The Hepatitis C Self-Management Program

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VA San Diego HEALTHCARE SYSTEM

VA HEALTH CARE Defining EXCELLENCE in the 21st Century

Overview

- Background – Hepatitis C
- HCV Care in the VA – past and present
- What is Self-Management?
- HCV Self-Management results
- HCV Self-Management Program
- Future Directions

Hepatitis C in the VA

- HCV infects about 1.8% of the US population
- Infection rates are 5-6% in the VA system
- Leads to
  - cirrhosis, HCC, and liver transplants
  - functional limitations, physical & psych symptoms, and reduced HRQOL

Hepatitis C in the VA

- HCV-infected veterans have high rates of:
  - substance abuse
  - psychological comorbidity
  - homelessness and impoverishment
  - Other comorbidities (HIV)

HCV Care (past)

- 2004 - low SVR rates for g1, side effects
- 2004 - low treatment rates (10% in care)
- Many veterans either:
  - were not good treatment candidates
  - had failed treatment
  - refused treated
  - had low grade fibrosis → watchful waiting

Improving HCV Care

- How can we best help the 90% of HCV patients not being treated?
  - Educate patients about HCV
  - Facilitate lifestyle change
  - Improve QOL of patients
  - Prevent transmission
  - Prevent progression of liver damage
  - Prepare patients for treatment
  - Increase treatment success

HCV Care (present)

- In 2011, % ever treated has doubled (22%) but can be further improved
- New triple therapies offer
  - increased chance of cure
  - briefer duration of therapy
  - slightly more side effects overall

Improving HCV Care

- How can we best help HCV patients?
- **Successfully Treat more people
  - Prepare people for treatment
  - Increase treatment initiation
  - Maximize treatment efficacy - adherence
  - Educate patients about HCV
  - Facilitate lifestyle change
  - Prevent transmission
  - Prevent progression of liver damage

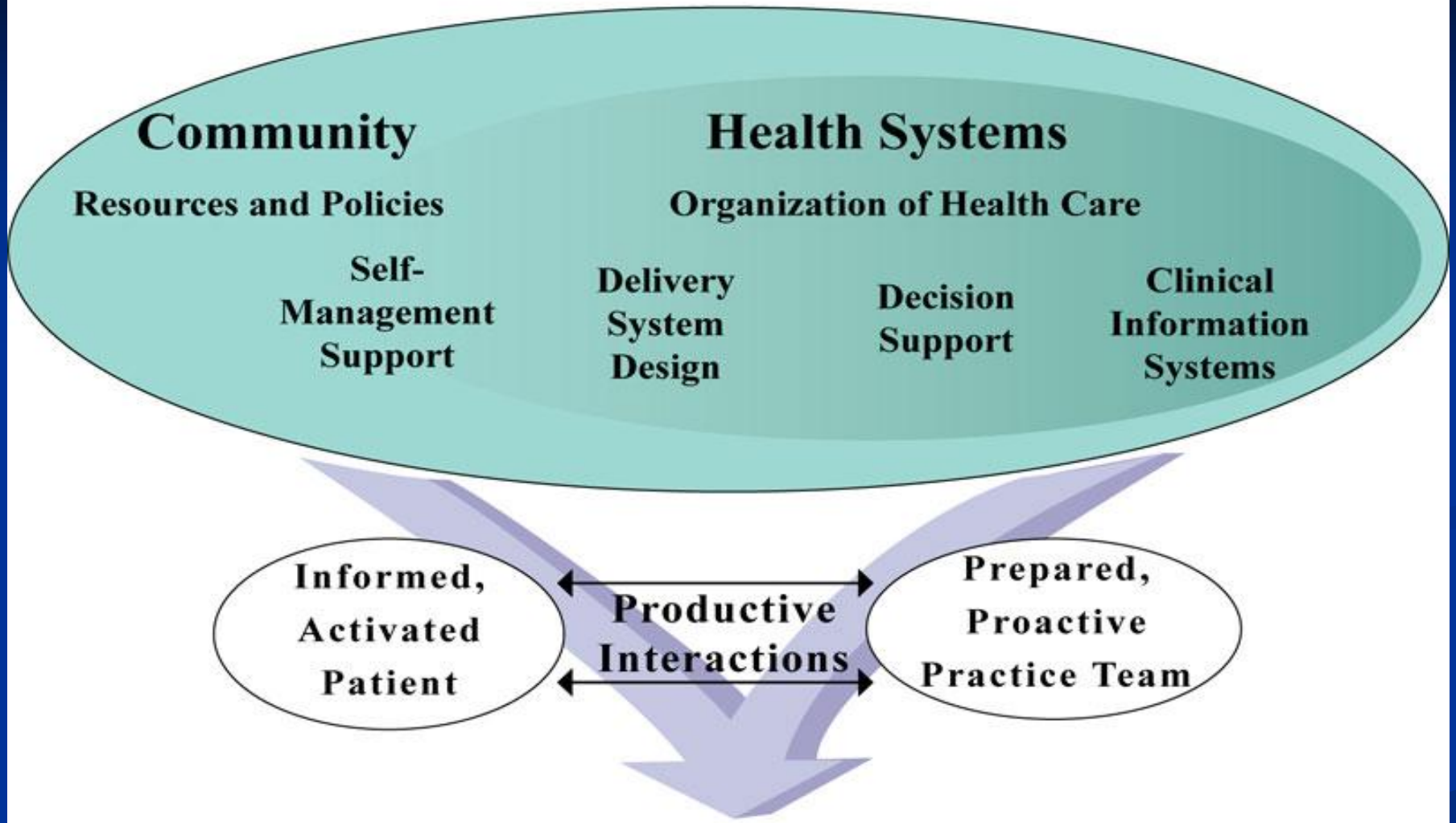
HCV Treatment

- New therapies are very expensive
- Interferon-free therapies may be available in 2-3 years, less side effects
- New therapies will be even more expensive
- Goal: To optimally prepare treatment candidates for antiviral therapy using low cost interventions

What is Self-Management?

- Patients take active role in managing their health
- Term used to be applied to information-only patient education programs
- Beyond patient education - teach new skills, increase self-efficacy, encourage social support, activate patients (Lorig & Holman – Stanford University)

The Chronic Care Model



Improved Outcomes

Developed by The MacColl Institute

Self-Management skills

- Take action
- Find and use resources
- Decision-making
- Problem-solving
- Develop and use supportive relationships

Self-Management Interventions

- Cognitive behavioral principles
- Empowerment/Motivational interviewing approach.
- Holistic, comprehensive –
  - use multiple modalities
  - addresses global well-being
  - mind/body connection stress

Self-Efficacy

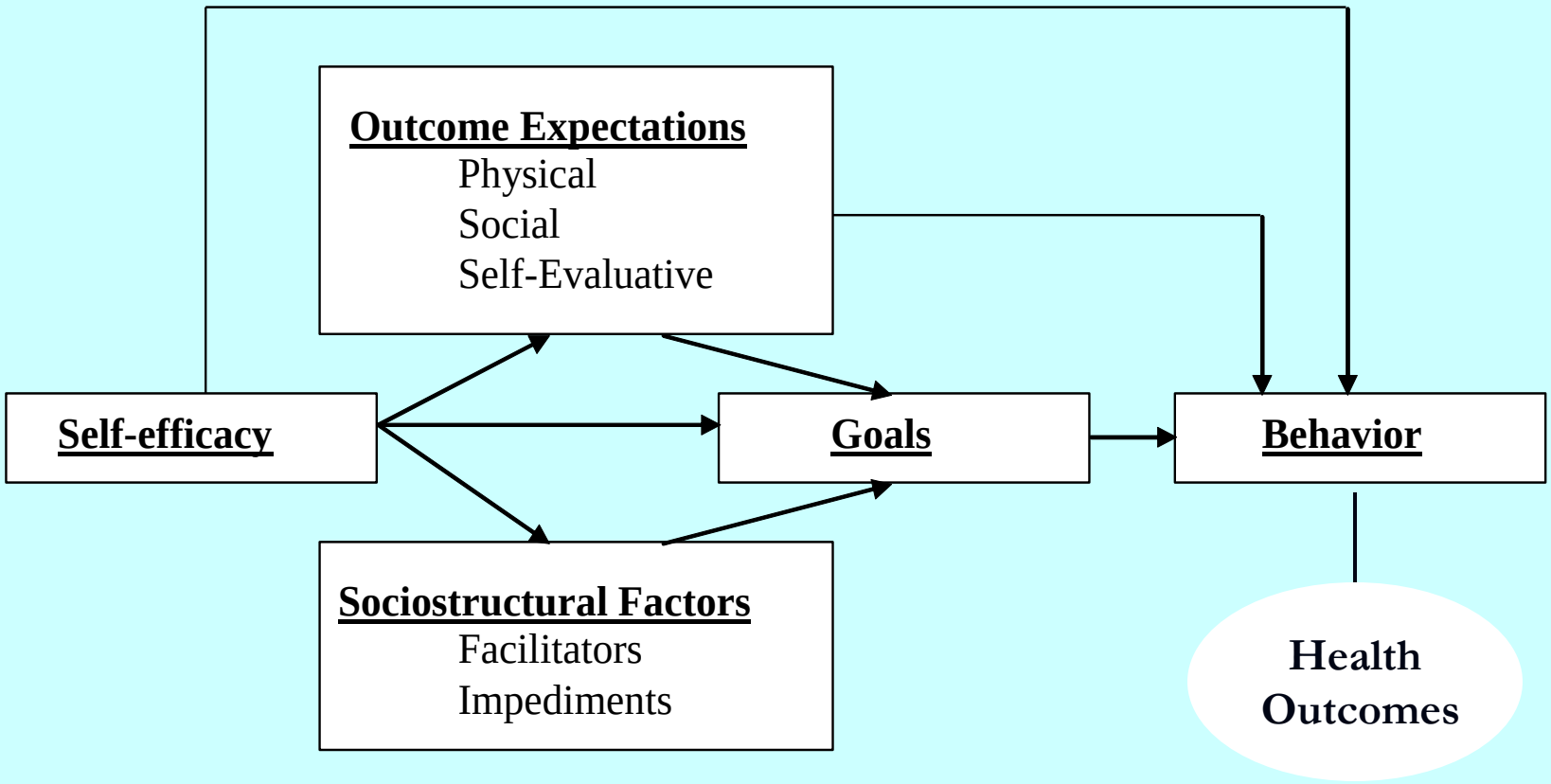


Figure 1. Structural model of the effects of self-efficacy on health behavior and outcomes

Bandura A, *Health promotion by social cognitive means.* Health Educ Behav, 2004. **31**(2): p. 143-64.

Self-Management

- Shown to improve a variety of outcomes in many chronic diseases arthritis, diabetes, asthma, cancer, and many other diseases.
- CDSMP – Lorig et al. - widely disseminated via Kaiser Permanente, UK Expert Patient, Australia, British Columbia

Preliminary work

- VA HSR&D Career Development Award in 2004
- Qualitative interviews with 16 VA HCV patients and 8 HCV care providers
- Group leader training - Stanford Chronic Disease Self-Management program
- Piloted HCV Self-Management Program - 2004-05.
- HCV expert opinion (n=7) on developmental work - 2006

Intervention – New modules

- Began with Lorig's Chronic Disease SMP
- Basic Hepatitis C Education – updated & added to VA HCRC slides
- Alcohol and drug use
- Expand fatigue management
- Adherence to treatment recommendations
- Discussion panel with vets who were treated

Intervention – changes

- Removed:
  - advanced directives
  - distraction from pain
- Reduced time spent on:
  - exercise
  - managing emotions
  - Relaxation
- Added health professional to peer-leaders

Pilot Results

Measures (n = 8)	Baseline Mean (sd)	Follow-up Mean (sd)	p –value (2-tail)
HRQOL - QWB score	.459 (.134)	.480 (.131)	.318
Self-efficacy	5.69 (2.02)	6.73 (1.68)	.029*
Energy (fatigue)	1.93 (1.38)	1.70 (.99)	.501
Depression – CES-D 10	18.6 (6.0)	15.4 (6.1)	.344
HCV knowledge score	8.6 (2.7)	11.1 (1.6)	.038*
Health distress	2.00 (1.22)	1.71 (1.41)	.547
Exercise – self report	4.4 (2.3)	5.0 (1.2)	.553

Intervention Trial

- 4-year HSR&D funded study 2006-2010
- 134 VA patients w/ HCV randomized to self-management or information-only
- Information-Only = printed packet of HCV information, resource guide, home self-study
- HCV – SMP = Groups of 8-10 patients co-led by health provider and peer-leader, meet once/week for 6 weeks (2 hours each)

Patients

- Eligible for VA healthcare services
- Confirmed HCV positive
- No treatment currently or next 6 months
- Not terminally ill
- Recruited through
  - Providers at VA Hep C clinic, ADTP, PC
  - Flyers and in-person at satellite clinics, Vet orgs, American Liver Assoc, other non-profits
- Letters to those testing positive in last 2 years

Health Outcomes

- Assessments at baseline, end of workshop (6 weeks), 6- and 12- month follow-up.
- Primary outcomes
  - generic HRQOL - SF36 and QWB-SA
  - disease-specific HRQOL - HQLQ
- Secondary outcomes
- Cost-effectiveness data

Secondary Outcomes

- HCV knowledge
- HCV self-efficacy
- Fatigue/energy
- Depression
- Health distress
- Alcohol and Drug use

Secondary Outcomes

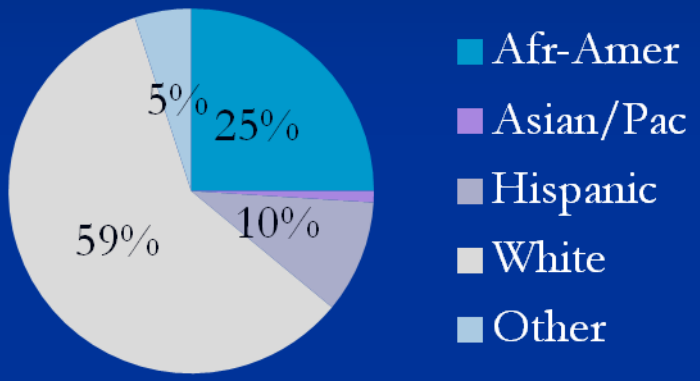
- Health behaviors and patient activation
  - attendance of health care appointments
  - medications and other utilization
  - rates of antiviral treatment
  - patient-provider communication
  - vaccinations for hepatitis A and B
  - dietary and exercise behaviors
  - other misc. efforts to avoid transmission, manage symptoms, or avoid things harmful to the liver

Patient Characteristics

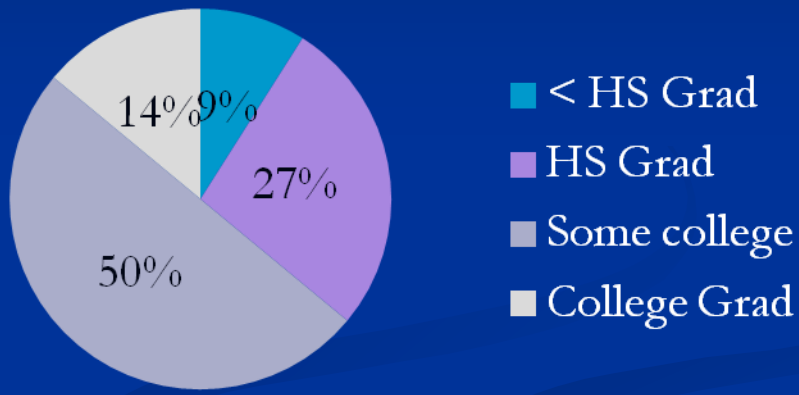
	Information-only n = 65	Self-management N =69	p-value
Mean age (sd)	56.4 (7.2)	53.0 (5.2)	0.003**
Gender			
Male	95	96	0.909
Female	5	4	
Residential %			0.577
Homeless	13	15	
Group living residence	30	35	
With relatives	3	4	
Apartment	33	36	
Own house	21	10	
Homeless in the past 5 years %	59	38	0.015*
Transportation %			0.241
Drive own vehicle	40	26	
Public transportation	51	64	
Other	9	10	
Years since contraction (sd) – self-report	25.1 (13.0)	21.6 (11.9)	0.152
Years since diagnosis (sd) – self-report	9.9 (8.9)	9.9 (9.6)	0.995

Patient Characteristics

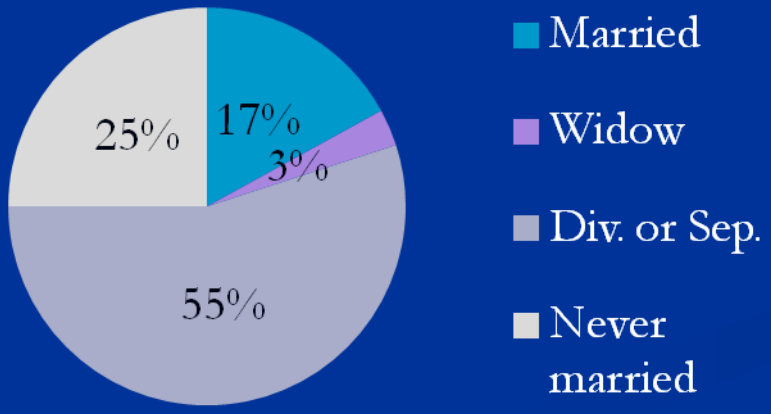
Ethnicity



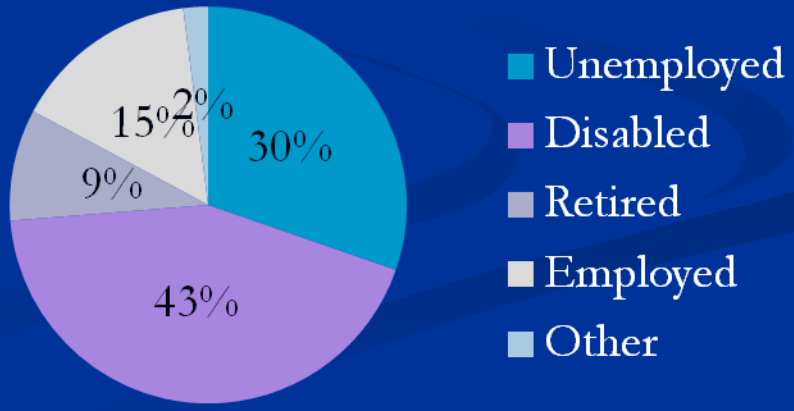
Education



Marital



Employment



HCV Self-Management results

- Attendance: mean of 5.2 out of 6 sessions (87%)
- At 6-weeks, workshop improved more on HCV knowledge, HCV self-efficacy, and SF-36 energy/vitality
- At 12-months, effects were found for HCV knowledge, energy, and global QOL (QWB-SA)
- Trends found for physical functioning, CES-D depression, and health distress

HCV Self-Management results

Measure	1-year prior	1-year post	Total change	p-value	Effect size (d)
HCV Appointments Attended				0.344	0.24
Information-only	1.9	1.8	-0.1		
Workshop	1.8	2.5	0.7		
Appointment No-shows					
Information-only	1.8	2.0	0.2	0.600	0.13
Workshop	2.4	2.2	-0.2		
Inpatient Days less ADTP				0.390	0.22
Information-only	1.7	1.8	0.1		
Workshop	3.4	2.0	-1.4		
ER visits**				0.029	0.46
Information-only	2.6	1.6	-1.0		
Workshop	1.4	1.7	0.3		
Prescribed Medications*				0.877	0.02
Information-only	5.0	3.9	-1.1		
Workshop	3.9	2.9	-1.0		
Medication Refill Ratio					
Information-only	0.70	0.59	-0.11	0.282	0.24
Workshop	0.73	0.83	0.10		
Total sample					

Cost-Effectiveness results

- Our study delivered the intervention to 69 participants across 9 programs, averaging 7.67 participants per program
- The total mean intervention cost was $1806.00 per six-week program and the total cost per participant was approximately $235.00
- The mean incremental increase in QALYs was 0.068 per participants, resulting in an incremental cost/effectiveness ratio = $3456/QALY
- *Stanford programs – effective with 20 people per program.

HCV Self-Management Program

Session 1

- Introductions - Identifying Common Problems
- Workshop Overview, Goals & Responsibilities – new treatment focus
- Hepatitis C information - general
- Acute & Chronic Conditions - HCV
- HCV antiviral treatment information - updated
- Intro. to Action Plans

Parts of an Action Plan

1. Something YOU want to do

2. Reasonable

3. Behavior-specific

4. Answer the questions:

What? ***(for example, walking)***

How much? ***(walking 4 blocks)***

When? ***(after dinner)***

How often? ***(for ex., 4 times; try to avoid "every day")***

5. Confidence level of 7 or more ***(0=no confidence to 10=total confidence; that you will complete the ENTIRE action plan)***

Session 2

- Action Plan Feedback/Problem-Solving

Problem Solving

- Problem Solving –
  - used in sessions 2-6 to review successes & failures of the previous weeks action plan.
  - group members use discussion and brainstorming to help others be successful with action plans
- 7 steps to Problem Solving
  - Identify the problem
  - List ideas to solve the problem
  - Select one method to try
  - Assess the results
  - Substitute another idea
  - 6. Utilize other resources
  - 7. Accept that the problem may not be solvable now

Session 2

- Action Plan Feedback/Problem-Solving
- Antiviral Treatment: Barriers and Facilitators – new
- Intro. - Cognitive Symptom Management
- Benefits of Exercise
- Alcohol and Drug Usage and HCV – new (brief interventions)
- Making an Action Plan

Alcohol Usage and Hepatitis C

- Discuss: HCV and alcohol consumption (http://www.hepatitis.va.gov/patient/alcohol/index.asp
- Brainstorm: Pros & cons of alcohol consumption
  - Understanding triggers to promote abstinence and better decision making
- Change Plans
- Drinking Diary
- Brief Interventions & Motiv. Interviewing

Session 3

- Action Plan Feedback/Problem-Solving
- Dealing with Difficult Emotions
- Fatigue Management
- Hepatitis C Treatment Adherence - new
- Managing Treatment Side Effects - new
- Muscle Relaxation
- Making an Action Plan

Session 4

- Action Plan Feedback/Problem-Solving
- Antiviral Treatment Discussion Panel

Treatment Discussion Panel

- composed of 1 HCV healthcare provider and 2-3 peers
- Goal: to provide an informal atmosphere for patients to ask questions
- 3 parts to this module
  - healthcare provider describes recent developments, clinic expectations, positive past experiences
  - peers describe their experience & challenges
  - Q&A for the Panel

Session 4

- Action Plan Feedback/Problem-Solving
- Antiviral Treatment Discussion Panel
- Making Informed Treatment Decisions
- Peer Support - new
- Communication Skills
- Problem-Solving

Session 5

- Action Plan Feedback/Problem-Solving
- Medication Usage/Adherence
- Healthy Eating
- Depression Management
- Self-Talk
- Guided Imagery

Session 6

- Action Plan Feedback/Problem-Solving
- Informing the Health Care Team
- Collaborating With Your Health Care Professional
- Longer-term goal setting
- Preparing for HCV Treatment – new
- Looking Back and Planning for the Future

Planning for the Future

- Participants are asked to:
  - brainstorm all self-management techniques they have learned
  - discuss how these techniques can help with HCV antiviral treatment
  - share about their accomplishments & positive changes of the group as a whole
  - thank the other group members for their contribution & input
  - group exercise “success visualization”

Lessons learned

- Recruitment can be challenging
  - Day vs. night
  - No-shows
  - Transportation?
- Those who show for first session attend well
- Good peer-leaders can be hard to find
- Two hour sessions are long, we provided refreshements

Future Directions for the HCV-SMP

Increasing Access to the HCV-SMP via the Internet

- Funded by QUERI RRP
- Uses Stanford's existing platforms for other Internet-based SM programs
- Can be accessed from any computer with Internet service
- Will be recruiting 40-50 VA patients for pilot study Oct-Dec 2013

Next Steps for the in-person HCV-SMP

- SDP – more evidence of impact on treatment outcomes before implementation
- Finalize revised sessions and pilot
- Resubmit for implementation? Dilemma of changing field

Tips for starting HCV self-management

- Contact us (Stanford Patient Education)
- Find health professional to be trained and lead
- Locate organizations with CDSMP Master trainers http://patienteducation.stanford.edu/organ/
- Find a HCV-infected individual to be trained and be a peer-leader
- Locate space

Summary

- HCV-SMP has been shown to improve knowledge, self-efficacy, symptoms, & QOL
- Being adapted to focus more on improving antiviral treatment outcomes
- Being adapted for Internet-based delivery
- Is very low-cost, $235 per person vs $30,000

Thank you!

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