

Case Study HCV | The Kinetix Group

HCV Care Coordination at Mount Sinai

OVERVIEW

Identify, Educate, and Treat

Mount Sinai Hospital, one of the oldest and largest teaching hospitals in the United States, engaged The Kinetix Group (TKG) to evaluate their process workflow for identifying, educating, and treating hepatitis C virus (HCV) patients and to then recommend and develop additional resources to improve patient management.

Challenge

Due to New York's 2014 law mandating hepatitis C screenings for individuals born between 1945 and 1965, Mt. Sinai had a high influx of patients being screened and identified as hepatitis C patients. Moreover, the hospital's patient dichotomous population was split between very wealthy and extremely poor, creating hurdles for the creation of appropriate engagement and standards of care. Physicians did not have the time or resources to handle the increasing volume of patients, nor properly transition between population needs in addressing varied levels of patient education.

Engagement

TKG developed an interview guide for every type of clinical stakeholder—physician leadership, nurses and administrators—that focused on the areas in which the stakeholder made an impact. The TKG team then worked with Mt. Sinai's Division of Liver Disease team to identify interviewees across departments and care teams including hepatology, primary care, OBGYN, emergency medicine and those that frequently worked with the uninsured. The tailored questions were able to identify the existing HCV clinical processes as well as opportunities for implementation of an optimized HCV care coordination model, leveraging internal and nationally recognized best practices.

The existing workflow was restructured by incorporating programs, resources, roles and responsibilities. TKG also developed an additional suite of tools to address gaps, including a medication guide/tracker, unbranded educational materials for patients (co-developed with clinical staff) that stressed the severity of the progression of cirrhosis, and other patient engagement and education tools about HCV for the newly diagnosed, patients in treatment, and noncompliant patients.

TKG also made recommendations for standardizing referral/administrative data, proactive identification of HCV patients, and streamlining staffing to optimize patient outreach and follow-ups as well as authorizations and protocols. After a review of HCV clinical screening policy, a standardized screening model was created. Patients identified in ED were directed to seek other follow-ups prior to receiving an

urgent appointment with Division of Liver Disease.

The Results Due to the reduced time physicians had to spend on patient education, they were able to see more patients and had adequate time to diagnose and speak to them about treatment options. Educational materials increased patient engagement and adherence to treatment recommendation while allowing hepatologists to better describe liver disease progression. Because of the successes of the HCV program, Mount Sinai has engaged TKG to do similar work on more complex non-alcoholic steatohepatitis (NASH) care coordination.