

Utilizing collaborative learning networks to build capacity for hepatitis C treatment in community health centers

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Purpose

In response to insufficient access to specialists who treat hepatitis C, a group of FQHCs in an urban area participated in an initiative to build internal capacity among primary care staff to manage and treat chronic hepatitis C using a collaborative learning network approach.

Steps for implementation

In January 2015, four FQHCs began a hepatitis C screening project and identified a need to build internal capacity to manage and treat chronic hepatitis C. Two collaborative learning networks were developed, one for project staff and the other for primary care providers interested in treating hepatitis C, with the objective of facilitated peer-to-peer learning. Project staff met quarterly to share best practices in optimizing learning support, workflows, data collection, and tracking tools. Providers participated in a half-day training led by non-specialist providers with hepatitis C experience, followed by quarterly meetings to discuss updates in treatment, guidelines and difficult cases.

Benchmarks for monitoring results

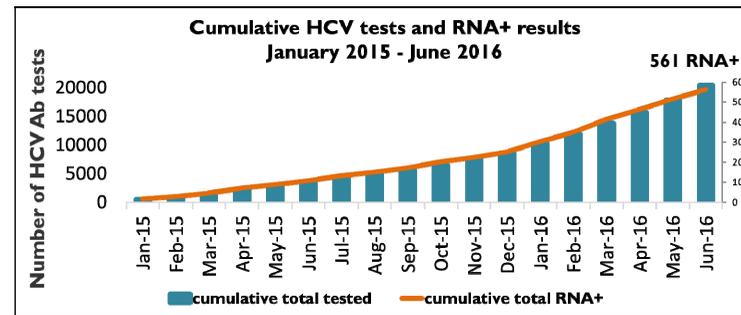
We monitored HCV testing, linkage and training data throughout the project. All patients treated were monitored through their post-treatment labs. In addition, we collected data from each health center six months after the initial provider training to assess progress toward increasing treatment capacity. During the 16-month measurement period, the number of providers actively treating HCV at the four health centers increased 380% and the number of patients initiating treatment more than quintupled, increasing by 538%. At most recent measurement, 96% of treated patients with confirmed labs post-treatment have achieved a sustained viral response at 12 weeks (SVR12).

Conclusions & lessons learned

Early evidence from our capacity building initiative demonstrates that a collaborative learning approach is an effective way to increase the ability of FQHCs to manage and treat hepatitis C without relying on specialists. Peer-to-peer learning helps build camaraderie and confidence to gain skills and expand access to treatment. As health centers identify more patients with chronic hepatitis C through routine testing, internal treatment capacity will become an important way of ensuring patients have more equitable access to treatment. With sufficient training, mentoring, and staff support through collaborative learning networks, primary care providers in FQHCs can achieve high levels of cure. ★

This project is funded by Gilead FOCUS. Get East Bay Tested! contact: mcrowley@alamedahealthconsortium.org

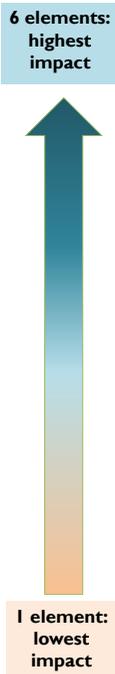
Need for hepatitis C treatment capacity:



Outcomes:

Clinics implementing more of the following capacity-building elements had the biggest increases in patients treated.

Capacity building elements	Site	Outcomes: January 2015 – April 2016 vs. 2014
6 elements: highest impact Active leadership support! Linkage navigator Protocols, EHR tools & work flows in use On-site mentorship Champion Trainings	Site #1 6 elements	↑13x providers treating? (1 to 13) ↑119x patients on treatment ³ (1 to 120)
Protocols, EHR tools & work flows in use On-site mentorship Champion Trainings	Site #2 4 elements, reliant on providers	↑4x providers treating (0 to 4) ↑6x patients on treatment (0 to 6)
On-site mentorship Champion Trainings	Site #3 2 elements, reliant on individual	2x providers treating (1 to 2) ↑7x patients on treatment (5 to 34)
Trainings	Site #4 1 element, training without follow-up	1 provider treating (0 to 1) 1 patient on treatment (0 to 1)

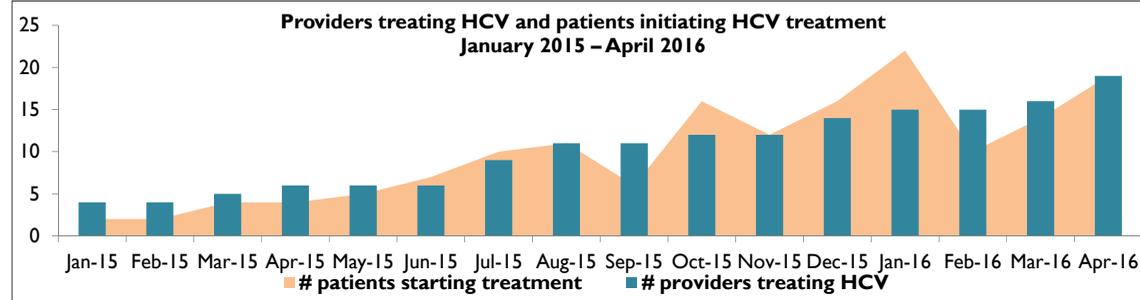


Notes:
 1. "Active leadership support" = organizational and clinical leaders are engaged with program development, help disseminate protocols and processes, hire a navigator, protect time for staff trainings/precepting, allow for hepatitis C half-day clinics, develop an internal referral system.
 2. "treating providers" = providers who have been trained and are currently managing chronic hepatitis treatment and/or are actively in the process of managing and starting patients on treatment.
 3. "patients on treatment" = patients who have been managed for their hepatitis C treatment by providers at our community health centers.

From our participants:

"I've found that engaging patients for their hepatitis C care is a gateway into engaging them into primary care... By establishing a relationship over a short period of time with a concrete impact, trust develops and patients are then more likely to continue seeing us for primary care, improving their overall health." -Kim Nguyen, MD

"It's always hard and a little bit scary to tackle something totally new in medicine. But the support and mentoring I got from the HCV learning community helped me get started. I'm gaining confidence quickly and I'm sure my patients are receiving state-of-the-art care."



Participating sites



Changing HIV testing habits at community health centers: effective strategies for sustaining change

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Introduction

Despite national guidelines recommending HIV testing for all adolescents and adults up to age 65, only 54 percent of U.S. adults report having ever been tested (KFF 2012 data). In 2014, five Federally Qualified Health Centers (FQHCs) in a large metropolitan area implemented routine, opt-out HIV screening as part of an initiative to improve HIV testing rates and address the limitations of risk-based testing.

Methods/Activities

All health centers updated their HIV screening policies to align with CDC and USPSTF guidelines, and implemented a combination of interventions: trainings that incorporated buy-in and work flows, EHR alerts, panel management reports, provider report cards, and provider incentives. Members of the implementation team from each site also participated in a collaborative learning network. Monthly testing totals were analyzed at all sites based on the timing of various interventions.

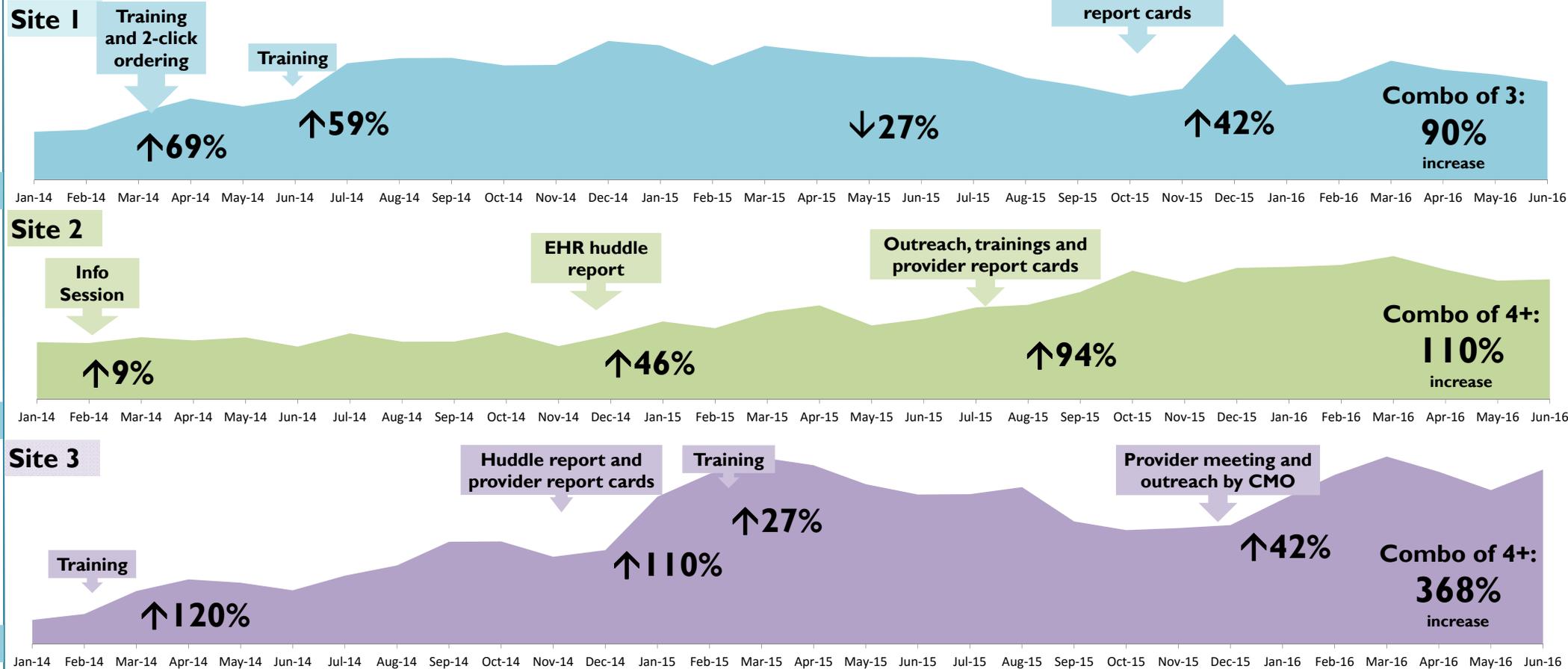
Results

Analysis of testing data consistently revealed increases in HIV testing rates following particular interventions. For instance, the average increase in monthly testing rates at a health center following a work flow training was 40%. The health centers that implemented four or more interventions including work flow trainings and EHR tools resulted in a 239% increase in HIV testing numbers as compared to a 68% increase for the health centers that implemented three or fewer interventions.

Lessons learned

The combination of staff trainings and EHR tools can effectively facilitate significant increases in HIV testing rates at FQHCs. In our program, the combination of EHR tools and periodic staff buy-in and work flow trainings or outreach were necessary to successfully sustain routine, opt-out HIV screening in primary care settings. ★

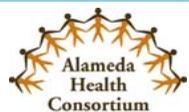
Results: strategies and impact on HIV tests by site



Results: HIV tests by site

	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Total
Site 1	197	205	275	333	301	333	478	499	500	469	471	569	551	469	549	525	504	503	486	419	386	343	373	598	388	405	488	451	432	403	12,903
Site 2	480	473	522	495	520	443	554	484	485	565	447	538	654	598	732	789	621	676	772	794	902	1,083	983	1,106	1,115	1,131	1,204	1,092	999	1,010	22,267
Site 3	72	90	159	194	184	161	205	236	307	308	262	282	442	511	560	537	480	449	450	471	368	342	348	357	434	508	563	517	462	524	10,783
Site 4	620	630	772	664	803	702	849	741	824	843	663	727	725	917	814	639	988	689	545	379	499	610	502	485	690	846	956	904	956	981	21,963
Site 5*												267	400	485	586	572	574	633	599	395	553	585	477	374	581	666	646	671	690	10,639	
All Sites	1,369	1,398	1,728	1,686	1,808	1,639	2,086	1,960	2,116	2,185	1,843	2,116	2,639	2,895	3,140	3,076	3,165	2,891	2,886	2,662	2,550	2,931	2,791	3,023	3,001	3,471	3,877	3,610	3,520	3,608	77,670

Participating sites



*Site 5 began their testing program and interventions in January 2015. Get East Bay Tested! contact: mcrowley@alamedahealthconsortium.org

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