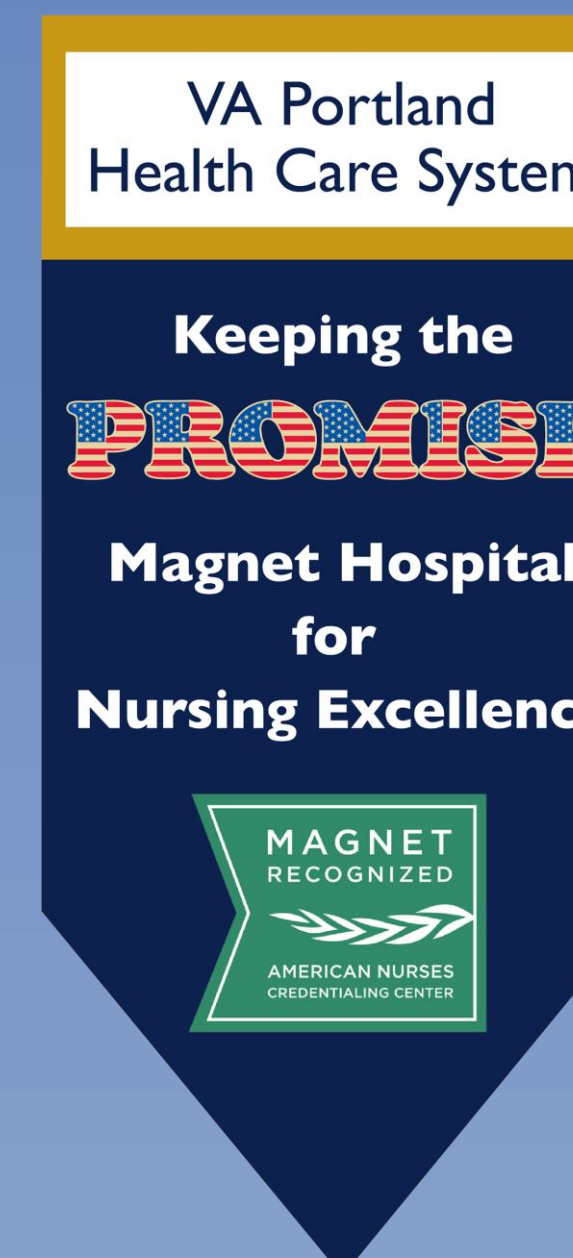


Bringing Hepatitis C Treatment to Rural Veterans

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VA HEALTH CARE Defining EXCELLENCE in the 21st Century



Background

Chronic hepatitis C (HCV) is the most common blood-borne disease in the US. New direct-acting antiviral medications for HCV have revolutionized treatment through ease of use and high cure rates.

The prevalence of HCV in US Veterans is 3 times that of the general population (5.4% versus 1.8%). The US Department of Veterans Health Affairs (VHA) is the largest provider of HCV related-care in the world.

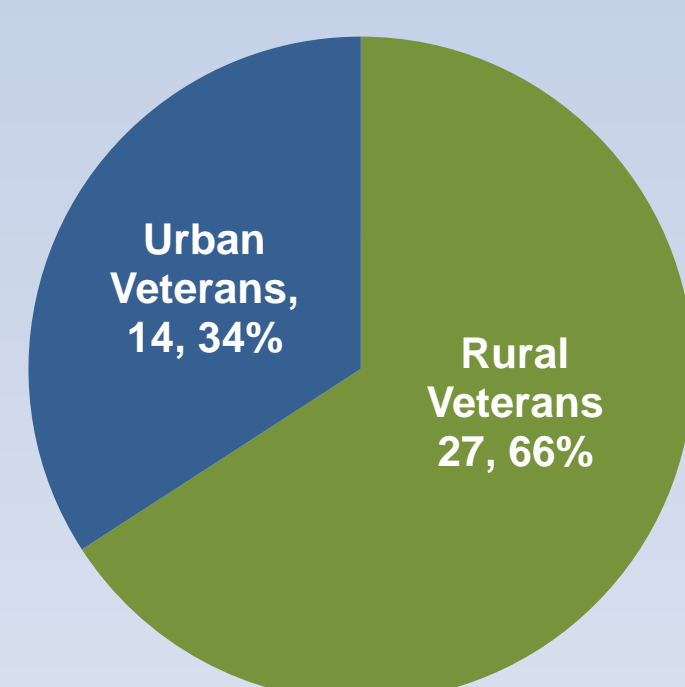
In FY16, the VA Portland Health Care System (VAPORHCS) prioritized treatment of Veterans with HCV. The challenge for the VAPORHCS liver clinic was to increase access for Veterans who did not live near Portland.

Objectives

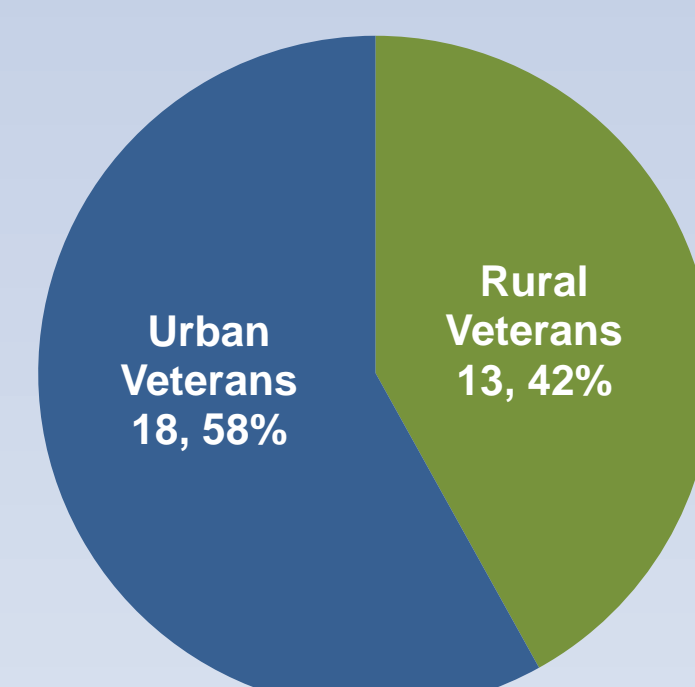
According to the US Census Bureau, 30.6% of US Veterans live in rural communities. The number of rural Veterans living in Oregon is even higher (36.8%).

A proposal was developed to provide specialized HCV care to rural Oregon Veterans closer to their homes. During the summer of 2016, two nurse practitioners and a pharmacist traveled from Portland to the Bend and Salem community-based primary care clinics (CBOCs), one day a month for 4 months to provide specialty HCV treatment.

Bend-area Veterans Residing in Rural Zip Codes



Salem-area Veterans Residing in Rural Zip Codes



QI Intervention

The purpose of this quality improvement project was to assess the value of this interdisciplinary initiative to provide specialized HCV care to rural Veterans at a site closer to where the Veterans live.

Methods

At the initial appointment, Veterans completed a voluntary pre-treatment survey which gathered sociodemographic data and perceptions regarding health and HCV treatment. Post-treatment data were collected during a semi-structured phone interview to gain insight into the Veterans' experience of care.

Findings

Figure 1. Demographics, n=72

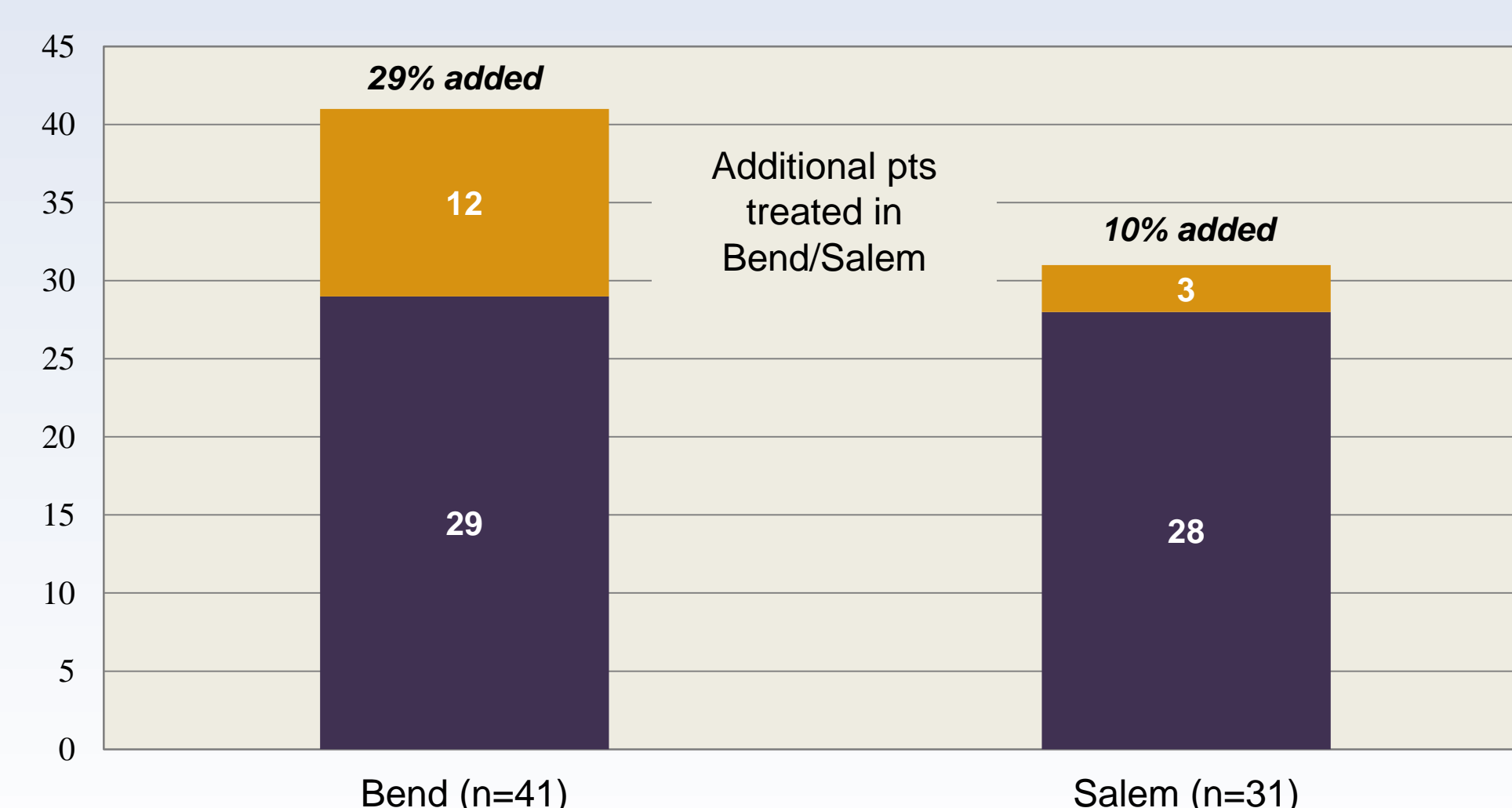
		N	%
Gender	Male	71	98.6%
	Female	1	1.4%
Age	40 to 49	3	4.17%
	50 to 59	23	31.94%
	60 to 69	44	61.11%
	70 to 79	1	1.39%
	80 to 89	1	1.39%
Baby boomers	born 1945-1965	65	90.3%
	Vietnam Era born 1946-1957	51	70.8%

The greatest prevalence of HCV is among the baby boomer generation (born from 1945-1965). Within the VA population, prevalence is highest among Vietnam-era Veterans (born 1946-1957).

Figure 2. Qualitative Table

Tell me about your experience receiving the hepatitis C treatment?	BEND PT: It was really painless. The pharmacist was #1. I trusted him totally.	BEND PT: It couldn't have gone better. You guys made it a wonderful experience for such a horrible disease.	SALEM PT: Everybody was just great. It gives me piece of mind.	SALEM PT: It was easy, very simple.
What does it mean to you to receive treatment closer to home?	BEND PT: It was close to home. It was nice to go to the local clinic, not the big hospital.	BEND PT: It's hard to drive over the pass. I would have gone anyway, but I'm very thankful to the VA. They did a great job.	SALEM PT: I wouldn't have taken treatment in Portland.	SALEM PT: It was a Godsend. Getting to Portland is a great hardship. It's too impersonal.
What did you like about receiving the HCV treatment close to home?	BEND PT: I was shocked and really happy it was available. The experience was very comfortable.	BEND PT: Portland is 180 miles away. I'm going to school full-time. It's a hardship to drive.	SALEM PT: The people were absolutely fabulous. They made the experience smooth and seamless. I've never had a better experience with the VA.	SALEM PT: I like going to the new clinic. It's closer, more convenient than Portland. I like being around other veterans.

Figure 3. Additional Patients Treated



Twelve patients in Bend and three patients in Salem reported that they would not have engaged in HCV treatment if they had been required to travel to Portland.

Figure 4a. Average miles driven by Veterans to local VA clinic versus Portland for HCV care

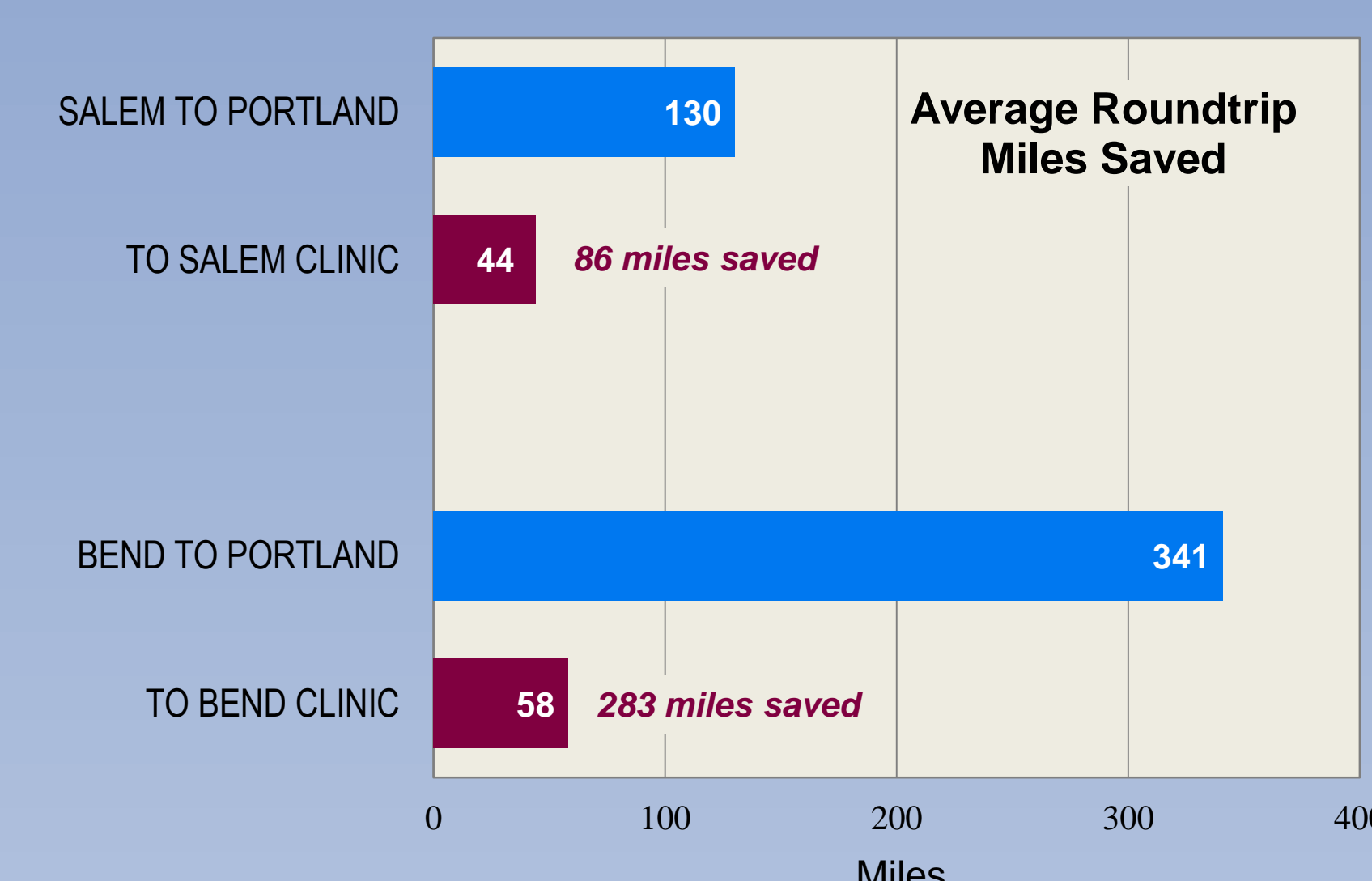


Figure 4b. Average time taken by Veterans to drive to local VA clinic versus Portland for HCV care

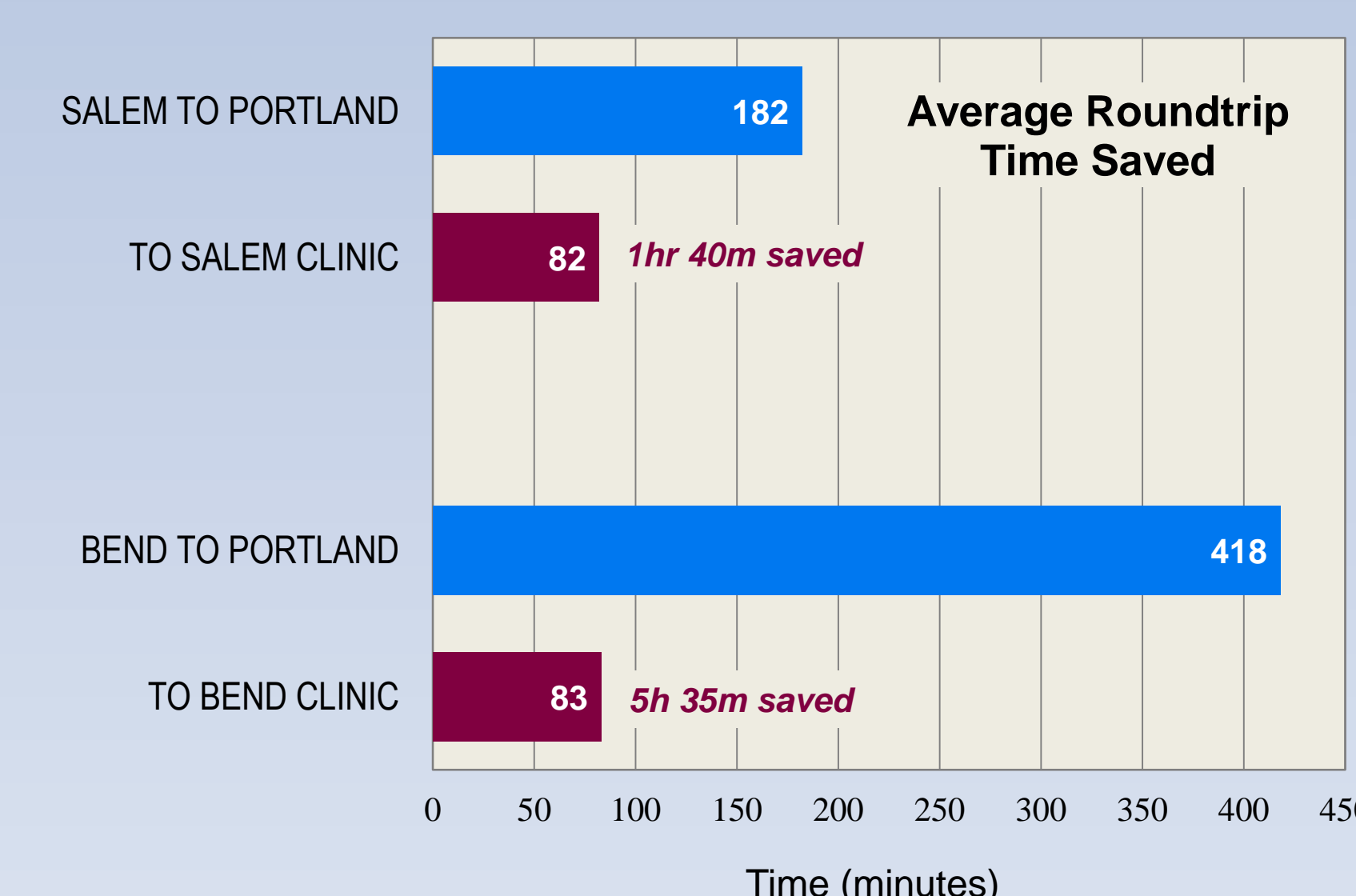
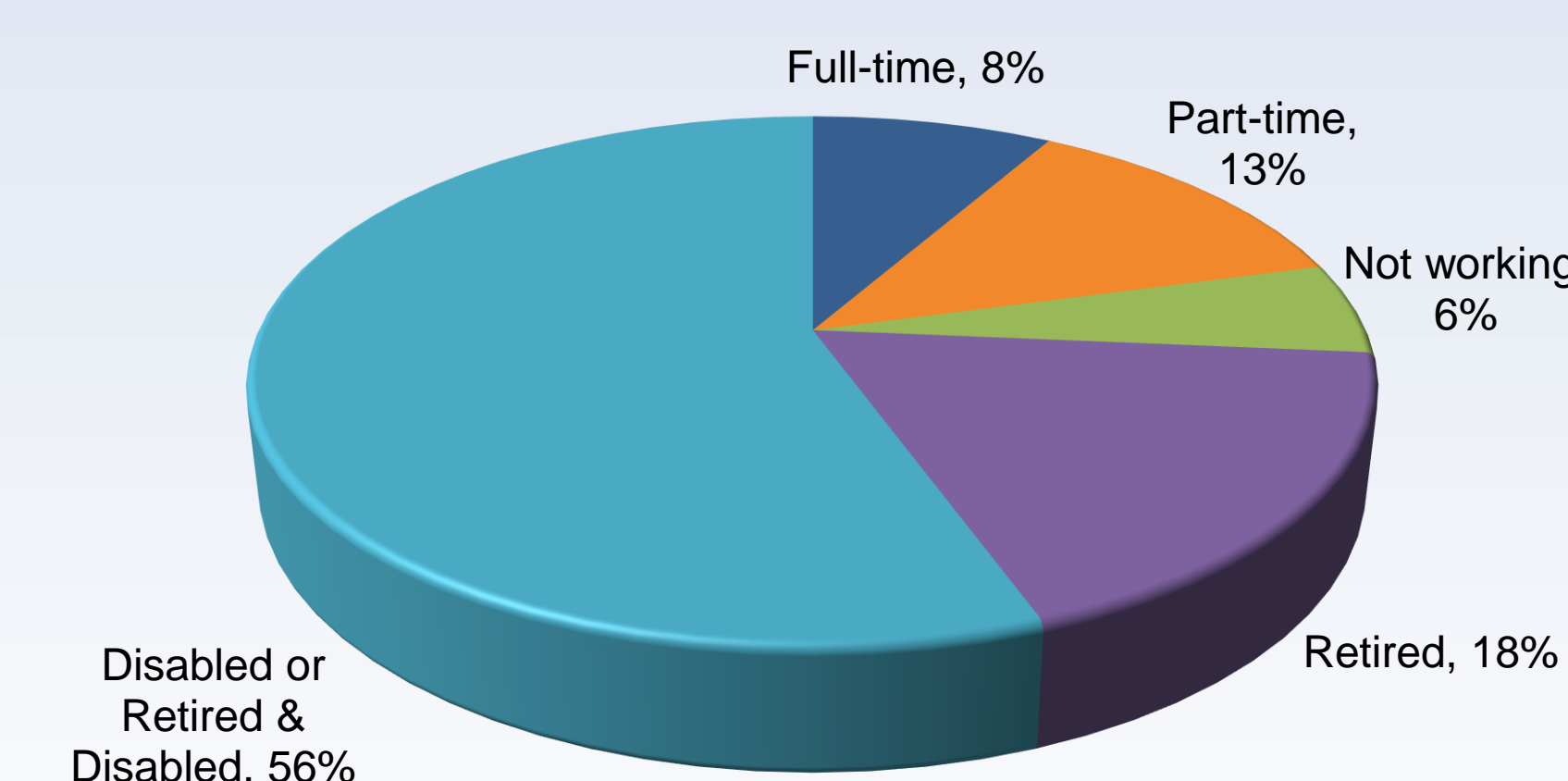


Figure 5. Employment Status



Limitations

Survey data indicate that the greater distance between Bend and Portland versus Salem and Portland was more of a deterrent to engagement in treatment. The two response groups (Bend vs. Salem patients) may not be comparable in regard to access to transportation, the distance they live from the CBOC, or their attitudes about traveling to Portland. Interestingly though, the two groups rated the difficulty of getting to their local clinic, or to VAPORHCS as very similar on a 7-point scale (1 very easy, 7 very difficult, Bend: 1.9 to local clinic, 5.0 to Portland, Salem: 2.3 to local clinic, 4.6 to Portland).

Implications

Seventy-two Veterans (of 79 treated) completed the pre-treatment surveys (41 in Bend, 31 in Salem). Three patients from Salem (9.7%) and 12 from Bend (29.5%) would not have participated in treatment if they had been required to travel to Portland.

A top FY2016-17 Agency Priority has been to improve Veterans' experience with the VA. "Fulfilling our country's commitment to Veterans, VA will deliver effective and easy customer experiences in which Veterans feel valued." Of the 72 Veterans surveyed, all rated the value of receiving treatment locally as *very valuable* on a scale of one to seven (mean 6.8). Quotes from the post-treatment phone interviews relay this perception.

Because of the program's success, other nurse-led outreach liver clinics are being developed. While most HCV patients may be cured within the next few years, this model of providing specialty care at rural sites could easily be replicated.

Acknowledgements

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