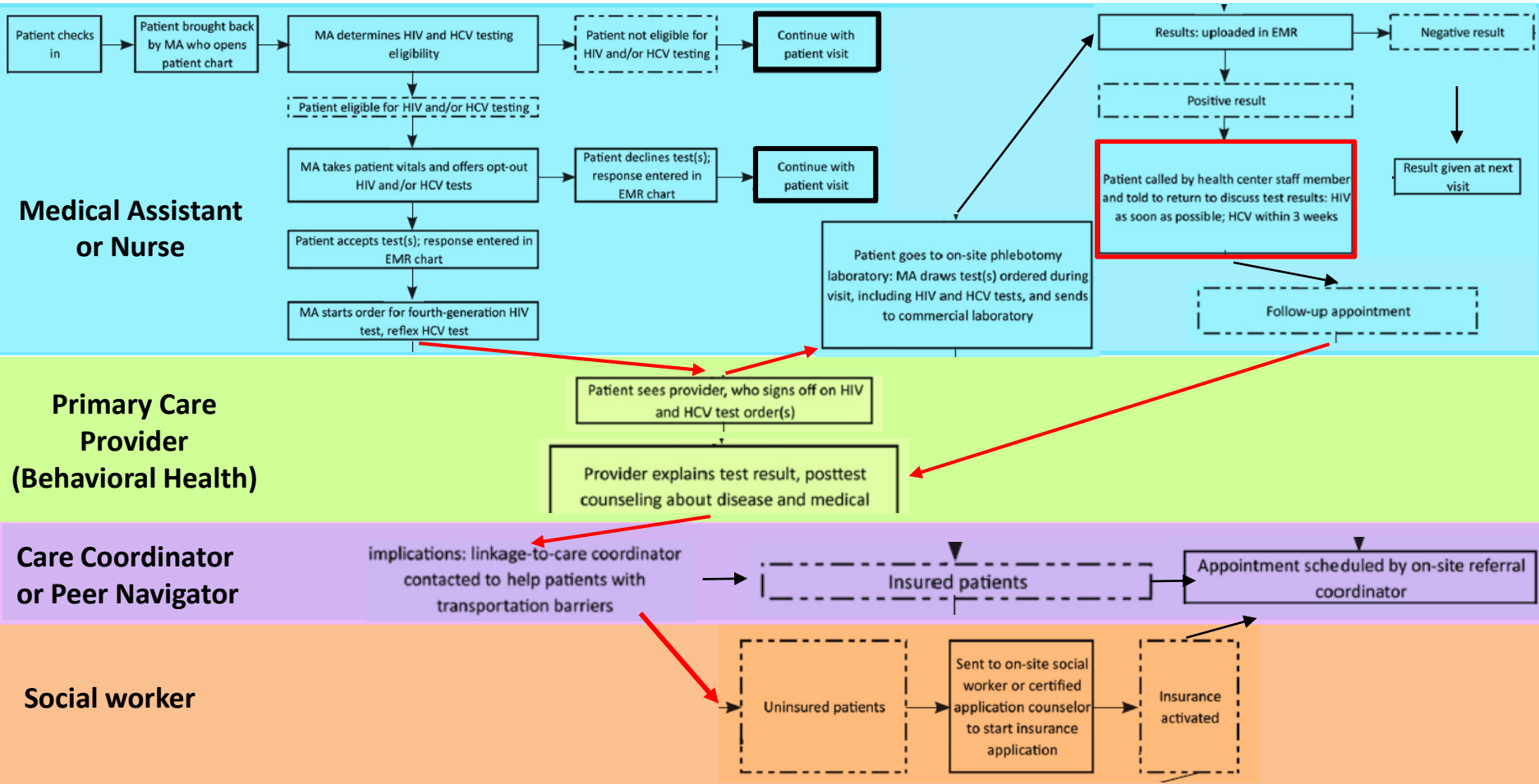
Potential Obstacles and Strategies

- Cultural
- Seniority
- Individual
- Clinic-Based

Swim Lane Diagramming

A swim lane diagram assists with role clarification and efficiency.

Example: Swim Lane Diagram for HCV Screening and Linkage to Care



Adapted from “Dual-Routine HCV/HIV Testing: Seroprevalence and Linkage to Care in Four Community Health Centers in Philadelphia, Pennsylvania” <https://www.ncbi.nlm.nih.gov/pubmed/26862229>

Poll:

**Is the current workflow of staff using the full
potential of their license?**

Yes or No



RACI Matrix

- Responsible, Accountable, Consulted, Informed
- Defining these roles for a task improves clarity, ownership and communication
- Identify functional roles (e.g., front desk, RN, etc.)
- Identify activities or decisions
- Good for QI projects or introducing new EBIs

RACI Matrix Example

	Medical Assistant or Nurse	Care Coordinator or Peer Navigator	Social Worker	Primary Care
Determines HCV testing eligibility, vitals, draw test	R	I		A
Sees patients and signs off on test order	A	I		R
Schedule patient follow up visit	I	R		C
Explain test results to patient and education about disease	R	C		C
Help patients with transportation and insurance barriers	C	A	R	I
Schedule follow up appointment for treatment	I	R		C
Call patients to remind them of upcoming appointments	C	R		

Roles and Responsibilities: It Takes a Team!

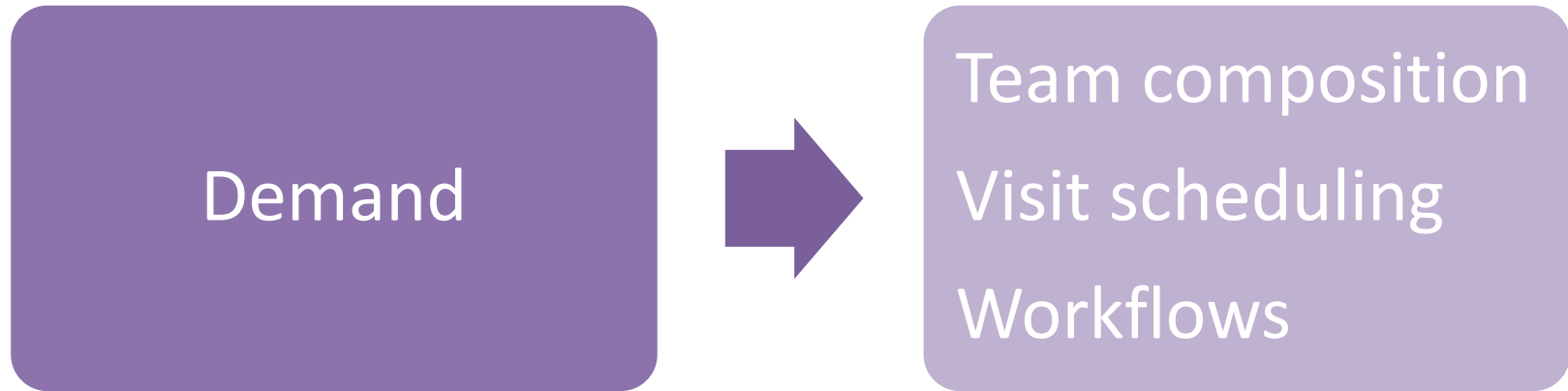
<http://links.asu.edu/fm3>



Enter

Optimizing Team Roles

Optimizing Team Roles



Optimization Principles

- All team members work to their highest level of expertise, skill and licensure
- Team composition driven by:
 - Patient/family/population needs and
 - Characteristics of practice
- Look for potential for cross-training to maximize flexibility and flow – i.e., utilizing the role of the medical assistant



THE PATIENT'S ROLE IN THE COMMUNITY HEALTH CENTER

Patient

Provide information
about own health
and experience

Describe and report
changes in health
status

Share response to
self-care and
treatments

Identify factors that
help and hinder
engagement and
achieving health
goals

Communicating Effectively

Effective Team Communication

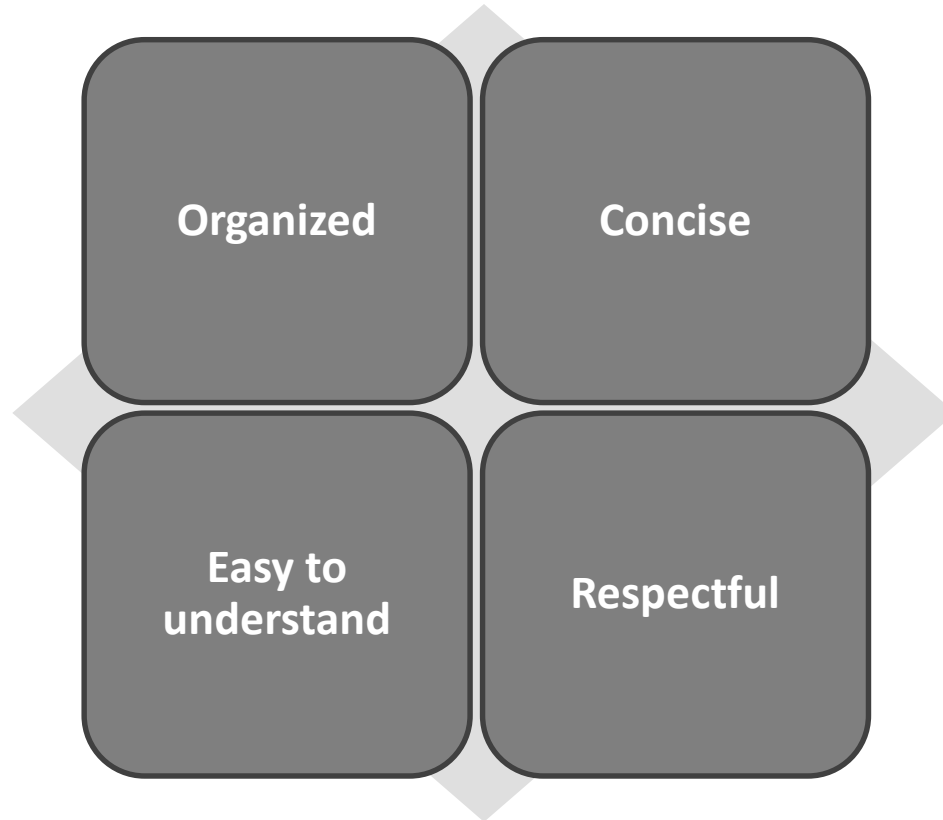
CLEAR CONSISTENT COMMUNICATION



Attributes of Communication

- Frequency
- Timing
- Duration
- Accuracy
- Focus

Effective Communication for Team Based Care



Communicating with Patients – Hepatitis C

- Different tests used (Ab and RNA confirmatory)
- What having a positive result means
- How they could have become infected
- Clearing the infection
- How to prevent re-infection

Communicating with Patients

- Using destigmatizing language with patients
- **Resource:** The Words We Use Matter - www.naabt.org

Words that Work and Why.

The following terms are considered effective in furthering public understanding of addictive disorders as a medical issue, which, in turn, provides impact in reducing stigma and stereotyping.

Addiction

Why it works: This widely understood term describes “uncontrollable, compulsive drug seeking and use, even in the face of negative health and social consequences.”¹ There is a distinction between addiction and physical dependence, although the words are often incorrectly used interchangeably. Addiction involves both social and health problems, whereas physical dependence only involves health.

Caveats: Clinically speaking, both the DSM-IV and the ICD10 use the phrase “substance dependence”, not ‘addiction’ although the definitions are the same.

Addiction Free

Why it works: Indicates the patient is free from the dangerous compulsive behaviors of addiction. Less stigmatizing than “clean” or “sober” yet shows the person is no longer in active addiction.

Addiction Survivor

This terminology is in line with other life-threatening diseases. (i.e. cancer survivor) It is a positive indication of a person’s disease status. It is less stigmatizing than “recovering addict”, especially to people unfamiliar with recovery language. It also indicates that a person’s treatment has triumphed over active addiction and shows that the person is substantially past the initial phases of recovery, unlike “in recovery” which doesn’t differentiate between days or decades of addiction-free life.

Communicating within the Team

- Using accurate and destigmatizing language with health care staff
- Consistent communication with health care staff and patients
- Avoid bias amongst health care staff, providers, and patients

Recognizing Success: ACE-15

Objective: Measuring Interprofessional “Teamness”

Tool: Assessment for Collaborative Environments ([ACE-15](#)) (15 questions, 5 minutes)

Purpose of the survey: Get baseline attitudes toward care teams for participating learners

Who should take the survey: All members of your care teams, as well as any other staff involved with support/supervision of care teams

Measures:

- Effective communication
- Clear roles
- Shared goals
- Mutual trust
- Measurable process and outcomes
- Organizational support

Questions



Next Module: April 2, 2019 at 2:00 pm EST

Part 3: [Health Economics 101: Comparing Standard v. Enhanced HCV Screening and Treatment](#)



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What to fill out...

1. Follow up NNCC survey if you want to join our newsletter
2. Survey from CDN within 1-2 days for 1 CNE or CME credit

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