Hepatitis C (HCV) Linkage Checklist

Guiding Principle:

EVERYONE WITH HCV DESERVES TREATMENT AND LINKAGE TO CARE

Baseline Questions:

☐ Assess knowledge, reframe HCV and discuss the latest advancements / educate
  □ What information do you have about treatments / what experiences have you had?
  □ Review current treatment options
  □ There are many ways for people to access treatment in San Francisco, and we can help you figure out how to access treatment
  □ Duration of treatment is short, there are minimal side effects
  □ You will start feeling better quickly!

☐ When did you first test positive for HCV? ___________________
  □ What type of test did you have? Ab VL/RNA
    ▪ If they haven’t had confirmatory testing since their last known exposure/risk for HCV (or don’t know if it has been confirmed):
      • Provide/refer for HCV quantitative RNA PCR
      • If Ab+ and RNA undetected, retest in 1+ months to confirm (6 mo if recent exposure)

☐ Where were you tested?  Doctor  Community organization  Health event  Jail/prison  Syringe exchange  Other: ________________

What Support Will the Client Require to Be Successfully Treated?

Questions to ask the client:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Assessment</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Do you want hepatitis C treatment?</td>
<td></td>
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<tr>
<td>Yes</td>
<td>No</td>
<td>Do you think you can take a pill every day?</td>
<td></td>
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<tr>
<td>Yes</td>
<td>No</td>
<td>Do you have a safe place to store medications?</td>
<td></td>
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<tr>
<td>Yes</td>
<td>No</td>
<td>Do you have transportation to attend medical appointments?</td>
<td></td>
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<tr>
<td>Yes</td>
<td>No</td>
<td>Do you generally keep scheduled medical appointments, or is that challenging?</td>
<td></td>
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<tr>
<td>Yes</td>
<td>No</td>
<td>Will you be in San Francisco for 12 weeks?</td>
<td></td>
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<tr>
<td>Yes</td>
<td>No</td>
<td>Can you generally be contacted by phone / is there a reliable means of contacting you?</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Are there other competing priorities (e.g. housing or other medical challenges) that you think will post a challenge to completing 12 weeks of treatment?</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Do you already have a primary care provider? If yes, are you in regular contact?</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Do you have any other concerns about completing 12 weeks of treatment or accessing care?</td>
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</table>

Other issues to assess if possible:

<table>
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</table>

Last Updated: 9/21/2016
**PREPARE TO REFER PATIENT TO TREATMENT**

- **Do you have insurance?**  [ ] Yes | [ ] No  
  - What type?  

- **Do you have a Primary Care Provider (PCP)?**  [ ] Yes | [ ] No  
  - Name/Clinic:  
  - **When was you last medical visit?**  
    - Never  
    - 0-6 months  
    - 6-12 months  
    - more than 1 yr  
  - **Would you like your PCP to treat you for hepatitis C?**  [ ] Yes | [ ] No  

- **Do you have ID?**  [ ] Yes | [ ] No  
  - Type:  

- **Do you have a phone?**  [ ] Yes | [ ] No  
  - Number:  

- **Instructions for a reliable means of contacting you other than phone (if applicable):**  

- **What neighborhood do you live/hang out in?**  

- **What is your favorite place to hang out?**  

- **Where do you eat?**  

- **What is your transportation like?**  

Before referring for treatment, it is helpful to gather information about any of the following, and provide documentation when available. *[Explain: If you know some of this information, it can be useful to help move the insurance process along more quickly.] If the client/patient doesn’t know this information that is not a problem:*

### Client State:
- [ ] HIV or hepatitis B coinfection
- [ ] Active injection drug users (last 3-6 months)
- [ ] MSM with high-risk sexual practices
- [ ] Type 2 insulin-resistant diabetes mellitus
- [ ] Stage 2 or greater hepatic fibrosis/cirrhosis
- [ ] Hepatocellular carcinoma (life expectancy >12 mo)
- [ ] Extra-hepatic manifestation of hepatitis C
- [ ] Pre- and post-liver transplant
- [ ] Other coexistent liver disease
- [ ] Persons on long-term hemodialysis
- [ ] Women Age 18-51, or who are pregnant
- [ ] Debilitating fatigue impacting quality of life
- [ ] Health care workers who perform exposure-prone procedures
- [ ] Porphyria cutanea tarda (skin condition)

### Lab Work:
- [ ] HCV quantitative RNA (<90 days)
- [ ] HCV genotype (any time)
- [ ] CBC with platelets
- [ ] CMP with LFTs (<90 days)
- [ ] PT/INR (late-stage liver disease)
- [ ] 2 most recent progress notes with HCV adherence counseling notes, HCV treatment naïve or HCV treatment history, medication list, chronic conditions list (active illegal drug use may be scrutinized)
- [ ] Face sheet with insurance and patient info

### LINKAGE CHECKLIST

- [ ] Provider referral
  - [ ] Medical
  - [ ] Psychological/behavioral health
  - [ ] Substance Use
- [ ] Health Educator
- [ ] Appointment reminders
- [ ] Accompany client to medical appointments
- [ ] Language Supports
- [ ] Transportation

### NOTES / ASSESSMENT OF POTENTIAL BARRIERS TO ACCESSING SERVICES:

*Last Updated: 9/21/2016*