Introduction

Over 185 million people have been infected with hepatitis C virus (HCV) globally. HCV is the most common cause of non-AIDS related death among people with HIV. Hepatitis C can be cured, but few people with HIV/HCV co-infection have received treatment. Barriers to engaging in HCV care include low knowledge and perceived threat of HCV, navigation of the healthcare system, competing demands, and HIV/HCV drug interactions.

The concepts of the Andersen Model were then adapted to improve the HCV care continuum among people living with HIV.

Results

Examination of the Andersen Model and current literature resulted in three outcomes:

1. A brief nurse case management intervention to improve engagement in HCV care that can be administered in HIV primary care setting.

The intervention components include nurse-initiated referral to HCV care, strength-based education, patient navigation, appointment reminders, and coordinated drug-drug interaction prevention;

2. The relationships between Andersen’s concepts and the intervention components were illustrated in a conceptual framework.

This framework indicates the pathway to which the HCV care continuum, specifically linkage to care and treatment initiation, can be improved;

3. A randomized controlled trial was designed based on the conceptual framework to test the hypothesis that a nurse case management intervention will improve the HCV care continuum for patients coinfected with HIV by increasing perceived need and maximizing enabling resources.

Objectives

a) Describe the development of an evidence-based nurse case management intervention to improve uptake of HCV care in an HIV primary care setting.

b) Illustrate a conceptual framework for a theory-driven nurse case management intervention to improve the HCV care continuum among people living with HIV.

Methods

Andersen’s Behavioral Model of Health Services Use

One’s use of health services is a function of predisposing characteristics, enabling resources, and need for care (actual and perceived). Interventions that increase perceived need and maximize enabling resources can improve one’s likelihood of accessing healthcare.

Development of the Nurse Case Management Intervention

A literature review guided by the Andersen Model was conducted to examine successful engagement in care intervention components in similar populations.

The concepts of the Andersen Model were then adapted to these evidence-based components into a brief nurse case management intervention specifically for the HIV/HCV coinfected population in an HIV primary care setting.

Conclusion

This framework describes the first evidence-based, theory-driven nurse case management model to improve the care continuum within this new era of HCV in a real-world setting. The intervention may ensure that the most effective linkage to care and treatment approach is integrated into care of this co-infected population.

References


3. Thomas, D. L. Topics in Antiviral Medicine 2014; 21(5): 152-156


