Engaging hard-to-reach patients: Best practices in Hepatitis C Management

There are distinct attributes of patient populations that can make them “hard to reach” in terms of treatment adherence and engagement. In the world of Hepatitis C management, patients often exhibit many of these attributes. These might include advanced age, limited financial resources, lack of transportation, comorbidities, mental health or addiction issues and low levels of family support.

To understand why these factors are so prevalent in Hepatitis C patients, it helps to first examine the risk factors for the condition. According to the National Institutes of Health, injection drug use accounts for most incident infections with Hepatitis C virus (HCV) in the United States and other developed countries. Given that addiction is a lifelong disease and relapse is often a normal part of its progression, it stands to reason that many HCV patients could still be actively abusing illicit substances. These individuals are also more likely to share other lifestyle risk factors related to active addiction, including poverty and low levels of family support. At the same time, comorbidities including HIV/AIDS and mental health issues often accompany a diagnosis of Hepatitis C. Given this “perfect storm” of lifestyle and health issues, it is not surprising that treatment/medication adherence and engagement levels may be lower in this segment of a patient population.

A very different, yet still challenging characteristic of HCV patients is advancing age. The CDC has indicated that Baby Boomers are five times more likely than other American adults to be infected with the disease. Some were infected through blood transfusions before universal blood screening began in 1992. Others may have experimented with illicit drug use as young adults. As a result, new guidelines have been issued encouraging screening for adults in this age group. However, an aging population of patients brings with it another set of engagement challenges – older adults may suffer from forgetfulness, risk factors such as dementia, and other serious health issues unrelated to HCV infection.

Addressing these obstacles through a innovative engagement approach

In order to address this wide spectrum of engagement challenges, healthcare organizations and providers must be able to offer additional support and outreach to HCV patients. Yet many physicians are already over-burdened by new mandates and initiatives around value-based care, electronic medical records and ICD10 preparedness. Payers have traditionally relied on care management programs to fill this gap, but these programs are primarily focused
on conditions such as diabetes and heart disease – these patient populations have distinctly different needs and risk factors. Care management programs are also not highly scalable, given the resources and expense involved in providing one-on-one support. And lastly, they may not directly involve a patient’s own physician, in spite of the fact that these clinicians have the most knowledge about each individual’s medical history, treatment and lifestyle challenges.

To overcome these issues, payers and providers should consider a completely new approach to engagement—one that leverages high-tech resources to deliver high-touch support. The Primrose HCV Patient Management Program was built around this premise. It empowers physicians themselves to stay in contact with patients “in the white space” between office visits, while offering patients unique adherence resources. The Primrose program is backed by decades of real-world clinical experience from individuals with unique expertise in managing these complex, hard to treat individuals. In addition to providing defined clinical pathways to enable consistent care practices and improved outcomes, the platform also provides an “engagement and adherence” toolkit for patients. Content is based on a patient’s unique health needs and treatment program, allowing individuals to view information customized to their unique challenges, therapies and disease stage. Medication adherence devices can also supplied to individuals receiving drug treatment—providing reminders when it is time to take or refill a prescription.

Perhaps most importantly, this solution seamlessly connects payers, providers and specialty pharmacies with important information about each patient’s levels of engagement and adherence. For example, data on missed prescription refills may be shared with a patient’s physician in real time to provide an opportunity for early intervention. Physicians can also connect with patients, family members, counselors and other providers to provide intensive support for mental health and substance abuse issues.

While there has been a lot of discussion lately about the newest breakthrough HCV drugs, what we aren’t hearing is enough talk about the fact that some patients are not likely to adhere to even the most innovative treatments – and we need the right tools and interventions to address this issue prior to and during drug therapy. Until we meet the wide variety of engagement and adherence challenges that accompany HCV patients, a true “cure” for this condition could be much further down the road.

To learn more about how the Primrose HCV Patient Management Solution can empower providers to optimize treatment and improve outcomes for Hepatitis C patients, please contact Karlynn Billings, Vice President of Sales, today at 407-992-6283.