

Improving Hepatitis C Care for Veterans: Development of a Brief Alcohol Intervention Toolkit

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Alcohol Reduction Interventions

- | Purpose: Develop effective strategies for healthcare providers to help patients with chronic hepatitis C infection reduce or eliminate alcohol consumption

Problems from Alcohol Abuse in HCV Patients

- | Accelerates progression to cirrhosis and end-stage liver disease

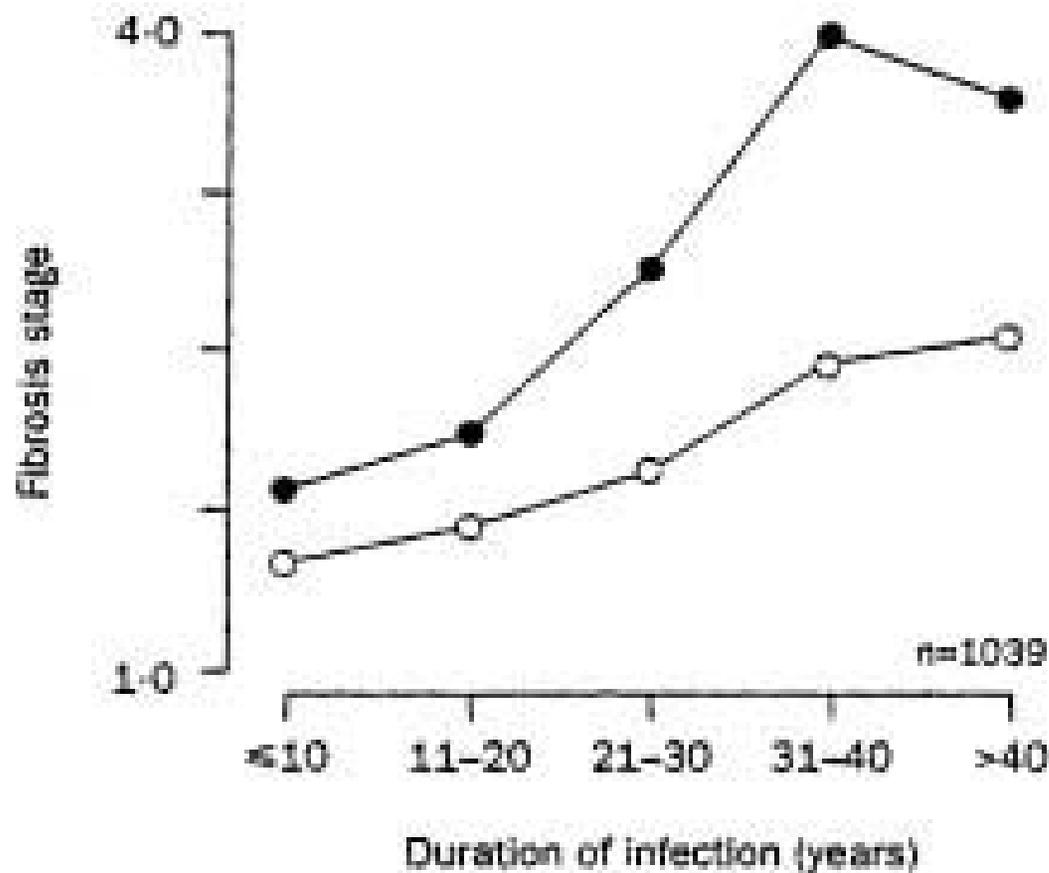


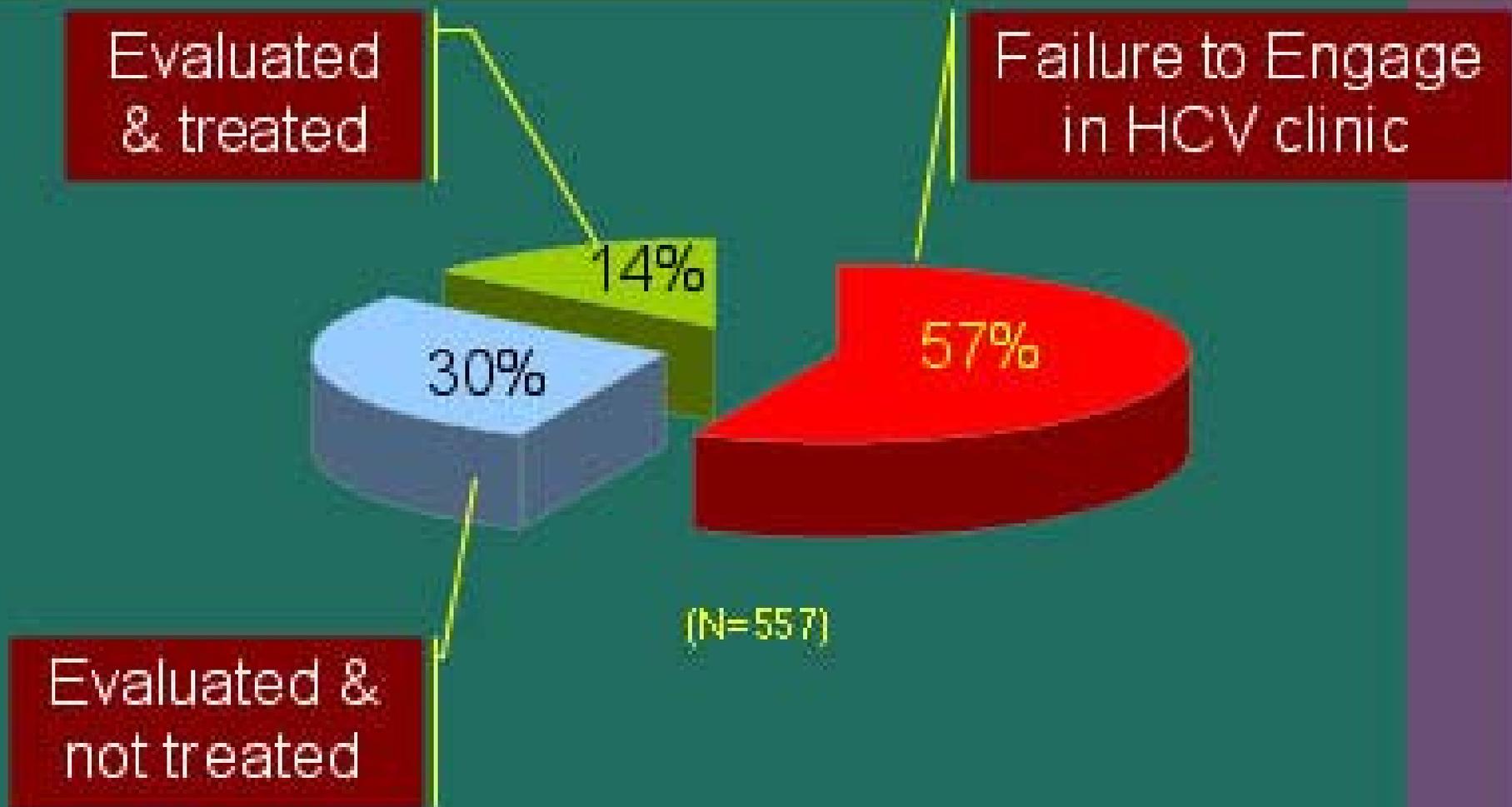
Figure 3 : Association between stage of fibrosis and age at biopsy or duration of infection by alcohol consumption

- >50 g alcohol daily
- 1-49 g alcohol daily

Problems from Alcohol Abuse in HCV Patients

- | Accelerates progression to cirrhosis and end-stage liver disease
- | Excludes many patients from antiviral treatment

Show Rates and Treatment Eligibility



Reasons to Exclude from Antiviral Treatment



*1. Cawthorne et al., Am J Gastroenterology 2002;97:149-155

2. Muir and D Provenziale J Clin Gastroenterol 2002; 34 :268-71

Problems from Alcohol Abuse in HCV Patients

- | Accelerates progression to cirrhosis and end-stage liver disease
- | Excludes many patients from antiviral treatment
- | *We will see an increase in HCV+ patients with advanced liver disease in years to come*

What IS a Brief Intervention (BI)?

- | At least one 5-15 minute session
- | At least one follow-up contact
- | Patient-centered behavior change counseling

Generally includes:

- | Concerned feedback & advice
- | Collaborative goal-setting
- | Further assistance and follow-up (often by telephone)

The 5 A's of Behavior Change

- **ASSESS**

 - Evaluate

- **ADVISE**

 - Personally relevant behavioral recommendations

- **AGREE**

 - Set specific, feasible goals

- **ASSIST**

 - Anticipate barriers, problem-solve solutions

- **ARRANGE**

 - Schedule follow-up contacts, use resources

Evidence for BI Efficacy

- | **2005 Meta-analysis: 8 out of 19 trials found significant effect for BI in primary care**
 - Mean pooled difference = -38g ETOH/wk
 - (approximately 4 drinks per week)

Bertholet et al., Arch Internal Med, 165, 2005

- | **15-minute session & 1 follow-up reduced alcohol intake 13-34% more than controls**

WHO Brief Intervention Study Group, 1997

- | **Other meta-analyses and reviews**

Moyer et al., Addiction, 97, 2002

Whitlock et al. (U.S. Preventative Services Task Force),
Annals of Internal Medicine, 2004

Evidence for BI Cost-Effectiveness

- At 1-year follow-up, BI patients had fewer bed days of care than controls
- At 4-years, every \$1 spent on BI saved \$4.30

Fleming et al., 2002

- A 10-year follow-up study found BI cost-effective in reducing alcohol consumption and related problems

Wutzke et al., *Addiction*, 97, 2002

The Challenge:

**Implementation of
Evidence-Based Alcohol
Interventions for Patients
with Hepatitis C**

Desired Outcomes of Brief Intervention

Most Important Outcome: Increased patient-provider discussion of alcohol use*

- Increased use of patient-centered brief interventions (e.g., 5 A's)
- Harm Reduction
- Reduced patient alcohol use
- Decreased alcohol exacerbated liver disease progression
- Increased referral/adherence to substance abuse specialty treatment

*Burman, et al., J Studies on Alcohol, 65, 2004

Brief Motivational Interviewing for Hectic Medical Settings

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How to do it:

Agree on a topic to discuss

Raise importance and build confidence

Discuss goals and action

Close on good terms

How information and advice are given determines patient's acceptance of it

The interaction

Wrestling.....Dancing

Raise importance

- | On a scale of 0-10, how ***important*** is it to you to (change)?
- | Why did you give it (#) and not (lower number)?
- | What would it take to give it a (higher number)?

l m p o r t a n c e

0 1 2 3 4 5 6 7 8 9 10

Build confidence

- | On a scale of 0-10, how **confident** are you that you can change successfully?
- | Why did you give it (patient's number) and not (higher number)?
- | What would it take to give it a (higher number)?

C o n f i d e n c e

0 1 2 3 4 5 6 7 8 9 10

Brief Alcohol Intervention Toolkit for Alcohol Use and Hepatitis C

Toolkit Components:

- | Motivational Intervention Card
- | Intervention Teaching Guide for Providers
- | Patient Education Posters
- | Patient Brochure on Hepatitis C and Alcohol
- | Wallet Card
- | Instructional DVD for Providers: “Motivation”

Motivational Intervention Card: Front

Ways to Manage Your Hepatitis C

- These topics are very important to your health
- No patients do these perfectly
- It's best to work on one at a time
- Alcohol is the single biggest threat to liver health
- You won't be pushed into changing
- Which one do you want to discuss?

Figures adapted from Scott, Rollnick, & Foll (1995).
Family Practice 12(4):413.



Motivational Intervention Card: Back

4 Steps for Brief Intervention:

- 1. Select one topic collaboratively, for example, *alcohol*:** (see front)
- 2. Ask patient's view on this topic:**
 - How **important** is it to you to change *your drinking* (1-10)?
 - Why didn't you give yourself a lower number?
 - What would it take for you to give yourself a higher number?
 - How **confident** are you in your ability to change *your drinking*?
 - Why didn't you give yourself a higher number?
 - What would it take for you to give yourself a high number?
- 3. Summarize your patient's view**
- 4. Exchange information (using the "5A's" method)**
 - **Assess** or evaluate alcohol use
 - **Advise** patients on why it's important to reduce/abstain from alcohol
 - **Agree** to set goals collaboratively
 - **Assist** by anticipating barriers and problem-solving solutions
 - **Arrange** follow-up
- 5. Close on good terms**

Patient Brochure

Hepatitis C and Alcohol...

... what you should know to make informed decisions about your liver health.



Important Definitions You Should Know

Chronic Hepatitis C - disease of the liver that remains throughout the course of the individual's life.

Fibrosis - mild to moderate scarring of the liver.

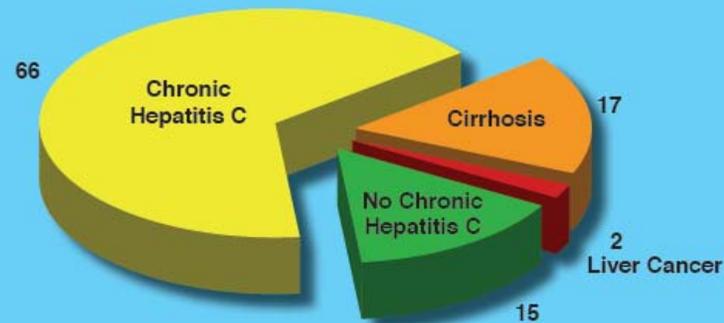
Cirrhosis - the end result of damage to the cells in the liver. Cirrhosis can be caused by many things, including viral hepatitis or alcohol, or both.

Liver Biopsy - a procedure in which a small piece of liver is removed with a needle and examined to find out exactly how much liver damage is present. The biopsy is rated on a scale from 0 (normal liver) to 4 (cirrhosis).

Advanced Liver Disease - symptoms of advanced liver disease include: fatigue, difficulty concentrating, yellow jaundice, fluid in the abdomen, bleeding and poor blood clotting.

Liver Cancer - a type of cancer, known as hepatocellular carcinoma, that develops in the liver as a result of viral hepatitis, cirrhosis or alcohol.

What Happens to People with Hepatitis C?



For every 100 people with hepatitis C, 15 people are able to get rid of the virus by their own immune system. **85 will develop chronic, or long-term, infection.**

Of these 85 people, the virus only causes minor liver damage in 66 of them. **17 people develop cirrhosis** and may have symptoms of advanced liver disease. **2 people will develop liver cancer.**

Which group you end up in (manageable liver disease, cirrhosis, or liver cancer) can be related to choices you make about your *lifestyle*.

Patient Brochure

How Big a Target Do You Want to Be for Cirrhosis?

Imagine you are the target for this archer... and she is trying to hit you with cirrhosis.

Non-Drinker with Hepatitis C

Picture the size of this bullseye as the **chance of developing cirrhosis** for a person with hepatitis C who does **not** drink alcohol.



Drinker with Hepatitis C

This person has **16 times** the risk of cirrhosis as a non-drinker with hepatitis C.



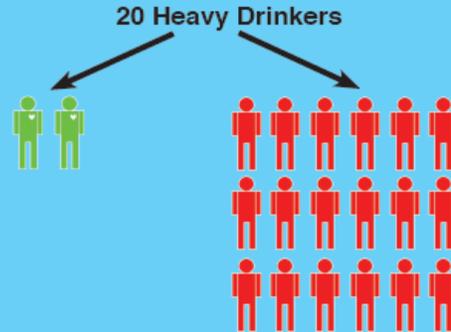
So if you have hepatitis C, make yourself a smaller target...

Don't Drink!

Patient Brochure

Alcohol's Effect on Treatment

People who don't drink prior to starting antiviral therapy tend to have better response rates than people who do drink.



In one study, researchers found that infrequent or non-drinkers successfully responded to antiviral treatment* **3 times more often** than heavy drinkers.

Out of 20 people who drank heavily prior to treatment, **only 2 people cleared the virus**. Drinkers may have trouble sticking with antiviral treatment as prescribed.

*Antiviral treatment = Interferon + Ribavirin

Treatment
Successful

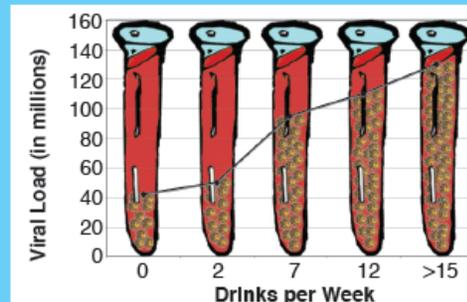
Treatment
Failed

Alcohol Use and Hepatitis C Viral Load

Viral Load:

Viral Load is how much virus can be found in a test tube of blood. It is affected by many things, including alcohol.

This study found that **people who drink more tended to have more virus in their bloodstream.**



One Standard Drink:



12 ounces of beer



4 ounces of wine



1.5 ounces of liquor

The more drinks you have, the more virus you probably have. Why?

Heavy alcohol use weakens your immune system, so the more you drink, the less resources you have to fight the virus.

Wallet Card

What's a Standard Drink?

1 standard drink =



12 ounces
of beer



4 ounces
of wine



1.5 ounces
of liquor

Use this card to keep a daily log of the number of drinks you have per day and per week. This info may be useful to you.

Drinking Diary Card

	S	M	T	W	Th	F	S	Total:
Week 1								
Week 2								
Week 3								
Week 4								
Start Date:					Monthly Total:			

Making a Change Plan



My specific goal is to:

The steps I plan to take in changing are:

Challenges that might interfere:

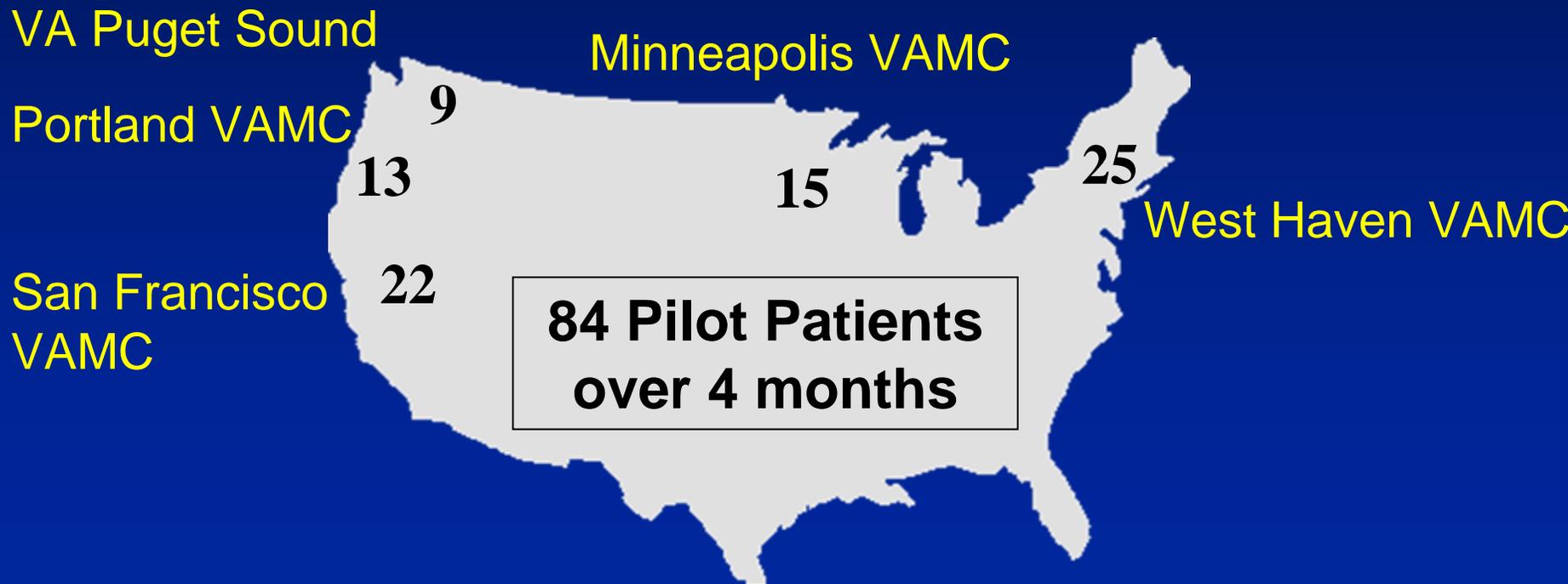
How I will handle these challenges:

I will know my plan is working if:

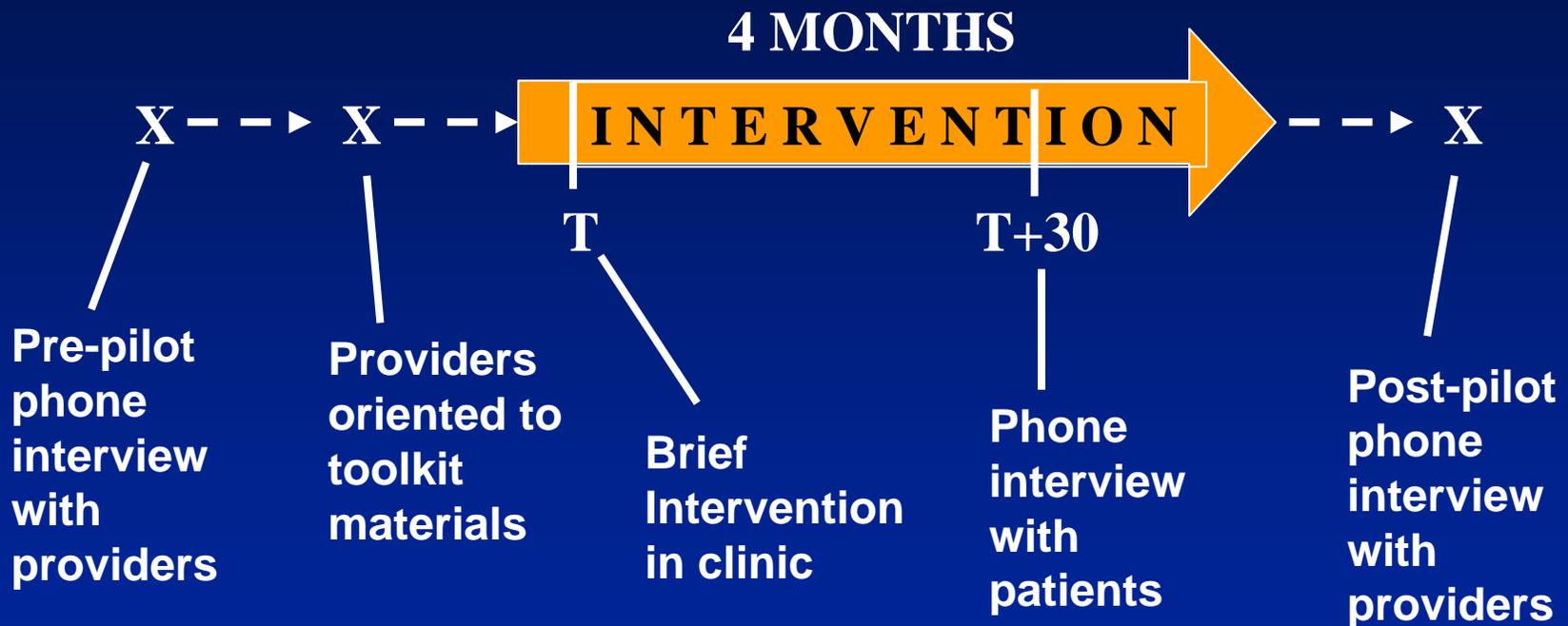
VA Brief Alcohol Intervention Pilot Project, 2005

- | **July 2005 through October 2005**
- | **Target providers:**
 - **Hepatologists**
 - **Specialty care Nurse Practitioners**
- | **Implemented in 5 VA Hepatology clinics**

HCRC Brief Alcohol Intervention Pilot Project, 2005



VA Brief Alcohol Intervention Pilot Project, 2005



Sample Provider Pre- and Post-Implementation Questions

- | How useful do you feel the various toolkit components were?
- | What was missing that might be helpful to you?
- | Do you think this has a place in your practice setting or clinic? Why or why not?

Sample Provider Pre- and Post-Implementation Questions

- | What barriers to implementation do you think other providers might face in using this intervention?
- | What made it more acceptable to you after you started using it?
- | *Assessment of provider confidence in addressing ETOH and HCV after use of the toolkit*

Sample Patient 30-day Follow-up Questions

- | What was particularly helpful about the way alcohol was discussed?
- | What was not helpful?
- | Were you given any materials to take with you from your appointment?
- | Has the amount you drink changed since your appointment?
- | *Quantity/Frequency of alcohol use*

Pilot Project Status

- | **30-day patient follow-up telephone interviews complete**
- | **Provider post-pilot interviews nearly complete**
- | **Compiling qualitative/quantitative data**
- | **Will review and discuss at next team meeting in early January 2006**

Barriers to Implementation

| Provider resistance

- “I’ve got my own method for discussing drinking.”

| Time constraints

- “I’m too busy to fit this in.”

| Lack of confidence

- “They didn’t seem interested in talking about it.”

Encouraging Observations

- | Intervention seemed to become more acceptable with use
- | Some providers used it for other problems besides drinking (e.g., smoking)
- | Requests for more materials related to health behaviors and hepatitis C

Future Issues & Directions

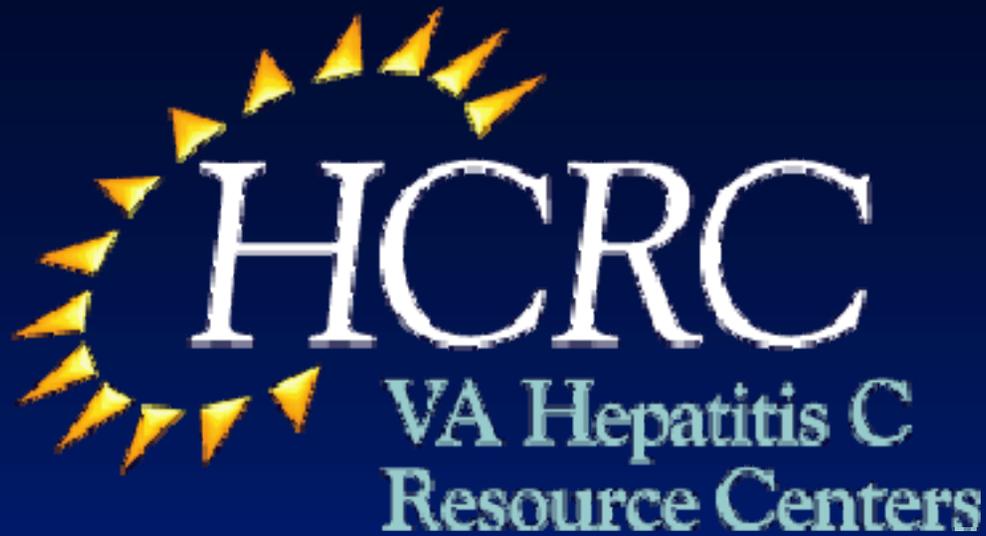
- | **National roll-out of a modified Brief Intervention toolkit**
- | **Customize to alternative settings?**
 - Primary Care
 - Mental Health
 - Addictions (e.g. Opiate Detox programs)
- | **Involve alternative providers?**
 - Nursing staff
 - Social workers
 - Psychologists

Future Issues & Directions

- | **Training for providers in Brief Intervention**
 - Workshops?
 - Demonstration and role-play
 - Routine feedback and consultation
- | **Finding local clinical champions**
- | **“Decoupling” the toolkit?**
 - Teach the brief intervention approach independent of a particular illness
 - Promote use of HCV & ETOH educational materials

Other VA/HCRC Alcohol Interventions

- | Health Behavior Feedback Study for Veterans with Hepatitis C (MI Study)**
 - VA Puget Sound**
 - 3 motivational interviewing sessions vs. assessment only**
- | Chemical Health Awareness Program (CHAP)**
 - Minneapolis VAMC**
 - Skills training for recognizing and coping with urges to drink**



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