



Hepatitis C Medical Case Management Toolkit: Creating and Expanding Services

ACKNOWLEDGEMENTS

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Hepatitis Education Project

Since 1993 the Hepatitis Education Project has provided support, education, advocacy and direct services for people affected by hepatitis and has helped raise hepatitis awareness among patients, medical providers and the general public.

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INTRODUCTION AND BACKGROUND

Purpose of the Toolkit

The purpose of this toolkit is to support organizations that are interested in starting or expanding medical case management services to improve outcomes for people infected with the hepatitis C virus (HCV).

The Hepatitis Education Project (HEP) developed one of the first medical case management (MCM) programs in the U.S. for underserved, marginalized populations that identified people living with HCV and linked them to medical care and treatment. HEP's 5-Step HCV MCM model includes: 1) meeting the client; 2) intake and assessment; 3) linkage to care; 4) engagement in care; and 5) post-treatment support. Assessment and referral for comprehensive services are integrated during any of the steps and tailored to individual client needs. See the "Implementing Your Program" section of this toolkit for additional information on the model.

The primary audiences for this toolkit are program administrators and managers, including case managers and medical case managers, who are involved in developing, implementing, and evaluating HCV-related services. Policymakers and funders may also find this toolkit helpful in developing and funding HCV-related programs.

Background

Hepatitis C is a blood-borne viral infection that can inflame or damage the liver. Although HCV may be a mild infection for some people, it becomes a chronic, long-term illness for 75-85% of those who contract it.¹ In the U.S., over 3.5 million people have chronic HCV². Acute cases of HCV increased about 3.5-fold from 2010-2016³ reflecting the highest rates among people who inject drugs.^{3,4} Most people newly infected with HCV had exposure to infectious blood through injection drug use suggesting that increases in HCV are related to the U.S. opioid epidemic and corresponding increases in injection drug use and

sharing of drug equipment.⁴ Currently, HCV causes more deaths than the 60 other reported infectious diseases combined⁵ and is the leading cause of liver disease, liver cancer, and liver transplants in the US. With currently available therapies, over 90%³ of HCV infected individuals can be cured with an 8- to 12-week oral therapy⁶. Some studies now show cure rates approaching 100%.⁷

There is growing interest in interventions to improve the proportion of clients who are successfully linked to care and treated for HCV, and one intervention of interest is medical case management (MCM). MCM contributes to engaging and retaining clients in care throughout the continuum of care process.⁸ Medical case managers support clients with HCV by increasing awareness of the need for and access to testing, diagnosis, linkage to care, treatment uptake, adherence to treatment, and, ultimately, viral suppression and cure. This support is critical for vulnerable clients, including people who inject drugs, are marginally housed or homeless, have mental health challenges, are living with HIV, are uninsured or under-insured, and are (or have been recently) incarcerated. Whether delivered in a clinic or community-based organization, MCM and other related services have been used successfully to support people with HCV in overcoming barriers to HCV care and treatment.⁹ Strategies include addressing a client's mental health, housing, food benefits, transportation, financial or legal needs, substance use, and other possible barriers to accessing care throughout their movement along the HCV continuum of care.

Defining Case Management and Medical Case Management

As defined by the [Case Management Society of America \(CMSA\)](#), "case management" is "a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual's... comprehensive health needs through

communication and available resources to promote quality, cost-effective outcomes.”¹⁰ Case managers identify, document, and track clients’ needs; support progress towards good health; and support clients with relapse, and, in the case of HCV, support access to treatment and cure.¹¹

Medical case management (MCM) aligns with CMSA’s definition of case management and also includes: 1) linking clients to medical care; 2) supporting clients to stay engaged in medical care; and 3) achieving positive health outcomes.¹² HEP’s medical case managers assist clients with a range of client-centered navigation services that are based on identified needs, including connecting with medical providers, enrolling in insurance, obtaining financial assistance for basic needs, and communicating about treatment plans. Medical case managers also provide vital educational and psychosocial support for clients and their families.

Medical Case Management at Hepatitis Education Project

HEP is committed to providing support, education, advocacy, and direct services for people affected by hepatitis and has helped raise hepatitis awareness among patients, medical providers, and the general public. HEP’s services are delivered with a commitment to [harm reduction principles](#)¹³ and client self-determination. When working with clients who use drugs, HEP uses a respectful, rights-based approach, grounded in social justice, to support clients in reducing the negative consequences associated with drug use. HEP’s approach incorporates a range of strategies from safer drug use to managed use to abstinence, while interacting with clients “where they are at”. The aim is to provide non-judgmental and non-coercive services and resources to all clients, in a way that is respectful of each individual and the communities in which they live. Similarly, when HEP engages with clients from other marginalized, underserved populations, (e.g. people experiencing homelessness, incarcerated persons, or immigrant and refugee communities) HEP also strives to create a culture of acceptance, understanding, and appreciation.

At HEP, the key to a successful MCM program is strong client rapport and trust. If a client is not ready for medical treatment or a behavioral change, HEP staff provide emotional support and risk reduction education, until the client decides that they are ready for change. To ensure that the program is low barrier, HEP does not require identification (unless required by law), health insurance, income information, employment, or drug/alcohol abstinence. Medical case managers provide confidential services that are compassionate, free of stigma, and support the holistic well-being of clients. Linkages are made to programs that reinforce HEP’s philosophy. HEP believes that everyone deserves access to health care and potentially life-saving treatment for HCV.

SETTING UP YOUR PROGRAM

Assessing Organizational Readiness

Organizational readiness is a key consideration in developing, implementing, and evaluating HCV MCM services. In its organizational development work, Cardea often uses an adapted version of the Transtheoretical Model of behavior change, or Stages of Change¹⁴, developed by Drs. Prochaska and DiClemente, to support teams in reflecting on their organizational readiness for change and determining how to move from initial discussions toward action and, ultimately, improvement and maintenance. See the appendix for [Getting Started: Hepatitis C Medical Case Management Program Readiness Assessment Tool](#). This tool will help you assess where your organization is along the stages of change by answering a series of questions. The assessment may suggest the need for organizational development prior to or during the delivery of HCV MCM services.

Roles and Responsibilities

Core skills for HCV MCM staff include how to: 1) provide a client-centered, harm-reduction, low-barrier approach; 2) provide accurate information and follow-up for clients on HCV testing, treatment, and linkage to care; 3) cultivate outreach and linkage to care resources; 4) use data collection and reporting tools effectively; and 5) navigate complex health systems.

In addition to these core skills, HCV medical case managers may benefit from training in client-centered and harm reduction approaches to whole person care that is non-judgmental, trauma-informed, and stigma-reducing. This approach helps medical case managers “meet clients where they are” and have affirming interactions that support entry, engagement, and re-engagement in the program. Quality client interaction skills are critical to building and maintaining rapport, respect, and trust. These skills are instrumental in providing timely information and education, and targeted support with linkage to care, engagement, and adherence to medication.

Example of case manager roles and responsibilities

- Conduct HCV testing
- Provide strengths-based case management
- Schedule appointments and provide reminders/follow-up
- Provide transportation or vouchers to get to appointments
- Attend appointments
- Support linkage to comprehensive services
- Provide education on safer injection methods
- Provide detailed information on HCV care and treatment

Quality training and coaching can improve staff skills and strengthen MCM programs. For primary care programs that have not previously offered HCV MCM but are able to treat HCV infection, staff training may improve adherence to treatment and cure rates by supporting and enhancing movement of clients through the HCV continuum of care.

Like HEP, some programs use the term “medical case manager” to refer to qualified staff—both licensed and non-licensed—who provide MCM and active referral to a constellation of comprehensive support services, especially for vulnerable populations. These services include support for people with insurance barriers, transportation limitations, lack of access to phone/email use, post-incarceration re-entry challenges, and other basic needs. Other programs use terms such as “care coordinator” or “patient navigator” to describe staff with similar roles who, depending on the scope of the program, may or may not provide the same level of comprehensive services.

While HCV MCM programs do not require a specific staffing configuration to provide HCV MCM, HEP employs an outreach manager, a medical case manager/comprehensive services coordinator, other case managers, and a lead medical case manager. See the appendix for sample job descriptions and details about education and skills needed

Overview of the Stages of Change in relation to Hepatitis C Medical Case Management

1. Precontemplation

An agency at the precontemplation stage is not currently doing HCV MCM work, but is interested in learning more about the program and how it could be practically applied in their setting.

2. Contemplation

An agency at the contemplation stage is interested and beginning to explore the details of implementing an HCV MCM program. They are assessing alignment with the agency mission, staff buy-in, operational aspects of implementation, and opportunities for budget allocation.

3. Preparation

An agency in the preparation stage is developing a plan to implement HCV MCM services and outlining the systems, procedures, and protocols to support the program. Some important elements include:

- Billing/grant funding
- Staffing and/or hiring
- Specific operational MCM protocols and procedures
- Client marketing
- Community partnerships and referral networks for linkage to care
- Comprehensive, wrap-around services
- Data collection, data sharing, and evaluation
- Assessment and integration of client and staff input

4. Action

An agency at the action stage has developed an HCV MCM implementation plan, secured senior leadership approval, and allocated resources. As the action stage begins, an agency should test assumptions made in the preparation stage and revise if necessary. Some areas for consideration are:

- Sources of funding and billing
- MCM staffing and training
- Policies and procedures
- EMR or tracking system to monitor client progress
- Quality improvement and evaluation
- Client outreach and/or in-reach
- Community partnerships for linkage to care and comprehensive services

5. Improvement and Maintenance

An agency that has reached the improvement and maintenance stage offers HCV MCM services to clients. As there are continuous opportunities to learn and adapt, being systematic and methodological over time helps increase program efficiency and effectiveness. By streamlining services and through continuous quality improvement cycles, agencies can improve metrics along the continuum of care. This includes linkage to care, retention in care, and improved cost-effectiveness.

to perform the jobs of a [*medical case manager*](#), [*lead medical case manager*](#) and a [*medical case manager & comprehensive services coordinator*](#).

HCV MCM programs that are not located at a medical services site, like HEP, have developed reliable networks and systems for accessing and supporting vulnerable populations that benefit significantly from MCM to remain in care. Programs that are located at medical facilities may have ready access to client records and clinicians, but may need to strengthen outreach capabilities, support clients

with obtaining necessary lab work, identify transportation to appointments, and/or seek additional resources for uninsured clients. When initiating or expanding an HCV MCM program it is important to assess the skills of existing staff, plan for the new or expanding programmatic needs, and clearly communicate new staff roles and responsibilities. Organizations should also plan for staff training on Healthcare Insurance Portability and Accountability Act (HIPAA) and protection of health information. It is also recommended that HIPAA compliant policies and

procedures be in place with the support of a HIPAA Compliance Officer on staff. Resources for this process and applicable trainings can be found at globalcompliancepanel.com.

Care Coordination

Care coordination includes bringing a variety of relevant resources and services into a person’s care plan. For a successful HCV MCM program, care coordination is key to supporting a client’s movement along the hepatitis C continuum of care (**Figure 1**).

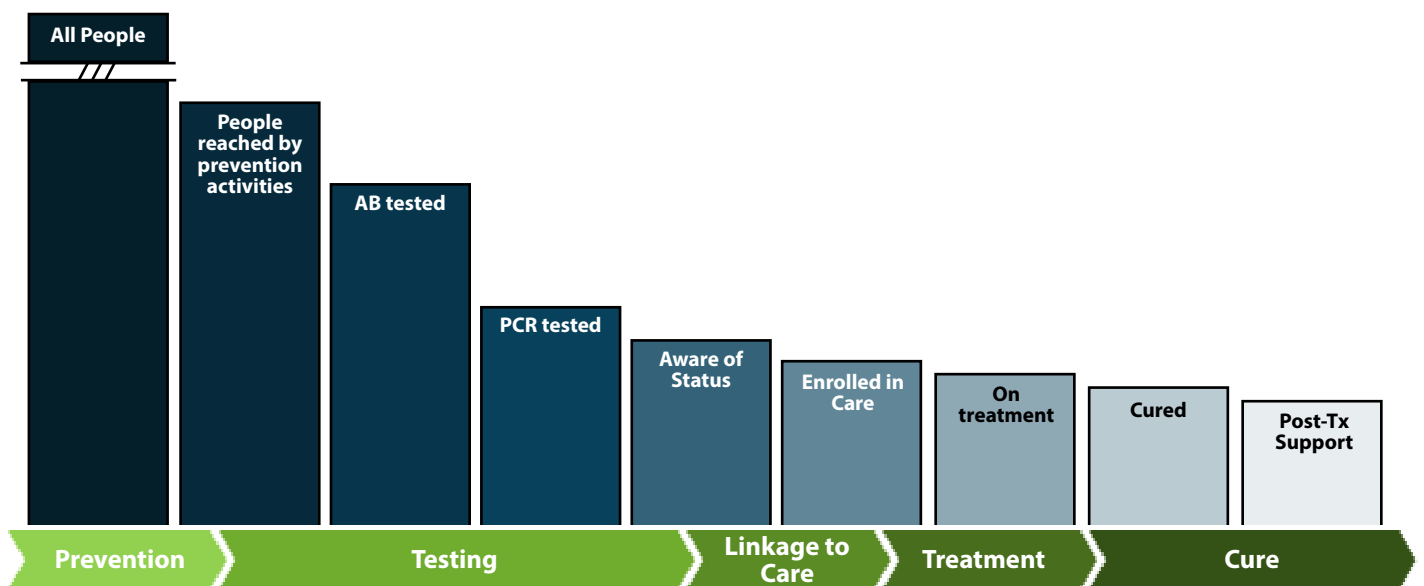
Medical case managers may need to create and work with multidisciplinary teams to facilitate client engagement at each step of the process. From testing to confirmation, to linkage to care and treatment, to ensuring a client is not lost in the process due to operational barriers and inefficiencies are all steps that are key to a successful HCV MCM program. Agencies should pre-establish protocols, measures and/or relationships necessary for clients to expeditiously progress in their care plan. This may include co-locating testing and care services, robust referral networks, and the ability to select treatment providers

based on each client’s unique needs. Medical case managers should be able to clearly identify and explain a client’s next steps, provide points of contact at each step, collaborate with internal or external partners through which clients can access necessary services, and strategically address potential barriers related to accessing care.

When setting up your program consider...

- What MCM services do you currently offer? What policies and procedures are in place?
- What will be the scope of your new or expanded HCV MCM services?
- How will you define and communicate staff roles and responsibilities?
- What training, coaching and/or supervision will be needed?
- How might you build on or strengthen your referral networks, processes, and documentation?
- What modifications will be needed regarding data collection, data sharing, client tracking, and evaluation of the program?
- How or with whom will you collaborate to ensure funding and sustainability over time?
- Other: _____

Figure 1. HEP Hepatitis C Continuum of Care



The integration of both hepatitis care and health services for people who inject drugs, increases the number of access points for a client, and supports the effective movement across the continuum of care. At HEP, people who are hepatitis C antibody positive can receive confirmatory testing and vaccinations, setup an appointment with a treating provider, access syringe exchange services and overdose reversal medication, and engage in comprehensive, wrap-around services in a single encounter with their medical case manager. To make this possible, HEP's MCM staff include trained phlebotomists to easily provide blood draws for confirmatory testing on demand, and HEP has a nurse on-site that can provide vaccination under a Medical Officer's standing order. The HEP MCM program also has sterile syringes, injection equipment, and naloxone available. Additionally, HEP partners with other agencies to provide HIV testing, opioid agonist therapy (OAT), and mental health services.

Examples of different elements of care coordination

- Antibody (AB) testing
- Confirmatory PCR testing
- Linkage to care
- Treatment
- Vaccination
- Syringe service programming
- Coordination of care with other chronic disease conditions that may also be present (co-morbidities)
- Other: _____

Care coordination may require a memorandum of understanding (MOU) and/or a release of information (ROI), signed by the client, to authorize disclosure of relevant information and enable medical case managers to support clients in accessing and coordinating services with other organizations. See the appendix for HEP's sample [Release of Information \(ROI\)](#).

Comprehensive Services

Care coordination is a strategy for reducing some of the barriers individuals may encounter along the continuum of care. Being thoughtful about identifying and addressing potential barriers to accessing and retaining care, and purposefully integrating comprehensive services into MCM programming will ultimately help to improve outcomes. Comprehensive services programming includes the integration of a variety of social services such as programs for housing placement, transportation, cell phones, and other needed resources as determined by the client and their MCM manager into a person's care plan. Additionally, clients with hepatitis C can face barriers to accessing care that include previous history with incarceration, homelessness, stigmatization in medical settings due to social identities and/or substance use history, inadequate support systems, and complex medical and behavioral health needs. Medical case managers should take time to assess, understand, and work alongside the client to develop a customized care plan that addresses the social and community determinants of health that may impact the hepatitis C treatment process. It is crucial to consider a client's mental health, housing, food benefits, transportation, financial or legal assistance, and substance use treatment throughout the medical case management continuum of care.

Successful care coordination and integration of comprehensive services involve building relationships with key staff in a wide range of health and human service organizations. Relationship-building strategies include having introductory meetings with staff at organizations you hope to refer clients to, participating in meetings with other local providers, and continuing to grow relationships over time. In some cases, you may want to consider co-located services with other organizations. By bolstering case management services with comprehensive care, MCM programs are better able to address a client's holistic well-being and improve hepatitis C treatment and health outcomes.

When deciding which comprehensive services to offer...

- Learn more about the barriers your clients may encounter from:
 - Client surveys
 - Focus groups
 - Case notes
 - Monitoring reports
 - Linkage to care needs
 - Outreach, case manager, and other staff input
- Examples of additional services include:
 - Food access
 - Housing
 - Cell phone access
 - Transportation
 - Health insurance
 - Other medical services like wound care, dental health

Navigating Your Health Care System

While there can be challenges to billing select aspects of HCV MCM, creatively utilizing resources, strengthening existing networks, seeking new funding opportunities, and engaging in policy work can help leverage additional support for HCV MCM sustainability at the organizational level and beyond.

For example, Medicaid reimbursement for HIV-related MCM is often reimbursed differently when compared to HCV-related MCM. Although preventive services like MCM may be recommended by a physician or licensed practitioner for people living with HIV, and subsequently covered under Medicaid even if offered by non-federally qualified health centers, HCV MCM is not currently covered under these circumstances¹⁵. A change in policy would be helpful to diminish the reliance on grants to provide these essential HCV MCM services.

In some states, insurance payers and/or providers impose requirements that can restrict access to HCV testing and treatment for some clients. Discriminatory state-specific restrictions may include requiring that a client reach a certain stage of liver disease before being eligible for treatment, denying treatment to a client with a history

of alcohol or substance use, and/or only allowing certain specialists (who can be hard to access) to prescribe a cure. These types of requirements unnecessarily exclude potential clients from treatment.

The [State of Hep C](#) issues a state-specific “report card” with a grade from A to F—rating each state in the U.S. on treatment accessibility for private and public payers. These ratings, based on a state’s restrictions due to fibrosis stage, sobriety, and/or prescriber eligibility, can be downloaded and reviewed along with the contributing factors. Knowing about any restrictive practices in your state can help inform your HCV MCM implementation strategies and focus advocacy efforts to reduce or eliminate such restrictions.

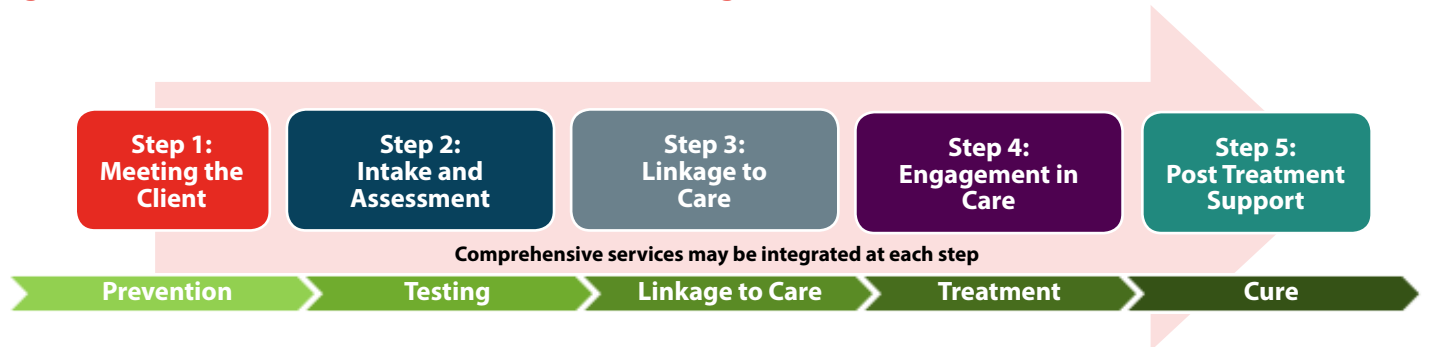
Some HCV MCM programs report that it is easier to fund care coordination than HCV testing. A common strategy for addressing this is to seek additional or creative funding for needed testing services and then use funding allocated for special populations to address overlapping client needs (e.g., Ryan White funding for clients living with HIV in need of HCV treatment, opioid funding for those who also qualify for this type of funding, etc.) Many programs integrate HCV care and treatment funding with other funding sources, including federal and state funding, and 340b programs. This approach can also be used to then acquire resources for client incentives that can support vulnerable populations in accessing services and remaining in care. Using existing funding streams while participating in coalition-building partnerships for collective action can increase awareness and support for HCV funding, policy changes, and expanded services.

IMPLEMENTING YOUR PROGRAM

Ideally, a person living with HCV will have access to health care and move steadily through the HCV continuum of care. As described earlier, the HCV continuum of care includes prevention, testing for HCV antibody (HCV Ab) and HCV RNA, linkage to medical care, treatment uptake, and treatment adherence, that can lead to cure of HCV.

In their role, medical case managers support and facilitate the client's transition throughout the continuum of care.

Figure 2. HEP 5-Step Hepatitis C Medical Case Management Model



The HEP 5-Step HCV MCM Model (**Figure 2**) provides a framework for medical case managers as they support a client's movement along the HCV continuum of care as shown above. These steps include: 1) meeting the client; 2) intake and assessment; 3) linkage to care; 4) engagement in care; and 5) post-treatment support. Although portrayed in a linear process, there is often overlap between steps, and even movement back and forth, as a client progresses through the continuum of care. The sequential steps are presented in this framework to conceptualize the over-arching process. Additionally, assessment and referral for comprehensive or wrap-around services may be integrated during any of the five steps and should be tailored to a client's individual need for support.

Step 1 — Meeting the Client: People living with HCV may not know they have it. For this reason, meeting clients may include implementation of routine HCV testing or risk-based screening. In clinics this may also include in-reach, to existing clients in need of testing, or who tested positive but have not successfully linked to care.

In addition, clients may be referred to your MCM program through referrals from other agencies or by client self-referral. Strengthening relationships with other agencies and having referral procedures, including eligibility requirements and required forms, are essential to supporting this process. See the appendix for HEP's sample [Referral Form for MCM Services](#).

Step 2 — Intake and Assessment: Medical case managers consult with clients, gather demographic and other information, obtain client consent to enroll in services, and provide education about hepatitis C and the treatment process.

During intake and assessment, medical case managers must obtain client consent to enroll in services. Typically, they will provide information about the program, services provided, and the client's rights and responsibilities. Medical case managers can also obtain consent to share HCV-related information with other organizations. See the appendix for HEP's sample [Client Consent for Services](#) and [Client's Rights and Responsibilities Form](#).

During the assessment process, medical case managers should consult with clients to gather essential demographic information, understand their readiness to engage in care and treatment, and to identify and develop plans to address barriers to engagement in care. See the appendix for HEP’s sample [Client Demographic Form](#) and [Hepatitis C Medical Case Management Intake Survey](#). During this process it will also be important to have educational materials to distribute to clients regarding HCV. See the appendix for HEP’s sample *Hepatitis C Basics* handout.

When implementing your program, consider...

- How will potential HCV MCM clients be identified (e.g. through in-reach, outreach, both, or other strategies)?
- How will the work of the outreach and/or in-reach team be integrated with case management?
- What intake and assessment processes, tools, and documentation will be used?
- How will the HCV initial and confirmatory tests be conducted, documented, and paid for?
- How will linkage to care for medical evaluation, treatment, and comprehensive services be assessed, fostered, and maintained?
- What additional, supportive services will be provided (e.g., syringe exchange, hepatitis A and B immunizations)?
- What steps will be followed once the client is engaged in care?
- What is the scope of post-treatment support?
- When do clients exit case management?

Additional tools available to assess a client’s readiness for treatment include, the Psychosocial Readiness Evaluation and Preparation for Hepatitis C Treatment (PREP-C), a free, interactive online tool <https://prepc.org/>.

Medical case managers may also use an acuity scale to determine the intensity of services as well as intensity of support that the client needs to move along the HCV continuum of care. Acuity scales have been successfully used for HIV case management and can be adapted for use with HCV MCM programs. Sample tools have been gathered by the [AIDS Education Training Center \(AETC\)](#).

Step 3 — Linkage to Care: Medical case managers link clients to medical care for HCV treatment. Based on findings from the assessment, they often identify and refer clients to additional comprehensive services as needed.

As just described in Step 2, one of the key considerations in linking clients to medical care is determining readiness for treatment. Once a client has decided to pursue treatment, medical case managers support the client’s connection to care by providing referrals, and assistance in scheduling an initial appointment with a medical provider. This may first include referring the client to an insurance navigator (or seeing a certified insurance navigator on site) to assist with accessing insurance, if needed. A client is considered “linked to care” after attending their first appointment with a medical provider. Medical case managers should request records and/or contact the client’s care team to confirm that a linkage to care has been made.

Medical case management programs situated within a primary care setting may more easily and effectively connect clients to treatment providers. MCM programs without this direct connection may create a resource list of vetted providers who provide quality care for all clients and have received the specialist training necessary to treat HCV. This may include both primary care providers and specialists by department (e.g. gastroenterology, hepatology, etc.) Creating and maintaining a resource list allows medical case managers to quickly and effectively refer clients to providers they know, that treat HCV without discrimination or stigmatization.

Due to the stigmatization of people who inject drugs, and other vulnerable populations within the healthcare system, medical case managers at HEP actively vet primary care and specialty providers to ensure quality care will be provided. HEP’s medical case managers also work to educate providers on stigma, fair access to HCV treatment, and barriers to accessing care that many clients face. These efforts often help inform the policies and procedures of other organizations that provide care for clients with HCV.

As highlighted earlier, linkage to care and care coordination involve building relationships with other organizations

Figure 3. HEP's MCM Database—Linkage to Care and Other Services

The screenshot displays the 'HEP Client SQL Application' interface for client 'ADAM zztest' (ClientID: 26471). The interface is organized into several sections:

- Client Enrollment Information:** Includes fields for 'Ever Case Managed?' (Yes), 'Ever Enrolled?' (Yes), 'Enroll Date' (8/8/2018), 'Current Enrollment Status' (Enrolled), and 'Continuum Of Care' (Diagnosed).
- Client Linkage to Care:** Features a dropdown menu for 'Is Client Linked to Care?' with options: 'Unknown', 'Appt Scheduled', 'Client Linked to Care' (highlighted in blue), and 'Not Linked to Care'.
- Case management activities - Referrals to PCP:** Includes 'Referred to a PCP' and 'Counseled to Talk with PCP' dropdowns.
- Insurance Information:** Fields for 'Insurance Status', 'Insurance Provider', 'Group Number', and 'Member Number', along with a 'Did HEP Assist with Insurance Signup?' dropdown.
- Client's Primary Care Provider (PCP):** Fields for PCP Clinic, PCP Name, PCP Phone, PCP Fax, and PCP Notes.
- Enter the information below for the provider or specialist managing client's HCV:** Fields for HCV Provider Clinic, HCV Provider First Name, HCV Provider Last Name, HCV Provider Specialty, HCV Provider Phone, HCV Provider Fax, and HCV Provider Notes.
- Next Scheduled Future Appointment:** Fields for 'FutureApptID', 'Employee', 'FutureApptDate', and 'DaystoFutureAppt', with a 'Save' button.
- Buttons:** 'Set New Future Appointment' and 'See All Future Appointments for this Client'.

or clinics. This may require an MOU and/or an ROI and often involves significant, ongoing collaboration and tracking of services provided. See the appendix for a sample [Client Encounter Tracking Form](#).

If you can electronically track MCM services provided, the following is a sample screenshot (Figure 3) that shows how HEP tracks linkage to care and other services.

Step 4 — Engagement in Care: Once a client is engaged with a medical provider and begins treatment, the medical case manager supports the person in adhering to treatment with reminders about upcoming appointments, getting necessary lab work completed, and accessing comprehensive or wrap-around services, as needed. The medical case manager remains engaged with the client through follow-up regarding the client's initial appointment with

the primary care provider, referral to a specialist if needed, medications prescribed, and experience with the medical team. Medical case managers provide education and emotional support for the client throughout the treatment process and may advocate on their behalf if necessary. Clients may prefer weekly, bi-weekly or monthly check-ins. The engagement process should also include connecting with the client's care team to better understand and tailor their medical case management services to the stage of the treatment process and client needs.

The medical case manager also continues to assess any barriers to care and provides additional comprehensive services, as needed. See next page for Figure 4, an example of the HEP template for HCV Disease and Treatment Tracking.

Figure 4. HEP MCM Database HCV Disease & Treatment Tracking

The screenshot displays the 'ClientInfo' form for 'ADAM zztest' in the 'HEP Client SQL Application'. The interface includes a navigation bar with options like 'File', 'Home', 'Create', 'External Data', and 'Database Tools'. The main form is divided into several sections:

- Client Enrollment Information:** Fields for 'Ever Case Managed?' (Yes), 'Ever Enrolled?' (Yes), 'Enroll Date' (8/8/2018), 'Current Enrollment Status' (Enrolled), and 'Continuum Of Care' (Diagnosed).
- Treatment Tracking:** Includes 'Chronic HCV DX Date', 'Acute HCV DX Date', 'Tx Prescription Status', 'Prescription Date', 'Prescribed Tx Drug Name', 'Prescribed Tx Duration', 'Who is paying for Tx?', and 'Patient Assistance Program'.
- Genotype and Subtype:** Fields for 'Genotype' and 'Subtype'.
- Completed Tx?:** A section for recording treatment completion, including 'Post-Tx RNA Date', 'Post-Tx RNA Result', 'Achieved SVR?', and 'SVR Date'.
- Next Scheduled Future Appointment:** A section for scheduling future appointments, including 'FutureApptID', 'Employee', 'FutureApptDate', and 'DaystoFutureAppt'.

Step 5 — Post-Treatment Support: After a client completes treatment, HEP medical case managers provide post-treatment support, following a client until the person has achieved a sustained viral response for 12 or more weeks after the end of treatment (SVR-12). Post-treatment support also includes providing education on reinfection.

Throughout the 5-step process encounters are tracked and documented. For clients who inject drugs, medical case managers should continue to focus on educating and supporting the client about safer drug practices and

the risk of reinfection. During monthly post-treatment check-ins, HEP schedules 3 appointments with the client to maintain contact while waiting for an SVR-12 result. Due to the importance of completing an SVR-12 to determine if treatment was successful, medical case managers need to determine if weekly phone or email contacts are appropriate to keep clients engaged. Depending on the intensity and resources of the HCV MCM program, medical case managers may also continue to provide clients with support for comprehensive services post-treatment.

EVALUATING AND MEASURING FOR SUCCESS

Program monitoring and evaluation helps you strengthen the quality of your HCV MCM program and hopefully improve outcomes for those who receive the services. Collecting and analyzing information about your HCV MCM activities, program characteristics and outcomes, can help you improve program effectiveness and inform future program decision-making.

Developing Data Collection Tools

A data collection tool can refer to paper-based forms, electronic health records, or any other electronic or paper instrument that is used to collect data. Data collection tools should be easy for clients to understand and complete. They should also be easy for case managers and other staff to use to input data into databases, where they will be able access and retrieve relevant client-specific information, when needed. If a program chooses to use more than one data collection tool, these tools should serve distinct purposes, without collecting duplicative information to prevent unnecessary work and confusion among those using the tools.

When creating or modifying data collection tools it is helpful to simplify, streamline and pilot test forms before integrating them into your system and scaling up use. At minimum, the forms should include fields for data that are required for reporting purposes. Forms may also include fields for clients to provide data that is helpful for program planning and implementation, and outcomes that are important to the community you serve. For instance, given the wide range of number and scope of client contacts for different programs, a program may benefit from measuring outcomes over time, with regard to the number, type, and result of client contacts.

See the appendix for HEP's sample [Client Satisfaction Survey](#). This survey is administered to HEP clients 3 to 5 times during the course of their HCV treatment. The survey provides a mechanism to capture client challenges and the benefits of the support they receive by case management services.

When evaluating and measuring for success consider...

- What data needs to be collected and how often?
 - For your reporting requirements
 - For program planning and implementation
 - For understanding important outcomes for your community
- What systems will you use to collect, monitor and track client progress across the care continuum?
- How will you assess and incorporate client and staff input into program planning and implementation?
- What technical assistance do you need to:
 - Set up data collection systems
 - Collect data
 - Track and monitor data
 - Analyze and interpret findings
 - Share and report data

When developing tools, it is also important to consider how often these tools will be used to collect client-specific data and what systems will be used to track and monitor client progress across the care continuum over time.

Monitoring and Tracking Client Progress

Clients, staff and programs benefit from having clear, affirming data collection systems for monitoring and tracking client progress. Some data systems are more flexible than others, allowing tailoring to meet program-specific needs. Tailoring data systems can be helpful, but also

requires up-front planning and technical assistance. Some data systems are limited in what they can do or require a lot of time to keep up. Special consideration should be made in choosing a data system that makes sense for your program's needs.

Prior to using new data collection systems, staff may require training on data entry, monitoring and utilization. Ensuring that all staff who work with data feel confident using data collection tools and systems is an important step for establishing successful processes for tracking client progress.

Data Sharing, Confidentiality and HIPAA Compliance

Creating a culture and process for sharing data across systems can improve MCM and client outcomes. For MCM services that are not housed within a medical facility with corresponding client records, data sharing is particularly important for linkage to care, treatment adherence, and follow up. Establishing and maintaining good human relationships facilitates data sharing across incompatible systems with a silo-busting team approach to enhance client care.

However, safeguarding private and confidential information, along with ensuring client autonomy and decision-making power regarding use of any shared data about themselves, is crucial. Data collection and sharing for MCM that is compliant with the Health Insurance Portability and Accountability Act (HIPAA) may take the form of shared electronic medical record (EMR) systems, or an agreed upon Release of Information (ROI) signed by the client. An ROI authorizes disclosure of health information and enables the indicated organization to represent a client in an effort to support their access to and coordination of health services or assistance. Steps must be taken to ensure the necessary data security and HIPAA compliant policies and procedures are in place, as some cloud-based and other systems may not be secure. It is best to plan staff training on HIPAA regulation and protection of health information with the support of a HIPAA Compliance

Officer for the organization. Resources for this process and applicable trainings can be found at globalcompliancepanel.com.

Data Reporting Requirements

While health care providers, facilities, and labs have case reporting guidelines for the surveillance of viral hepatitis as seen in [WA HCV Guidelines](#), case management programs usually only report client progress across the continuum of care if it is required for funding or a [state's strategic plan](#). This reporting usually includes the number of clients who are initially tested, the number of clients who have a confirmatory test, and the number of clients who make a medical appointment. For the MCM programs with formal ROIs with clinical settings or with access to the clinic's EMR, they may also report clients who are engaged in care and those who complete treatment, and reach SVR.

Case management programs often lack measures to demonstrate the value and impact of case management services in moving clients across the continuum. One reason for this is that specific data collection tools, variables, and data management systems may vary widely across programs and sites, with many sites that report having to build their own systems to track data. More guidance is still needed for tracking this service.

Using Findings to Improve Program Planning and Implementation

When evaluation findings indicate program improvement is needed, this is an excellent opportunity to explore the possibilities for change. Involving stakeholders, validating the findings, promoting staff buy-in, and creating a specific and doable action plan, with clear next steps and staff responsibilities, can help put the change in motion.

Patient surveys, focus groups, and other ways to elicit and integrate the client's voice to inform program planning and implementation can be illuminating and result in very meaningful and relevant program innovations.

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APPENDIX

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Getting Started: Hepatitis C Medical Case Management Program Readiness Assessment Tool

Instructions

For each statement in the first column, mark the stage of change for your hepatitis C (HCV) medical case management (MCM) program:

- **Pre-Contemplation** — not yet providing HCV MCM
- **Contemplation** — interested in providing HCV MCM and beginning to assess staff buy-in and budget implications
- **Preparation** — starting to plan for staffing, protocols, linkage to care and services, data collection, data sharing, evaluation, and billing
- **Action** — starting to implement the HCV MCM program and monitor billing, staffing, policies and procedures, client tracking systems, quality improvement, and community partnerships
- **Improvement and Maintenance** — continuing to monitor the HCV MCM program efficiency and effectiveness, strengthening services

As you complete the tool, the score for each section will automatically appear to help you determine your organization's section-specific readiness for change. Compare the total score for each section with the key at the bottom of the page. In the last column, describe the next steps for moving your HCV MCM program forward.

A. Leadership Investment	Pre-Contemplation	Contemplation	Preparation	Action	Improvement & Maintenance	Score	Comments and Next Steps (Includes lead staff and action items)
Our leadership team is dedicated to implementing new programs to meet client needs.							
Our leadership team is committed to making hepatitis C (HCV) medical case management (MCM) services a part of our mission and vision.							
There are senior staff with knowledge and ability to implement and monitor HCV MCM.							
Our agency is invested in working with all communities with risk of HCV, including people who: were born between 1945-65, inject drugs, experience homeless, have been previously incarcerated, etc.							
Total Score (0-16)							
B. Financial & Budgetary							Comments and Next Steps (Includes lead staff and action items)
The budget for this new program is aligned with leadership investment, our strategic plan, and agency mission.							
Our agency has a process for enhancing funding for HCV MCM services (e.g. grants, fundraising, billing)							
Our agency has a mechanism to anticipate the day-to-day and overall program implementation costs of this new service including staff onboarding, marketing, client incentives, pilot testing, etc.							
Our agency has a process for the finance team to work closely with program staff to assure the budget aligns with the anticipated number of clients, reasonable staff ratio per client, intensity of services, etc.							
Total Score (0-16)							

Total Score Key: 0-4 = Pre-contemplation; 5-7 = Contemplation; 8-10 = Preparation; 11-13 = Action; 14-16 = Improvement and Maintenance

C. Staffing	Pre-Contemplation	Contemplation	Preparation	Action	Improvement & Maintenance	Score	Comments and Next Steps (Includes lead staff and action items)
We have plans and processes to recruit MCM staff that are well trained and representative of the community.							
We have plans and processes in place for ongoing training, support and retention of MCM staff.							
There are senior staff with knowledge of and the responsibility to supervise the HCV MCM program.							
We have sufficient staff to implement the program with a reasonable client to staff ratio.							
Total Score (0-16)							
D. Technology							Comments and Next Steps (Includes lead staff and action items)
We have a HIPAA compliant computer program and data base to maintain client confidentiality.							
Our EHR or other client tracking database has templates to track client-level data.							
Our EHR or other client tracking database includes systems for tracking relevant MCM indicators and progress along the HCV continuum of care.							
We have staff (or consultants) who can provide staff training on using technology as well as system maintenance.							
Total Score (0-16)							
E. Linkages							Comments and Next Steps (Includes lead staff and action items)
We have formal internal clinical coordination to facilitate delivery of HCV MCM.							
Our agency has a strong referral network to other organizations with knowledge and cultural proficiency when working with HCV positive clients.							
We have formal linkage to care protocols to link clients to HCV care and support services with outside organizations.							
Our agency has memorandums of understanding (MOUs) and Release of Information (ROIs) in place for sharing client data with other organizations and clinics.							
Total Score (0-16)							

Total Score Key: 0-4 = Pre-contemplation; 5-7 = Contemplation; 8-10 = Preparation; 11-13 = Action; 14-16 = Improvement and Maintenance

F. Program Service Content	Pre-Contemplation	Contemplation	Preparation	Action	Improvement & Maintenance	Score	Comments and Next Steps (Includes lead staff and action items)
Our agency has dedicated resources to implement and monitor the HCV MCM program to meet the client needs.							
We have procedures and protocols in place for our HCV MCM program.							
We have identified key program components with goals, objectives and outcomes as they relate to HCV MCM.							
We have plans in place to pilot our program and make revisions as indicated.							
Total Score (0-16)							
G. Program Monitoring							Comments and Next Steps (Includes lead staff and action items)
There are staff with knowledge of and the responsibility to monitor and evaluate the HCV MCM program.							
We have a systematic process to document client contact, missed appointments, and client success indicators.							
We have a process in place to produce and review monitoring and evaluation reports in a timely way.							
We have a process in place for continuous quality improvement (CQI).							
Total Score (0-16)							

Total Score Key: 0-4 = Pre-contemplation; 5-7 = Contemplation; 8-10 = Preparation; 11-13 = Action; 14-16 = Improvement and Maintenance

Sample Job Description:

Medical Case Manager & Comprehensive Services Coordinator

The Hepatitis Education Project (HEP) is a Seattle-based 501(c)(3) non-profit agency committed to providing support, education, advocacy, and direct services for people affected by hepatitis and to helping raise hepatitis awareness. HEP's Medical Case Management (MCM) Program is one of the first hepatitis C case management programs in the country, responsible for identifying people living with hepatitis C and linking them to medical care and treatment. Our medical case managers assist clients with finding medical providers, enrolling in insurance coverage, obtaining financial assistance, and understanding treatment plans. Medical case managers act as a vital source of emotional and educational support for patients and their families.

We recognize the critical social health disparities that affect our clients and is dedicated to providing compassionate, all-inclusive services to help our clients achieve an improved quality of life. The Comprehensive Services Program provides a more intensive and holistic form of case management for enrolled clients, aimed at promoting and supporting client self-sufficiency and stability and enhance overall continuity of care. These services address basic needs including food assistance, cell phone access, transportation, and government benefits, as well as provide support for other issues including substance use and mental health, as determined by the client.

POSITION DESCRIPTION:

HEP is currently seeking a highly flexible and organized individual to develop our Comprehensive Services program within the larger umbrella of our Medical Case Management program. This individual will be responsible for working directly with clients to provide hepatitis C case management, as well as assess and provide individualized resources to support clients' movement along the treatment care continuum. The individual will be passionate about program development and networking to establish a new and critical interdisciplinary service network. The ideal candidate will also have extensive experience working with low-income, diverse populations, including but not limited to people experiencing homelessness, people who use drugs, sex workers, and/or those in a social service capacity.

RESPONSIBILITIES INCLUDE:

- Support clients who are predominantly low income, active or former drug users, and/or people experiencing homelessness who are seeking treatment for hepatitis C
- Coordinate medical case management services for hepatitis C positive clients through linkage to care, medical advocacy, insurance enrollment, health education and adherence assistance
- Establish Comprehensive Services Program to address barriers to health and expand access to critical services, including food security, transportation services, cell phone access, housing referrals, benefit programs, and behavioral health referrals
- Create and implement biopsychosocial needs assessment tools to identify client areas of support
- Develop working relationships with partner organizations whose work, mission, and services support the complex needs of client population
- Provide hepatitis C testing at community outreach sites and HEP's syringe services program
- Stay informed about developments in hepatitis prevention, treatment, and social service programs relevant to client care
- Deliver medically accurate and appropriate viral hepatitis education to patients, community members, and providers

DESIRED QUALIFICATIONS:

- Education, work experience, or lived experience that demonstrates understanding of homelessness or unstable housing, substance use, and/or incarceration
- Experience working in an interdisciplinary network of professionals to advance client care
- Two or more years of case management experience
- One or more years of health education and/or community outreach experience
- Bachelor's degree in Social Work, Public Health or other health-related field, **OR** related professional experience
- Foreign language proficiency, especially Spanish, is a strong advantage
- Ability to work with limited supervision, considerable self-direction, and continuous flexibility
- Viral hepatitis knowledge preferred but not required

Sample Job Description:

Lead Medical Case Manager

PROGRAM DESCRIPTION:

The Hepatitis Education Project (HEP) is a Seattle-based 501(c)(3) non-profit agency committed to providing support, education, advocacy, and direct services for people affected by hepatitis and to helping raise hepatitis awareness. HEP's Medical Case Management (MCM) Program is one of the first hepatitis C case management programs in the country, responsible for identifying people living with hepatitis C and linking them to medical care and treatment. Our medical case managers assist clients with finding medical providers, enrolling in insurance coverage, obtaining financial assistance, and understanding treatment plans. Medical case managers act as a vital source of emotional and educational support for patients and their families.

POSITION DESCRIPTION:

We are currently seeking a highly motivated individual to oversee our established medical case management program. As lead medical case manager, this individual will be responsible for expanding our current program while establishing new protocols for a rapidly growing client base. The ideal candidate will have extensive experience working with low-income, diverse populations, including but not limited to people experiencing homelessness, people who use drugs, sex workers, and/or those in a social service capacity.

RESPONSIBILITIES INCLUDE:

- Support clients who are predominantly low income, active or former drug users, and/or people experiencing homelessness who are seeking treatment for hepatitis C
- Determine client eligibility for social and medical programs, including health insurance and patient assistance programs
- Develop and maintain relationships with social service and medical providers in the greater Seattle area
- Stay informed about developments in hepatitis prevention, treatment, and support services
- Deliver medically accurate and appropriate viral hepatitis education to clients, community members, and providers
- Review and improve existing medical case management protocols
- Assist outreach program with planning and conducting outreach and testing events
- Provide ongoing supervision for program staff
- Seek opportunities for increased program funding; prepare grant and/or contract proposals
- Participate in federal and state advocacy efforts

DESIRED QUALIFICATIONS:

- Education, work experience, and/or lived experience that demonstrates understanding of homelessness, unstable housing, substance use, and/or incarceration
- Four or more years of (medical) case management experience
- Health education and/or community outreach experience
- Master's degree in Social Work preferred, or related Masters-level degree
- Licensed Independent Clinical Social Worker (LICSW) preferred
- Experience being a practicum instructor/supervisor is a plus
- Strong ability to juggle multiple different responsibilities on an ongoing basis
- Foreign language proficiency, especially Spanish, is a strong advantage
- Ability to work with limited supervision and considerable self-direction
- Viral hepatitis knowledge preferred but not required

Sample Job Description:

Medical Case Manager

WHO WE ARE:

The Hepatitis Education Project (HEP) is a Seattle-based 501(c)(3) non-profit agency committed to providing support, education, advocacy, and direct services for people affected by hepatitis and to helping raise hepatitis awareness. Driven by the values and principles of social justice and harm reduction, our programs include Prevention and Outreach, Medical Case Management, Correctional Health, and Policy and Advocacy.

HEP is committed to being an anti-racist, anti-homophobic, anti-transphobic, anti-sexist organization.

PROGRAM DESCRIPTION:

Medical Case Management (MCM) Program is one of the first hepatitis C case management programs in the country, responsible for identifying people living with hepatitis C and linking them to medical care and treatment. Our medical case managers assist clients with finding medical providers, enrolling in insurance coverage, obtaining financial assistance, and understanding treatment plans. Medical case managers act as a vital source of emotional and educational support for patients and their families.

RESPONSIBILITIES INCLUDE:

- Support clients who are predominantly low income, active or former drug users, and/or people experiencing homelessness who are seeking treatment for hepatitis C
- Determine client eligibility for social and medical programs, including health insurance and patient assistance programs
- Review and improve existing medical case management protocols
- Develop and maintain relationships with social service and medical providers in the greater Seattle area
- Stay informed about developments in hepatitis prevention, treatment, and support services
- Seek opportunities for increased program funding; prepare grant and/or contract proposals
- Assist HEP's Prevention and Outreach Program (POP) team by providing HCV rapid testing at two to three community-based outreach events per month
- Participating in HEP's state and federal advocacy efforts

DESIRED QUALIFICATIONS:

- Bachelor's degree in Social Work, Public Health or other health-related field, **OR** related professional experience
- Master of Social Work or Master of Public Health preferred
- Education, work experience, or lived experience that demonstrates understanding of homelessness or unstable housing, substance use, and/or incarceration
- Foreign language proficiency, especially Spanish, is a strong advantage
- Ability to work with limited supervision and considerable self-direction
- Viral hepatitis knowledge preferred but not required

Sample Release of Information (ROI)

RELEASE OF INFORMATION (ROI) AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

Name: _____ DOB: _____ Phone: _____

I, _____, authorize Hepatitis Education Project (HEP) to represent me to the following parties in an effort to access and coordinate needed services or assistance. **(Client must initial each):**

_____ Department of Social & Health Services	_____ Case Manager _____
_____ Social Security Administration	_____ _____
_____ Physician _____	_____ _____
_____ Medical Clinic _____	_____ _____
_____ Department of Health	_____ _____
_____ Insurance _____	_____ _____

This release includes, but is not limited to, authority to discuss and obtain information/forms concerning **(Please tick):**

<input type="checkbox"/>	Hepatitis Status	<input type="checkbox"/>	Social Work Documents	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	HIV Status	<input type="checkbox"/>	Discharge Information	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Substance Use/Treatment	<input type="checkbox"/>	Medical Records	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Psychosocial Assessments	<input type="checkbox"/>	Financial	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Treatment Plans	<input type="checkbox"/>	Billing/Insurance	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	Ensuring Continuity of Care	<input type="checkbox"/>	<input type="checkbox"/>

If information to be obtained or released to any particular person or entity is to be otherwise limited, please specify:

Additional Patient Information:

- I understand that I do not have to sign this authorization to have access to information and referral services provided by HEP.
- This consent will expire on termination of services or two (2) years from date below, whichever comes first.
- I understand that I have the right to revoke this in writing at any time.
- I understand that I give HEP the authority to obtain information that allows work to be done on my behalf.
- I understand that the information collected will be kept confidential and not be disclosed except to persons/agencies directly involved and those listed above.
- I understand that HEP is required by state and federal sources to report demographic information, but that my identity will be confidential.
- To ensure continuity of service, HEP may release contact information and/or documents establishing eligibility for services, including proof of residence, hepatitis verification, insurance coverage, and income to any new service provider, as deemed necessary.
- I understand that signing this authorization does not cancel any rights I have under other state or federal laws.

Client Signature (Parent or Legal Representative, if applicable) Relationship/Authority Date (mm/dd/yr)

Sample Referral Form for MCM Services

Please fax this page along with a signed Release of Information form to HEP at (206)732-0312. Fill in as much info as possible. All services are offered free of charge. Health insurance is not required to access HEP's services. One of HEP's medical case managers will reach out to the patient as soon as possible, but no more than three business days. Patients are always welcome to self-refer as well. If you have any questions, please call one of our Medical Case Managers at (206)-732-0311 Thank you for the referral!

Date of referral:			
Clinic/Provider's site/location:			
Provider making referral and your contact information: <i>(phone #, email, specialty, etc.)</i>			
Patient's first and last name:			
Patient's contact information: <i>(Phone, email, address – however they'd like to be contacted!)</i>			
How can HEP contact them? <i>(Check all that apply.)</i>	<input type="checkbox"/> Ok to leave a voice message?	<input type="checkbox"/> Email?	<input type="checkbox"/> Snail mail?
Patient date of birth:			
Do they have a primary care doctor? If so, where? Do they have an HCV specialist?			
Do they have insurance? If so, what kind? <i>(send copy of insurance card if able)</i>			
Are they already linked to hepatitis C care? If so, where? Upcoming appointments?			
Are they interested in hepatitis C treatment?			
Any additional information?			

If you have copies of any of the patient's medical records related to hepatitis C (lab work etc., specifically viral load, genotype, fibrosis scaling or any other lab test results) please send along with this referral.

Sample Client Consent for Services



CONSENT FOR SERVICES

I request services from a medical case manager at Hepatitis Education Project (HEP). I agree to participate in the planning, implementation, and ongoing meetings necessary to develop services to address my specific needs. I understand that I am responsible for staying in contact with my case manager, including providing updated contact information, at least monthly. I agree to keep my case manager updated about starting or finishing treatment, as well as the results of post treatment lab work. I further understand that if my case manager has made three failed attempts to contact me, my case may be closed. I am welcome to re-join the medical case management program at HEP at any time.

I understand that the **Hepatitis C Medical Case Management Program** keeps records of services provided to me. This record may contain important health information, including hepatitis C diagnoses. This information is confidential and protected by law. Information from my record may not be disclosed to others without my written permission, except under the following circumstances: when you tell us that you will harm yourself, another person, or you will harm or have harmed a child. Additionally program funders may have access to these records when auditing for completeness and accuracy. I may ask to see, copy, and/or correct my record.

I understand that this is a medical case management program, which will focus on elements of my medical care related to hepatitis C. My case manager will be responsible for:

- Finding me a site for ultra sound, liver biopsy, and other hepatitis-related testing services
- Determining my eligibility for medical insurance & help with related paperwork
- Answering my financial questions related to medical care
- Educating me about my medical treatment and plan
- Linking me to agencies that provide medical treatment
- Any additional help regarding my hepatitis C medical care/treatment

My case manager is NOT responsible for non-medical related services, such as housing, food, legal, mental health and substance abuse services. Should I need additional non-medical services, my case manager will provide me with referrals to other agencies that provide such social services.

I understand that the information provided by my case manager at HEP is not a substitute for advice given by my physician or health care provider.

By signing this form, I acknowledge that I have read and understood the above information, and I agree to participate in the medical case management program provided by **Hepatitis Education Project**. I understand that I may withdraw from services at any time and my continued cooperation is important in maintaining my ability to receive services.

Client Signature

Date (mm/dd/yr)

Case Manager Signature

Date (mm/dd/yr)

Sample Client's Rights and Responsibilities Form



At Hepatitis Education Project (HEP), all of our clients have the right to:

1. Be treated with respect, including being free of discrimination for any reason
2. Confidentiality of your records
 - a. Confidentiality *MAY* be broken by HEP if one or more of the following occurs:
 - i. Threats of harm to others
 - ii. Threats of harm to oneself
 - iii. Reports are made of child or elder abuse
3. Receive services in a setting most comfortable and convenient for you
4. Receive information about your medical condition and/or status, including information about possible treatment options
5. Receive information about available community services including referrals to these services when available
6. Refuse any service, or treatment
7. Participate in the development of your own treatment plan
8. Review copies of your records that are maintained by HEP
 - a. HEP is obligated to follow disclosure procedures for records not maintained specifically by HEP (this includes some medical records, mental health records etc.)
9. Be informed about the reasons for refusal or discharge from services
10. File a grievance should you feel these rights have been violated

Client

Date

Case Manager

Date

Sample Client Demographic Form



Identifying Information			
Today's Date	Birthdate	SSN	Do you reside in King Co. WA? <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name	Middle Name	Last Name	Preferred Name
Country of Birth	Primary language	What languages do you speak?	

Marital Status					
<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Partnered	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed

Gender Identification						
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender MtF	<input type="checkbox"/> Transgender FtM	<input type="checkbox"/> Non-binary	<input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Other: _____

Race & Ethnicity			
How do you identify your race? <i>(Check all that apply)</i>			
<input type="checkbox"/> Am. Indian/Alaskan Native	<input type="checkbox"/> African American/Black	<input type="checkbox"/> Asian	<input type="checkbox"/> Caucasian/White
<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> Middle Eastern	<input type="checkbox"/> Multiracial	<input type="checkbox"/> Other <i>(Please list):</i> _____
Are you of Hispanic, Latino/a, or Spanish Origin?	<input type="checkbox"/> Yes, of Hispanic/Latino/Spanish origin	<input type="checkbox"/> No, not of Hispanic/Latino/Spanish origin	

Contact Information			
Street:		Apt#:	City:
State:	Zip:	County:	Okay to Send Mail? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address <i>(if different from above address):</i>		Apt#:	City:
State:	Zip:	County:	Okay to Send Mail? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone # (w/area code)		May we contact you at this number and leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Alternate Phone # (w/area code)		May we contact you at this number and leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address:			OK to send email to this address? <input type="checkbox"/> Yes <input type="checkbox"/> No
What type of housing do you live in (check all that apply):	<input type="checkbox"/> Homeless <input type="checkbox"/> Shelter <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Shared <input type="checkbox"/> Subsidized <input type="checkbox"/> Other: _____		
Do you feel safe in your current housing situation? <input type="checkbox"/> Yes <input type="checkbox"/> No			Notes:

Case Manager & Emergency Contact Information		
Case Manager (Last, First):		Agency:
Phone #:		Email Address:
Street:	City:	State, Zip:
ROI on file? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this person aware of your hepatitis status? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact you at this number or leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Contact (Last, First):		Relationship:
Phone #:		Email Address:
Street:	City:	State, Zip:
ROI on file? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this person aware of your hepatitis status? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact you at this number or leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No

HCV Information			
<p>Would you like to share with us how you think you were infected? Mark X all that could apply. Disclaimer: HEP believes that all individuals deserve access to treatment, regardless of method of transmission. Your information will only be utilized for data collection/grant reporting purposes and will remain confidential. You have the right to decline providing this information.</p>			
Have you ever:			
Used injection drug drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Used injection drugs in the past 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Shared injection equipment (e.g. syringes, cottons, cookers, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Had a tattoo or piercing outside of a licensed tattoo shop?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Had unprotected sex with someone with hepatitis C?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Received a blood transfusion/organ transplant before 1992?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Had an accidental blood exposure (e.g. needle stick)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Snorted drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Been diagnosed with HIV?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Been in jail or prison?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Please estimate your date of infection:	Other notes:		

Have you ever had any of these tests? (Provide what information you can. Estimate dates as needed)			
Antibody test	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	Date of test, location of test, results and other notes:	
Confirmatory/PCR/RNA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	Date of test, location of test, results and other notes:	
Viral load	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	Date of test, location of test, results and other notes:	
Genotype	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	Date of test, location of test, results and other notes:	
Fibrosis staging	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	Date of test, location of test, results and other notes:	
Liver function panel	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	Date of test, location of test, results and other notes:	

Previous HCV Treatment		
Have you been previously treated for hepatitis C? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	→ If yes, in what year were you last treated?	<i>If no, skip to next section: Medical Provider Information.</i>
	→ If yes, what medication(s) did you take?	
	→ If yes, what was the result of your treatment?	

Medical Provider Information		
Primary Care Physician		Specialty Care Provider
	First and last name	
	Clinic name	
	Address	
	Phone number	
	Other contact info	
	Date of last <u>and</u> next appointments	

Other Medical Information			
Do you have any of these other conditions? Please check those that apply. Disclaimer: This information is voluntary. You have the right to decline providing this information			
Cirrhosis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Liver transplant	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Dialysis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Kidney disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Pregnant	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Other (<i>describe</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

Vaccination Information	
Individuals with chronic hepatitis C should ask their doctor about being vaccinated against hepatitis A and B. Ask your medical case manager or your doctor if you have questions.	
Hepatitis A	
Have you been screened for Hep A? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	History of Hep A infection? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
Have you been vaccinated for Hep A? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know ↳ If yes, how many shots of the series did you receive? <input type="checkbox"/> 1 <input type="checkbox"/> 2 (<i>1+ month from start</i>) <input type="checkbox"/> 3 (<i>6+ months from start</i>) <input type="checkbox"/> Don't know	
Hepatitis B	
Have you been screened for Hep B? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	History of Hep B infection? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know

Have you been vaccinated for Hep B? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know		
↳ If yes, how many shots of the series did you receive? <input type="checkbox"/> 1 <input type="checkbox"/> 2 (1+ month from start) <input type="checkbox"/> 3 (6+ months from start) <input type="checkbox"/> Don't know		
Substance Use Information		
Please answer the following questions regarding your past and current substance use. Disclaimer: Providing this information is completely voluntary, though it does assist HEP with data collection and responding to our funders. The information you provide will in no way affect the level of services you receive from HEP. You have the right to decline providing this information.		
Have you used alcohol in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	Notes:
Do you currently use alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	Notes:
Have you injected drugs in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	Notes:
Do you currently inject drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	Notes:
Have you ever used. . . (check those that apply)	<input type="checkbox"/> Rx medication other than as prescribed <input type="checkbox"/> Cocaine <input type="checkbox"/> Meth <input type="checkbox"/> Opiates <input type="checkbox"/> Other: _____	
If you have/do inject drugs, estimate the length of time that you have done so:	Have you ever or do you currently share any injection equipment? (mark those that apply) <input type="checkbox"/> Currently <input type="checkbox"/> In the past <input type="checkbox"/> No	
Notes:		

Insurance & Income Information		
Are you on: <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private Insurance <input type="checkbox"/> VA <input type="checkbox"/> Tricare <input type="checkbox"/> No Insurance	Copy of insurance card on file? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you have Medicare, which parts do you have? (check all that apply) <input type="checkbox"/> A (Hospital) <input type="checkbox"/> B (Medical) <input type="checkbox"/> C (Advantage Plan) <input type="checkbox"/> D (Prescription)	Name of insurance company:	
Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you have a DD 214? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Individuals in Household: _____ Estimated Monthly Income: \$ _____ <i>Income does not affect your ability to receive support from HEP, but may inform additional outside services based on financial eligibility.</i>
Resource Interest		
Are you interested in attending our monthly meet-up program?	<input type="checkbox"/> Yes <input type="checkbox"/> No, thanks	Would you like a reminder about these meetings? <input type="checkbox"/> Yes <input type="checkbox"/> No, thanks ↳ <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Text
Are you interested in hearing about syringe access programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No, thanks	Are you interested in learning more about Narcan/Naloxone? <input type="checkbox"/> Yes <input type="checkbox"/> No, thanks
Other Notes		

Client Signature

Date




Case Manager Signature

Date

HEPATITIS C | THE BASICS



WHAT IS HEPATITIS C (HCV)?

Hepatitis C, also called “HCV,” is a virus  that can hurt your liver.  It is spread through infected blood. Most people do not have symptoms from HCV right away, but over time HCV can cause severe liver damage called cirrhosis. Many people have HCV and there are medications  that almost always cure the infection.

HOW DO I GET HEPATITIS C (HCV)?

You can get HCV when the blood of someone who has HCV gets into your body through an open cut or sore.

✘ **Most common ways to get hepatitis C (HCV):**



Sharing needles, cookers, cottons, water and other injection drug equipment. Boiling, burning, or rinsing needles with water or bleach does NOT fully protect against HCV transmission!



Sharing tattoo needles, tattoo ink, tattoo ink pots, tattoo guns, or piercing equipment.



Blood transfusions that occurred before 1992.

⊘ **Other ways to get hepatitis C (HCV):**



Sharing straws or bills for snorting drugs



Sharing hygiene equipment such as razors, toothbrushes, and nail clippers



Getting into fights



Unsafe, unprotected, or rough sexual activity especially if blood is present or if one partner has HIV



Blood spills that are not well cleaned

It is **NOT possible** to get hepatitis C (HCV) by:



Casual contact such as hugging, kissing, or sharing food or drinks



Simply living with others



Eating or drinking with someone with HCV









Sharing a toilet or shower



Playing sports or working out at the gym

WHAT HEPATITIS SERVICES ARE PROVIDED IN MY COMMUNITY?

Remember, every state is different, meaning some services may not be available. Ask your doctor about what's available and follow up regularly.

-  **Hepatitis C is curable:** HCV is treatable, and it is curable for most people. Since 2013, many new medications have been released to treat HCV. Treatment can be complicated, and your doctor will help you decide which treatment is right for you.
-  **Hepatitis C testing:** There are two parts to HCV testing: an antibody test is usually done first and can detect exposure to the virus. The second test is a viral load test, and it confirms whether you have a current HCV infection.
-  **Monitoring your liver:** Doctors can monitor your liver's health. Some tests include lab work to determine liver function, measuring the elasticity of your liver, liver biopsy, and others. Ask your doctor which tests are right for you.
-  **Vaccines for hepatitis A and B:** Getting vaccinated prevents you from getting a virus even if you are exposed. You can't be vaccinated for hepatitis C, but you can be vaccinated for hepatitis A and hepatitis B. For people with hepatitis C, it's very important to be vaccinated for hepatitis A and B.
-  **How to get treated for HCV:** There may be limitations on who is eligible for treatment in your area. Doctors will consider many factors, including your current liver health, which type of Hepatitis C you have, your medical history, and in some states, your insurance, before prescribing treatment.
-  **If you get cured:** Even if your HCV infection is cured, it is possible to get re-infected. Stay safe and healthy even after treatment.

IF YOU'VE BEEN TOLD THAT YOU'RE NOT ELIGIBLE FOR TREATMENT OR YOU MUST WAIT:

Ask questions so you know why it is being delayed or denied. Continue to see your doctor regularly to stay healthy, monitor your liver, catch any problems early, and prepare for treatment in the future. If insurance is the reason, consider enrolling in patient assistance programs offered by drug companies or ask about clinical trials.

How to stay as healthy as possible and protect your liver:

Things you should do:

- ✓ See your doctor often
- ✓ Eat well and exercise when possible
- ✓ Learn as much as you can about HCV

Things you should avoid:

- ✗ Alcoholic beverages (beer, wine, liquor)
- ✗ Unnecessary stress
- ✗ Over-the-counter drugs with acetaminophen (Tylenol)

While it may be frustrating to wait for treatment, know that many people live with hepatitis C for years without problems. Ask your doctor or someone you trust for more information. You may also write to or call the Hepatitis Education Project at the address below and ask questions.



BE SAFE. BE HEALTHY. LEARN AS MUCH AS YOU CAN ABOUT HEPATITIS C.

Sample Hepatitis C Medical Case Management Intake Survey



Hepatitis C Medical Case Management Intake Survey Please help us improve our hepatitis C medical case management by answering some questions about your overall health status, knowledge, and beliefs.

Survey Instructions:

- Please take 10 to 20 minutes to answer this survey.
- We are interested in your honest opinions, whether they are positive or negative.
- Please do not include your name on this form.
- This survey is voluntary whether you answer or not, it will NOT affect the services you receive in any way.

Your responses will be linked to your client files, but will NOT affect the services you are receiving or will receive. The information collected from this survey will be used to create a final report, but will **NOT** include any of your personal identifying information (Ex. your name). Your answers will be combined with other HEP clients' answers and used to improve HEP's medical case management services. The report will be made available on our website.

Please think about the services you have received from Hepatitis Education Project as you answer these questions.

1. When was the last time you saw a medical provider?
 - a) Less than 6 months ago
 - b) 6 months to 1 year ago
 - c) More than 1 year ago
 - d) Never
 - e) Don't know/Unsure
2. Have you ever seen a medical provider about your hepatitis C?
 - a) Yes
 - b) No
 - c) Don't know/Unsure
3. Are you currently injecting any drug(s)?
 - a) Yes
 - b) No

Naloxone use and Overdose

Next, we would like to ask you about overdose(s) from opioids. This is when someone's breathing slows down or stops and they can't wake up.

4. In the last 3 months, how many times has this happened to you? *(If unsure, please make your best guess)*

5. In the last 3 months, how many times have you seen this happen to someone else? *(If unsure, please make your best guess)* _____
6. At any time in the past 3 months, have you had take-home Narcan/naloxone, the medication that can reverse an opioid overdose?
 a) Yes
 b) No
7. In the last 3 months, did you access any needle exchange program(s)?
 a) Yes
 b) No
8. Have you attended HEP's monthly meet-up support group in the last 3 months?
 a) Yes
 b) No
9. If the following services were offered at a needle exchange would you access them? *(circle all that apply)*
- a) Hepatitis C testing
 - b) Hepatitis C treatment
 - c) Hepatitis C medical case management
 - d) Safe injection room
 - e) Wound care clinic
 - f) Vein care and safer injection tips
 - g) Suboxone and methadone
 - h) Medical or dental care
 - i) Mental health services
 - j) Reproductive healthcare
 - k) Connections to financial assistance services
 - l) Housing support services
 - m) Legal assistance

Next we are going to ask you some questions about your hepatitis C knowledge. Please, don't worry if you think your response is incorrect.

Please select whether the following statements are true or false:	True	False	Don't Know
10. Hepatitis C is rare			
11. It is possible to get hepatitis C by:			
a) Having unprotected sex with someone with hepatitis C			
b) Sharing needles/syringes			
c) Sharing injection equipment (e.g. cookers, cotton)			
d) Sharing equipment for snorting drugs			
e) Sharing eating utensils			
f) Coughing/sneezing on someone			
g) Having a tattoo/piercing outside of a licensed shop			
h) Breastfeeding			

(CONT.) Please select whether the following statements are true or false:	True	False	Don't Know
12. The following makes hepatitis C worse for people that have it:			
a) Drinking coffee			
b) Drinking alcohol			
c) Smoking cigarettes			
d) HIV infection			
e) Regular exercise and eating a balanced diet			
13. Hepatitis C can cause the following problems to your body:			
a) Stroke			
b) Cirrhosis/Liver failure			
c) Liver cancer			
d) Heart attack			
e) Gray-colored stools			
f) Jaundice (yellow coloring of the eyes or skin)			
g) Fatigue (feeling tired even if you've has a normal amount of rest)			
h) Loss of appetite			
14. There is a vaccine for hepatitis C.			
15. Everyone who has chronic hepatitis C needs treatment.			
16. People who are cured of the hepatitis C virus can't be re-infected.			

17. For the following statements, please select your level of agreement with the following statements, from Strongly Disagree to Strongly Agree:	Strongly Disagree	Disagree	Neither Agree nor Disagree (Neutral)	Agree	Strongly Agree	Prefer not to Answer
a) I worry that people who know I have hepatitis C will tell others.						
b) I feel guilty because I have hepatitis C.						
c) I have somebody close to me that I can talk to about my hepatitis C infection and/or my treatment/care.						
d) I can't find a doctor who will treat my hepatitis C.						
e) People have told me that getting hepatitis C is what I deserve for how I lived my life.						
f) I feel overwhelmed about dealing with my hepatitis C.						
g) Some people who know I have hepatitis C have grown more distant.						
h) I do not feel ashamed of having hepatitis C.						

(CONT.) For the following statements, please select your level of agreement with the following statements, from Strongly Disagree to Strongly Agree:	Strongly Disagree	Disagree	Neither Agree nor Disagree (Neutral)	Agree	Strongly Agree	Prefer not to Answer
i) Treating my other illnesses is more important than treating my hepatitis C.						
j) People's attitudes about hepatitis C make me feel worse about myself.						
k) Most people are uncomfortable around someone with hepatitis C.						
l) Since learning I have hepatitis C, I feel set apart and isolated from the rest of the world.						
m) I have been hurt by how people reacted to learning I have hepatitis C.						
n) I don't think that I need to take medication for my hepatitis C.						
o) Since learning I have hepatitis C, I worry about people discriminating against me.						
p) Treating hepatitis C will make my life better.						
q) I worry that people may judge me when they learn I have hepatitis C.						
r) Some people act as though it's my fault I have hepatitis C.						
s) Most people think that a person with hepatitis C is disgusting.						

18. The assistance I hope to get from my hepatitis C medical case management: (circle all that apply)

- a) Sign up for health insurance
- b) Find a doctor who will listen to me
- c) Schedule medical appointments
- d) Coordinate transportation (i.e. bus tickets)
- e) Navigate the health system
- f) Connect with syringe exchange program and/or Narcan/naloxone
- e) Understand what my doctor says
- f) Understand my test results
- g) Access to hepatitis C medication (i.e. assistance programs)
- h) Take my medication on time
- i) With information about support groups and coordinate care

Thank you very much for filling out this survey!

****Please return completed survey to HEP staff****

Sample Client Encounter Tracking Form

Name of Client:

Case Manager:

Date of Encounter	Focus of Services Provided	Intervention	Encounter Type	Barriers Present to Supporting Client	Notes/Next Steps
	<input type="checkbox"/> HIV	<input type="checkbox"/> Scheduling appointment	<input type="checkbox"/> In person	<input type="checkbox"/> Relapse	
	<input type="checkbox"/> HEP C	<input type="checkbox"/> Insurance Application	<input type="checkbox"/> Phone Call	<input type="checkbox"/> Unstable housing	
	<input type="checkbox"/> HEP B	<input type="checkbox"/> Follow-up on appointment	<input type="checkbox"/> Phone Message	<input type="checkbox"/> Unable to contact	
	<input type="checkbox"/> Housing	<input type="checkbox"/> Education	<input type="checkbox"/> Written	<input type="checkbox"/> Non-Adherence	
	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Record Request from clinic	<input type="checkbox"/> Fax	<input type="checkbox"/> Transportation	
	<input type="checkbox"/> Other:	<input type="checkbox"/> Assessment, Intake	<input type="checkbox"/> E-mail	<input type="checkbox"/> Other	
		<input type="checkbox"/> Support Services	<input type="checkbox"/> Text		
<input type="checkbox"/> Comprehensive Services		<input type="checkbox"/> Other			
<input type="checkbox"/> Other					
	<input type="checkbox"/> HIV	<input type="checkbox"/> Scheduling appointment	<input type="checkbox"/> In person	<input type="checkbox"/> Relapse	
	<input type="checkbox"/> HEP C	<input type="checkbox"/> Insurance Application	<input type="checkbox"/> Phone Call	<input type="checkbox"/> Unstable housing	
	<input type="checkbox"/> HEP B	<input type="checkbox"/> Follow-up on appointment	<input type="checkbox"/> Phone Message	<input type="checkbox"/> Unable to contact	
	<input type="checkbox"/> Housing	<input type="checkbox"/> Education	<input type="checkbox"/> Written	<input type="checkbox"/> Non-Adherence	
	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Record Request from clinic	<input type="checkbox"/> Fax	<input type="checkbox"/> Transportation	
	<input type="checkbox"/> Other	<input type="checkbox"/> Assessment, Intake	<input type="checkbox"/> E-mail	<input type="checkbox"/> Other	
		<input type="checkbox"/> Support Services	<input type="checkbox"/> Text		
<input type="checkbox"/> Comprehensive Services		<input type="checkbox"/> Other			
<input type="checkbox"/> Other					
	<input type="checkbox"/> HIV	<input type="checkbox"/> Scheduling appointment	<input type="checkbox"/> In person	<input type="checkbox"/> Relapse	
	<input type="checkbox"/> HEP C	<input type="checkbox"/> Insurance Application	<input type="checkbox"/> Phone Call	<input type="checkbox"/> Unstable housing	
	<input type="checkbox"/> HEP B	<input type="checkbox"/> Follow-up on appointment	<input type="checkbox"/> Phone Message	<input type="checkbox"/> Unable to contact	
	<input type="checkbox"/> Housing	<input type="checkbox"/> Education	<input type="checkbox"/> Written	<input type="checkbox"/> Non-Adherence	
	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Record Request from clinic	<input type="checkbox"/> Fax	<input type="checkbox"/> Transportation	
	<input type="checkbox"/> Other	<input type="checkbox"/> Assessment, Intake	<input type="checkbox"/> E-mail	<input type="checkbox"/> Other	
		<input type="checkbox"/> Support Services	<input type="checkbox"/> Text		
<input type="checkbox"/> Comprehensive Services		<input type="checkbox"/> Other			
<input type="checkbox"/> Other					

Sample Client Satisfaction Survey



Client Satisfaction Survey

Please help us improve our hepatitis C medical case management program by answering some questions about your overall health status, interactions with your medical case manager, and the services you received through your medical case manager. Your medical case manager will not see your answers.

Survey Instructions:

- Please take 10 to 20 minutes to answer this survey.
- We are interested in your honest opinions, whether they are positive or negative.
- Please do not include your name on this form.
- This survey is voluntary whether you answer or not will NOT affect the services you receive in any way.

Your responses will be linked to your client files, but will NOT affect the services you are receiving or will receive. The information collected from this survey will be used to create a final report, but will **NOT** include any of your personal identifying information (Ex. your name). Your answers will be combined with other HEP clients' answers and used to improve HEP's medical case management services. The report will be made available on our website.

Please think about the services you have received from Hepatitis Education Project as you answer these questions.

1. When was the last time you saw a medical provider?
 - a) Less than 1 month ago
 - b) 1 month ago to 3 months ago
 - c) 3 months to 6 months ago
 - d) More than 6 months ago
 - e) Never
 - f) Don't know/Unsure
2. When did you last see your medical provider regarding your hepatitis C?
 - a) Less than 1 month ago
 - b) 1 month to 6 months ago
 - c) More than 6 months ago
 - d) Don't know/Unsure
3. Are you currently homeless or unstably housed*?
 - a) Yes
 - b) No

**unstable housing includes couch surfing, staying in a shelter, temporary housing, etc.*

4. Are you currently injecting any drug(s)?
- a) Yes
 - b) No

Naloxone use and Overdose

Next, we would like to ask you about overdose(s) from opioids. This is when someone's breathing slows down or stops and they can't wake up.

5. In the last 3 months, how many times has this happened to you? *(If unsure, please make your best guess)*
- _____
6. In the last 3 months, how many times have you seen this happen to someone else? *(If unsure, please make your best guess)*
- _____
7. At any time in the past 3 months, have you had take-home Narcan/naloxone, the medication that can reverse an opioid overdose?
- a) Yes
 - b) No
8. In the last 3 months, did you access any needle exchange program(s)?
- a) Yes
 - b) No
9. Have you attended HEP's monthly meet-up support group in the last 3 months?
- a) Yes
 - b) No
10. If the following services were offered at a needle exchange would you access them? *(circle all that apply)*
- a) Hepatitis C testing
 - b) Hepatitis C treatment
 - c) Hepatitis C medical case management
 - d) Safe injection room
 - e) Wound care clinic
 - f) Vein care and safer injection tips
 - g) Suboxone and methadone
 - h) Medical or dental care
 - i) Mental health services
 - j) Reproductive healthcare
 - k) Connections to financial assistance services
 - l) Housing support services
 - m) Legal assistance

Next we are going to ask you some questions about your hepatitis C knowledge. Please, don't worry if you think your response is incorrect.

Please select whether the following statements are true or false:	True	False	Don't Know
11. Hepatitis C is rare			
12. It is possible to get hepatitis C by:			
a) Having unprotected sex with someone with hepatitis C			
b) Sharing needles/syringes			
c) Sharing injection equipment (e.g. cookers, cotton)			
d) Sharing equipment for snorting drugs			
e) Sharing eating utensils			
f) Coughing/sneezing on someone			
g) Having a tattoo/piercing outside of a licensed shop			
h) Breastfeeding			
13. The following makes hepatitis C worse for people that have it:			
a) Drinking coffee			
b) Drinking alcohol			
c) Smoking cigarettes			
d) HIV infection			
e) Regular exercise and eating a balanced diet			
14. Hepatitis C can cause the following problems to your body:			
a) Stroke			
b) Cirrhosis/Liver failure			
c) Liver cancer			
d) Heart attack			
e) Gray-colored stools			
f) Jaundice (yellow coloring of the eyes or skin)			
g) Fatigue (feeling tired even if you've had a normal amount of rest)			
h) Loss of appetite			
15. There is a vaccine for hepatitis C.			
16. Everyone who has chronic hepatitis C needs treatment.			
17. People who are cured of the hepatitis C virus can't be re-infected.			

18. For the following statements, please select your level of agreement with the following statements, from Strongly Disagree to Strongly Agree:	Strongly Disagree	Disagree	Neither Agree nor Disagree (Neutral)	Agree	Strongly Agree	Prefer not to Answer
a) I worry that people who know I have hepatitis C will tell others.						
b) I feel guilty because I have hepatitis C.						
c) I have somebody close to me that I can talk to about my hepatitis C infection and/or my treatment/care.						
d) I can't find a doctor who will treat my hepatitis C.						
e) People have told me that getting hepatitis C is what I deserve for how I lived my life.						
f) I feel overwhelmed about dealing with my hepatitis C.						
g) Some people who know I have hepatitis C have grown more distant.						
h) I do not feel ashamed of having hepatitis C.						
i) Treating my other illnesses is more important than treating my hepatitis C.						
j) People's attitudes about hepatitis C make me feel worse about myself.						
k) Most people are uncomfortable around someone with hepatitis C.						
l) Since learning I have hepatitis C, I feel set apart and isolated from the rest of the world.						
m) I have been hurt by how people reacted to learning I have hepatitis C.						
n) I don't think that I need to take medication for my hepatitis C.						
o) Since learning I have hepatitis C, I worry about people discriminating against me.						
p) Treating hepatitis C will make my life better.						
q) I worry that people may judge me when they learn I have hepatitis C.						
r) Some people act as though it's my fault I have hepatitis C.						
s) Most people think that a person with hepatitis C is disgusting.						

19. Has your medical case manager helped you:	Yes	No	Not Applicable (N/A)
a) Sign up for health insurance			
b) Find a doctor who will listen to you			
c) Schedule medical appointments (primary care or specialists)			
d) Coordinate transportation (i.e. bus tickets, trip planning, or HopeLink)			
e) Navigate the health system and coordinate your care			
f) Understand what your doctor told you			
g) Understand your test results			
h) Access to hepatitis C medication (i.e. patient assistance programs, insurance denials, charity care)			
i) Take your medication on time			
j) Connect with syringe exchange program and/or Narcan/naloxone			
k) With information about support groups (i.e. HEP monthly meetup, 12-step programs)			
l) Other service(s) (please specify): _____			

20. How satisfied are you with the following parts of your hepatitis C medical case management program? From Strongly Dissatisfied to Strongly Satisfied	Strongly Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Strongly Satisfied	Not Applicable (N/A)
a) The amount of time it takes for your medical case manager to call you back or respond to written requests.						
b) The amount of respect and care your medical case manager gives you.						
c) The amount of privacy you have related to services at HEP.						
d) Your medical case manager's ability to listen and answer your questions.						
e) Your medical case manager's ability to explain hepatitis C virus, risks and transmission.						
f) Your medical case manager's ability to explain the hepatitis C treatment process.						
g) Your medical case manager's ability to explain how you navigate the hepatitis C treatment process.						

