

# Expanding Access to Care through a Resident-Initiated Hepatitis C Clinic

## An Innovative Method for Incorporating ACGME Core Competencies into the Management of Medically Underserved Patients

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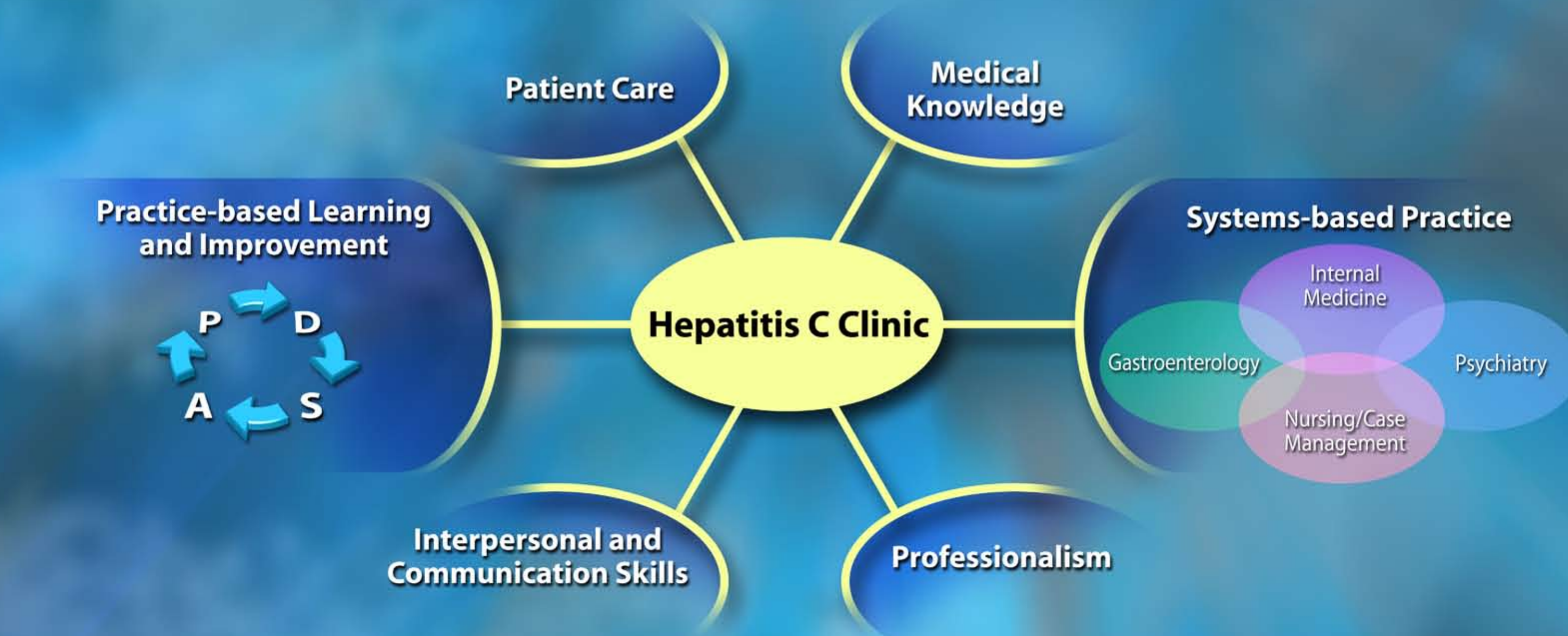
### STATEMENT OF PROBLEM OR QUESTION

Hepatitis C (HCV) is the most common bloodborne infection and reason for liver transplantation in the United States. Approximately 4 million Americans have been infected with 30,000 new infections occurring annually. Seventy to 85% of patients will develop chronic infection with a variable rate of progression to cirrhosis, liver transplantation, or death. Combination therapy with pegylated interferon-alfa and ribavirin has become the standard of care, and is fraught with many medical and psychiatric side effects. Unfortunately, many barriers to comprehensive treatment exist for patients infected with HCV, particularly in those who are underinsured or uninsured. Additionally, prior studies have shown that primary care residents and attending physicians are poorly trained in the diagnosis, treatment, and chronic management of HCV.

### OBJECTIVES OF PROGRAM/INTERVENTION

Establish a resident-initiated HCV Clinic to:

- 1) Provide access to antiviral therapy through an integrated, comprehensive, medical and psychiatric care program;
- 2) Offer residents a practice-based learning opportunity in the chronic care of HCV infected patients, involve residents in the development and management of a system to deliver this care, and incorporate teaching and evaluation of the ACGME core competencies through clinical experience;
- 3) Collaborate with other residency programs and the community to increase screening, diagnosis, and treatment of HCV.



### DESCRIPTION OF PROGRAM/INTERVENTION

- The HCV Clinic was established in early 2004 and meets monthly. Residents are precepted by an attending Gastroenterologist and Psychiatrist and are supported by a Registered Nurse coordinator. Treatment is guided by evidence-based protocols within the confines of managed care formularies.
- Patients receive psychosocial support throughout treatment, as well as education about the disease, prevention of transmission, antiviral medications, and common side effects.
- We are also collaborating with the local health bureau to obtain epidemiological data and create a system of referral for newly diagnosed patients.
- Attending physicians will evaluate resident performance using a competency-based evaluation tool on an interval basis.
- Further, an educational intervention has commenced consisting of:
  - A needs assessment focusing on HCV knowledge and practice patterns among primary care residents (Internal Medicine, Family Practice, and OB/GYN) at our institution.
  - A lecture series aimed at improving knowledge in areas of concern.
  - Scheduling the rotation of all Internal Medicine residents, in addition to the core HCV Clinic residents, through the HCV Clinic as part of the Ambulatory Medicine curriculum.
  - Repeating the survey at intervals in order to assess the impact of the intervention on resident knowledge, attitudes, and practice patterns.

### FINDINGS TO DATE

- Approximately twenty sessions have been held with this resident-initiated program, resulting in consistent access to comprehensive care that was not attainable prior to establishment of the HCV Clinic.
- Over 50% of patients evaluated have initiated therapy with pegylated interferon-alfa and ribavirin. Previous studies of similar populations have not demonstrated this frequency of treatment.
- By guiding the operation of the clinic and collaborating with other disciplines, residents are gaining experience in clinical management and practical exposure to the ACGME core competencies of practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice, as well as the more traditional competencies of medical knowledge and patient care.
- We are also gaining valuable information about HCV related knowledge and practices among our institution's primary care residents, and modifying our curriculum in order to improve resident training.

### KEY LESSONS LEARNED

- Many barriers to care exist for patients infected with HCV. Residency programs offer a unique opportunity to overcome these barriers and offer care to the underinsured/uninsured, while enhancing resident education and evaluation in each of the ACGME core competencies.
- A resident-initiated, multidisciplinary, HCV Clinic is one method to incorporate the core competencies into the daily practice of Internal Medicine residents.

