



# Team Approach to Management of HCV

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August 26, 2015

# Objectives

- ❑ Taking The Team Approach in the care of chronic hepatitis C patients with:
  - communication
  - mutual respect
  - clear understanding of each team member's roles and responsibilities
  
- ❑ The role of the nurse practitioner in hepatitis C virus (HCV) treatment and follow up of patients that are undergoing Direct Acting Antiviral (DAA) therapy in HCV treatment
  
- ❑ How the nurse practitioner can facilitate the patient's treatment journey
  - Clinical education
  - Support
  - Management of side effects and drug drug interactions (DDI)
  - Monitor adherence
  - Appointment follow up

# Management of HCV therapy

- ❑ Nurse practitioners or physician assistants
- ❑ Other professionals who may be involved:
  - hepatologist
  - dieticians
  - social worker
  - mental health professionals
  - pharmacists
  - other specialists

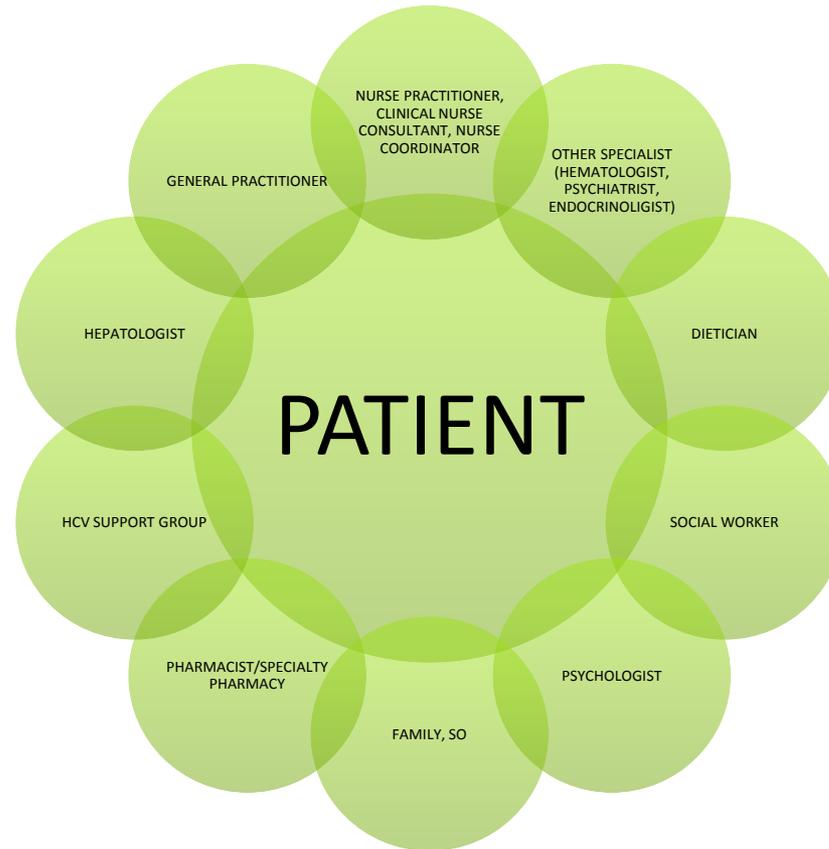




# Care of the HCV Patient

- ❑ Nurse practitioners are licensed to perform many aspects of the management of HCV
  - ordering and interpreting tests
  - prescribing medications
  - nurse practitioners participate in end-stage liver disease clinics
  - serve as pre- and post-transplant coordinators
  - physician assistants in some states perform liver biopsies

# Multidisciplinary Team in Management of HCV Patients



(Nazareth, Plercey, Tibbet, & Cheng, 2011)

# Patient Roles and Responsibilities

- ❑ The patient is central part of the team
- ❑ Engagement of patients with medical team members to gain mutual respect
- ❑ Patients are expected to assume personal responsibility for their care
- ❑ Many institutions ask their patients to sign contracts/consent for treatment
- ❑ Patients are responsible for understanding and maintaining their insurance coverage and co-pay



# Preparing Patients for HCV Therapy

## Counseling, Education and Support

- Requires a degree of trust and comfort between patient and practitioner
- Successful management of HCV infection demands that practitioner draw on their best patient interaction
- Preparation consists of both education and support, and should be provided to both the patient and his or her family

(Cleveland Clinic, 2015)



# Clinical Education

- The natural history of HCV infection and its symptoms (both current and anticipated) explained in language that is appropriate and understandable to the patient
- Suspected means of contracting HCV should be identified, and the risks of HCV transmission is explained
- Women of childbearing age should be warned at the first visit that they may need to practice double-barrier contraception during the entire treatment course and for a few months after
- If a patient does become pregnant and they are on Ribavirin, treatment is discontinued immediately, and the patient's obstetrician consulted.
- The risk of birth defects should be explained at commencement of treatment.

(Cleveland Clinic, 2015)

# Clinical Education

- ❑ Newly diagnosed patients with chronic disease generally go through a range of emotional stages:
  - denial, anger, depression, and acceptance
- ❑ Maximize their chance for a good outcome by accepting their disease, taking control, and developing a positive attitude toward achieving a good outcome
- ❑ Education, encouragement, and support from both the team and the patient's family and support system are crucial to helping patients maintain a positive attitude
- ❑ Patients should be encouraged to continue their normal lifestyle during therapy, including working, socializing, and fulfilling their family roles



# Education & Support

- At the first office counseling session, the nurse practitioner and the patient formulate the schedule that the patient will follow for the next few weeks
- Schedule includes one-on-one visits during appointments for reviewing blood tests, and managing side effects
- Patient education and support should be targeted at the patient's needs

# Side Effects

- ❑ Management of side effects should begin before the first dose is administered
- ❑ Nurse practitioner's duty to educate
- ❑ Patients generally hardest hit by side effects after their first dose
- ❑ Adequately preparing patients for this
  - decrease their anxiety when the side effects do occur
- ❑ Patients informed about how to manage side effects less likely to discontinue therapy or to seek emergency care
- ❑ Emotional/psychological support



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# Managing Side Effects

- ❑ What side effects to expect and how to deal with them
- ❑ Remind to report all side effects and other adverse events to the nurse practitioner, FDA
- ❑ DAA's side effects
- ❑ Side effects of ribavirin
- ❑ Some side effects can be self-managed:
  - improved by simple interventions
  - good hydration
  - altering doses according to work activities
  - using analgesics and antipyretics
  - exercising regularly

# Social Support/Employment Issues

- The nurse practitioner should be sensitive to social stigmas that the patient may face as a result of HCV infection
- Honest and accurate information should be presented to the patient and family members to address stigmas and help them talk about the disease
- The nurse practitioner can help patients develop sources of physical and practical support as well
- HCV infection and its treatment can put an extreme financial burden on patients and their families
- Managing work issues can be a particular challenge

# Group Sessions/HCV Support Groups

- ❑ Small-group educational seminars provide an excellent and cost-effective means of putting patients on the right track
- ❑ At this session, the nurse practitioner explains exactly what each patient can expect throughout the course of treatment
- ❑ Drug therapy, side effects, laboratory tests, duration of therapy, and response to therapy are all covered
- ❑ Patients are also given information prepared by other sources.
  - Pharmaceutical companies provide a wealth of educational resources, including pamphlets, newsletters, websites, and telephone support lines
    - **Support Path by GILEAD**
    - **Proceed by ABBVIE**
    - **Connect by BMS (Bristol Meyer Squibb)**
- ❑ Information is also provided by the American Liver Foundation, the Hepatitis Foundation International, the NIH, and the CDC. Educational materials should be selected carefully to avoid overwhelming the patient with information overload

# Support Continued

- ❑ Subsequent group sessions are held once or twice a month for 1 hour each are HCV SUPPORT GROUPS
- ❑ These sessions function more as support meetings
- ❑ Patient may attend these according to his or her needs and the focus of each particular session
  
- ❑ Group sessions offer a number of advantages.
  - powerful support mechanism for patients
  - Provide camaraderie
  - encourages treatment adherence and continuation
  - efficient way of using limited resources, enabling a degree of patient education and counseling that would not be affordable on an individual basis

# One-on-One Sessions

- ❑ Individual counseling session should be held every time the patient visits the office during treatment
- ❑ These counseling sessions are reimbursable, and they are much more cost-effective than a similar session conducted by a physician
- ❑ If all is going well, physicians generally see the patient only at end of treatment and SVR 12
- ❑ Two critical aspects of these one-on-one visits:
  - discussions of drug drug interactions (DDI's) and side effects
  - adherence to the treatment regimen

# Adherence to Therapy

- ❑ Management of side effects is a key to ensuring that patients adhere to their regimen
- ❑ Adherence is the most important factor in achieving a good outcome
- ❑ At every encounter, the nurse practitioner should encourage patients to adhere to treatment and praise them when they do
- ❑ Involving family members/SO is another way to improve adherence
  
- ❑ In addition to side effects and DDI's, other factors that can hamper adherence:
  - seriousness of the illness
  - the cost and complexity of treatment
  - a poor understanding of the disease management process
  - duration of treatment

# Laboratory Monitoring

	BASELINE	4 WKS	8 WKS	12 WKS	*24 WKS	SVR 12
<b>Pregnancy</b>	X					
<b>HCV RNA</b>	X	X		X		X
<b>CBC/Diff</b>	X	X	X	X		X
<b>Hgb</b>	X					
<b>Hct</b>	X					
<b>Platelets</b>	X					
<b>AST</b>	X			X		X
<b>ALT</b>	X			X		X
<b>BILI</b>	X			X		X

NOTE: If patient labs are abnormal may need to watch close  
 \*\*24WKS if cirrhotic previous treatment experienced

# Other Resources

- ❑ Some pharmaceutical companies have established drug-assistance programs to help patients with the financial burden of therapy, and these are excellent programs
- ❑ Specialty pharmacies have designed programs to promote all facets of care and to offer support to patients, their families, and their caregivers
- ❑ These programs encourage cost-effective approaches to care
- ❑ Some of these programs offer information on:
  - insurance coverage
  - in-home instruction on self-injection
  - telephone counseling
  - home delivery of drugs and supplies, all at no out-of-pocket cost to the patient (program bills the patient's insurer directly)

# The role of the Primary Care NP

- ❑ Co-management of side effects, DDI's
- ❑ Help reduce morbidity and improve outcomes in patients with CHC receiving HCV treatment
- ❑ Provide education and information to patients and caregivers about potential side effects of treatment
- ❑ Provide reassurance that these events are manageable
- ❑ Educate patients regarding the benefits of therapy and especially to persevere with therapy
- ❑ Schedule patients for appropriate follow-up visits and laboratory tests to ensure that side effects are identified and managed as early as possible



# NP Model of Care

- └ Provides increased opportunities for the HCV infected population:
- Improves access to care
  - Improves the disease treatment processes
  - Target lifestyle factors associated with hepatitis C
  - Increase the range of health settings for treatment and prevention of the disease
  - Facilitate treatment, appointments, and follow up

(Nazareth, Plercey, Tibbet, & Cheng, 2011)

# Conclusion

- ❑ Optimizing the management of patients with chronic hepatitis C involves:
  - team approach ensures maximal benefit to the patient with minimal disruption to their lives
  - Combined with the most cost-effective drug treatment
  - management of psychosocial aspects to achieve the best clinical outcome
  - Close surveillance, adherence, and follow up is key to successful HCV treatment outcomes

A TEAM APPROACH....  
MORE OPTIONS &  
BETTER OUTCOMES



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**THE END**

**THANK YOU!**