Exploring the Benefits of an Enhanced Social Work Intervention within the HCV Cascade of Care

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**METHODS**

The HepC Testing and Linkage to Care Navigation Program (HepTLC) was established at MedStar Washington Hospital Center (MWHC) and incorporates an enhanced SW intervention model.

To mitigate traditional HCoC gaps, the objectives for HepTLC SWs are to:

- Identify and provide resolution to barriers to HCV care that interrupt patient-, provider-, and systems-level care management and maintenance.
- Provide follow-up assistance for patients who missed, canceled, or no-showed to an appointment.
- Provide individual and group mental health counseling.
- Provide HCV education individually and in community settings.
- Establish external referral pathways with community organizations to expedite HCV infected individuals into care.

**INTRODUCTION**

Enhanced social work intervention is a comprehensive approach to addressing an individual's social and medical needs.

Hepatitis C Virus (HCV) infected patients present a unique set of challenges, and within the HCV cascade of care (HCoC), many gaps appear that result in patient attrition.

Of the US population infected with HCV, approximately 32-38% receive follow-up hepatitis care, and only 7-11% are ever treated. This low number is due to the high probability of loss at every stage of the HCoC, where visits are needed for infection confirmation, liver staging, hepatocellular carcinoma screening, and on-/post-treatment follow-up.

Social workers (SW) are highly trained in identifying and resolving barriers that may interfere with HCV care and disease management.

An enhanced SW intervention can mediate patient attrition along the HCoC, resulting in improved access to care, patient health self-management, and ultimately chronic HCV cure.

**PROGRAM DESCRIPTION**

Expedited appointments are provided for patients referred to care, either internally or externally (from the community).

A comprehensive biopsychosocial barrier intake assessment is conducted prior to first visit and documented in the patient's EHR, and includes:

- Immediate patient-level barriers that may interrupt successful linkage to care (i.e., transportation deficiencies, insurance, pertinent history).
- Additional barriers that could interrupt follow-up care (i.e., insurance, housing, food, substance abuse/dependence, medical comorbidities, primary care provider, psychosocial history).
- Overall level of need (i.e., how much support will a patient require to successfully navigate the HCoC).

Welcome-packets are mailed (with the patient's consent) containing a welcome letter, HCV educational material, and targeted agency resource forms to assist in overcoming identified barriers (i.e., food-assistance applications).

Calls/written inquiries are made to initiate/follow-up with appropriate systems-level services identified to overcome barriers (i.e., shelters/short- and long-term housing facilities, faith-based organizations, substance abuse treatment facilities, food-assistance). Appointment reminder and no-show/canceled appointment calls are conducted, which include brief barriers assessments.

A biweekly support group is offered to accommodate additional needs and provide a safe, confidential forum for discussion for all patients at any stage of the HCoC.

Since March 2014, HCV SWs have conducted 132 biopsychosocial assessments.

**CONCLUSION**

This enhanced social work intervention can be useful in engaging and retaining HCV patients along the HCoC. It may facilitate intimate interactions with patients, and increase patient health literacy and self-determination, which all can lead to increased adherence to the HCoC.

As this is a qualitative program description, an analysis of the benefits of this model compared to both standard of care and other integrated SW models for HCV care will be part of future work.

Patients have expressed satisfaction with the delivery of services, and appear more empowered to advocate for their medical care. SWs who have received medical, even HCV-specific training, are potentially better suited to manage this population.