



HCV TELEPHONE SUPPORT FOLLOW-UP
CLINIC
PROVIDER MANUAL

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Introduction

HOW TO USE THIS MANUAL: This telephone clinic manual is a guide for how to proceed once you are assigned/referred a Veteran who will be starting hepatitis C treatment. It is likely that you will meet the Veteran you will be working with at the hepatitis C intake appointment. At that time, you may want to let him, or her know that the telephone follow-up clinic is part of the Liver Care Team's approach to ensure that the Veteran is provided with behavioral health support over the course of treatment. The Veteran's treatment plan includes managing mental health side effects, problem solving about barriers to treatment, and generally how to manage obstacles that may emerge once treatment starts.

This telephone follow-up clinic was designed to incorporate information from the *hepatitis C Workbook: Managing Mental and Emotional Side Effects*. Each patient should have been provided with this book at the Patient Education Class. If for some reason they did not receive it, or lost it, please send them a copy in the mail.

PURPOSE: This telephone clinic protocol was designed with two purposes in mind. First, it serves as a clinical intervention for Veterans undergoing hepatitis C treatment with mental health side effects. Hopefully it will assist them in coping with the impact of treatment on their health and functioning along with any issues that may arise that may challenge adherence. Second, this provides dedicated time for the patient and team to monitor and track mental health symptoms.

WHAT THE TELEPHONE FOLLOW-UP CLINIC ENTAILS: You may be wondering what this telephone follow-up clinic will look like. It is actually quite simple; you and the Veteran will set up a brief 10-20 minute phone call every week or two weeks for the duration of treatment, starting with the week that they start medications for HCV treatment. You and the Veteran will regularly check in about any issues or challenges that may come up, particularly if they present with challenges to treatment or with medication adherence issues. Then, during the phone call you and the Veteran can problem solve about different strategies to address these issues. Collaboratively, you and the Veteran will set weekly goals that may help keep the strategies on track.

Feel free to adapt any of the sections above to describe the purpose of the telephone clinic and what it will look like.

SCRIPT FOR INITIAL CONTACT WITH PATIENTS: Hello, I'm _____(provider name). I am contacting you as a mental health provider who works closely with the Liver Care Team. I am a _____ (role & Supervisor) and I will be working with you through our telephone care clinic.

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GENERAL OUTLINE OF TELEPHONE CONTACT

Please review patient chart prior/at beginning of call:

Identifying Information:

Pt age,
Gender,
HCV, GT,
Medication regimen,
Week of tx
Missed appointments/groups

If patient was not reached, detail any follow-up in chart:

Is any additional intervention indicated? Yes No

*If yes, possible interventions

Wellness check
Notify police
Notify liver provider

Goal check in

Decide on Focus of session: Check in with pt regarding goal attainment from previous session; mood, anxiety, anger/irritability, adherence, coping, relationships – tailor to pt's specific situation and issue (~10-15 mins); biggest challenges/wins this week.

Adherence:

Taking HCV meds as prescribed:
Taking all other meds as prescribed: *(if no, please elaborate on which drug and why, add prescribing provider as co-signer)*

Risk assessment:

Harm to self
Harm to others
Interaction with legal system

Substance use:

Etoh: Current drinking, amount and frequency?
Drugs: Drug of choice, amount, and frequency?

Goal setting: *Identify 2 concrete and attainable goals each session*

Goal #1:
Goal #2:

Plan: When pt will be called again, date and time; duration of treatment

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Example Goal Setting Worksheet: Pre-Assessment¹

We would like to set some goals that you can work on each week throughout your involvement in the hepatitis C intervention. Goals can be any positive behavior that you would like to increase. For example, they can be something that you have done in the past but would like to do more often, something you have been meaning to do but have been putting off, or something you have never done before but would like to try. Use the goal setting form below to come up with 3 goals for the upcoming week. A sample is provided below.

Date	Goal #	Sample Goals
9/22	1	Walk for 20 minutes three times a week
9/22	2	Drink 8 glasses of water per day
9/22	3	Practice counting to ten when I get angry
Date	Goal #	My Personal Goals
	1	
	2	
	3	

1. Silberbogen AK, Ulloa E, Mori DL, Brown K. A telehealth intervention for veterans on antiviral treatment for the hepatitis C virus. Psychol Serv. 2012 May; 9(2):163-73.

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Weekly Questions¹

(administered over telephone)

SCRIPT: How has everything been since the last time you and I checked in? I recall you were a little concerned about : x, y, z. Were you able to figure out a solution, or would you like to spend some time talking about it? Ok, so if you had to think about the last week:

GOAL SETTING

1. How successful were you in accomplishing your goals overall?

Not at all Successful	Slightly Successful	Somewhat Successful	Very Successful	Completely Successful
1	2	3	4	5

2. How successful were you this week in accomplishing Weekly Goal #1?

Not at all Successful	Slightly Successful	Somewhat Successful	Very Successful	Completely Successful
1	2	3	4	5

3. How successful were you this week in accomplishing Weekly Goal #2?

Not at all Successful	Slightly Successful	Somewhat Successful	Very Successful	Completely Successful
1	2	3	4	5

4. How successful were you this week in accomplishing Weekly Goal #3?

Not at all Successful	Slightly Successful	Somewhat Successful	Very Successful	Completely Successful
1	2	3	4	5

**Note, replace “Weekly Goal #1, #2,” etc. with actual goal for each participant for above questions

What were the main barriers to accomplishing your goals?

External?

Internal?

Reading Dosage

5. During the past week, how much of the *Hepatitis C, Your Liver, and Treatment* (fill in with appropriate section name) section did you read?

All of it	Most of it	Some of it	A little of it	None of it
1	2	3	4	5

1.Silberbogen AK, Ulloa E, Mori DL, Brown K. A telehealth intervention for veterans on antiviral treatment for the hepatitis C virus. Psychol Serv. 2012 May; 9(2):163-73.

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I. TREATMENT ADHERENCE

Have you had any problems getting to your appointments/group? Yes No

- *If yes, what kind of problems?
- A. Still waiting to get appointment
 - B. Clinic cancelled
 - C. Childcare
 - D. Transportation
 - E. Tending to an ill family member
 - F. Too tired
 - G. Too symptomatic/too sick
 - H. Schedule conflicts
 - I. Other:

II. MEDICATION ADHERENCE

Have you had any trouble taking your medication this week? Yes No

- *If yes How many doses have you missed?
 What was the main reason you didn't take it?
 Have you talked to your liver provider (name of provider) about this?

Possible Interventions:

Provide patient with psychoeducation about adherence (depending on medication – refer to booklet on triple therapy as necessary)

Problem-solve with pt around barriers to taking medications

Provide MI as needed around adherence

Include liver provider as co-signer on note and discuss with treatment team as appropriate

2. Outline adapted with permission from Craig Rosen, Ph.D., National Center for PTSD from his Telephone Case Monitoring Study. Rosen CS, Tiet QQ, Harris AH, Julian TF, McKay JR, Moore WM, Owen RR, Rogers S, Rosito O, Smith DE, Smith MW, Schnurr PP. Psychiatr Serv. 2013; 64 (1): 13-20

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III. ALCOHOL/DRUG USE

- *If not applicable skip to next section*
- *May only be relevant during initial call*

Have you experienced any alcohol /drug problems in the last two weeks? (e.g., cravings, disturbing effects of intoxication, wanting to stop and being unable to do so) Yes No

*If yes:

Is there a particular reason that you have been drinking/using?

-
- A. Difficulty adjusting to new circumstances
 - B. Arguments with others
 - C. Celebration
 - D. Boredom
 - E. Mood/distress
 - F. No reason
 - G. Other: _____

How likely are you to keep drinking/using in the next two weeks?

Definitely yes
Probably yes

If probably yes or definitely yes...

Probably no

Definitely no (stop drinking)

Why? _____

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IV. RISK ASSESSMENT

SUICIDE

In the last 2 weeks, have you thought <u>seriously</u> about committing suicide?	Yes	No
--	-----	----

Have you told an outpatient mental health provider about these suicidal thoughts?	Yes	No
---	-----	----

How likely is it that you will hurt/kill yourself?	Definitely will not ----- Probably will not Not sure Probably will Definitely will
--	---

How would you do it? If have a plan:	PLAN:
---	-------

Do you have access to method?	Yes	No
-------------------------------	-----	----

In the past two weeks, have you attempted suicide?	Yes	No
--	-----	----

If YES: What happened? (Probe for means used, outcome, whether patient required hospitalization, and whether patient's outpatient mental health provider has been informed).

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IV. RISK ASSESSMENT CONTINUED

HOMICIDE

In the last 2 weeks, have you been concern that you really might hurt someone else?	Yes	No
---	-----	----

Have you told an outpatient anyone else about these thoughts or concerns?	Yes	No
---	-----	----

How likely is it that you will actually hurt someone?	Not likely at all	Somewhat likely	Very likely
---	-------------------	-----------------	-------------

What do you think you might do to someone?

Is there a particular person you think you might harm?	Yes	No
--	-----	----

Do you have access to (method for carrying out attack)?	Yes	No
---	-----	----

Date & Time of next scheduled call: _____

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CRISIS MANAGEMENT PROTOCOL

IF PATIENT REPORTS HOMICIDAL IDEATION, SUICIDAL IDEATION OR SUICIDE ATTEMPTS AND REPORTS THAT THEIR OUTPATIENT MENTAL HEALTH PROVIDER HAS NOT ALREADY BEEN INFORMED:

- a) Obtain name and telephone number of patient's outpatient case manager, and ask for patient's permission to contact them. If patient does not give permission to contact their provider, inform patient that because they may be in danger, you are required to inform their treatment provider even if they do not consent (risk of harm to them creates an exception to confidentiality).
- b) Alert primary investigator or backup clinical supervisor on call.
- c) If patient does not have a current outpatient case manager, have primary investigator contact patient directly using suicide assessment and referral protocol.
- d) If patient indicates risk of harming others, confer with PI regarding whether a specific target was identified and we are required to alert both police and the potential target (Tarasoff procedures).

ACCELERATED CALL-BACK SCHEDULE

Patients who report any of the following should be re-contacted in 2-4 days (rather than waiting the usual 2 weeks) to monitor whether they have implemented the agreed-upon plan of action to begin resolving the identified issue(s).

- **Reported missing treatment appointments on 2 consecutive calls.** (If patients have monthly appointments and were not scheduled to be seen during a two-week period, this does not count as a missed appointment).
- **Stopped taking one or more prescribed psychiatric medications.**
- **Reported drinking or drug use relapse.**

Patients who report any of the following should be re-contacted in 1 day to monitor whether they have implemented the agreed-upon plan of action:

- **Reports suicidal or homicidal ideation.**

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Progress Note Template

Duration of call:

Session #:

ID: *Pt age, gender, HCV, GT, med regimen, week of tx*

Goal check in:

On a scale from 1 – 5 with 1 being not at all successful and 5 being completely successful:

In the last week, how successful were you in accomplishing your goals overall?

How successful were you this week in accomplishing Weekly Goal #1?

How successful were you this week in accomplishing Weekly Goal #2?

Focus of session: *Check in with pt regarding goal attainment from previous session; mood, anxiety, anger/irritability, adherence, coping, relationships – tailor to pt's specific situation and issue (~10-15 mins); biggest challenges/wins this week.*

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