

ICORN ECHO HCV Pilot

Appendix 1: Qualitative Semi-structured Questionnaire at Baseline

Respondent demographics

Name	Role	Centre
PG degree		

Attitudes about HCV treatment

1. Do you think treating HCV would be of benefit to some or all of your clients?
2. Why/why not would HCV treatment be of benefit?
3. What would you perceive as barriers to treatment in the current model (hospital-based treatment of HCV)?

Primary care site

Secondary/Tertiary care site

Health care system

Clients

4. Where do you think would be the best (location/provider) of treating HCV?

Attitudes to ECHO

5. Have you heard of ECHO? Yes No Maybe
6. If yes: How/when did you hear about ECHO

Explain (video link-up with specialists to support PCPs in providing treatment):

7. What do you think of ECHO?
8. Would you be interested in taking part in the ECHO pilot?
9. What would you hope that ECHO would provide?

10. What would you need to take part in the ECHO pilot?

11. What would you perceive as barriers to an ECHO-based model of care

PCP site

Secondary/Tertiary care site

Health care system

Clients

12. How could we overcome the barriers?

Your practice: Complete site assessment document with participant

13. Number of clients you would foresee being suitable for HCV treatment via ECHO?

14. Length of time you foresee needing ECHO?

15. What other diseases would be amenable to management via ECHO?

16. Any other thoughts on needs of your clients?

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Appendix 2: Qualitative Semi-structured Questionnaire (Completion of Intervention)

Administered by:

Respondent demographics

Name	Role	Centre
PG degree		

Impact of participation in ICORN ECHO pilot

1. Did participation in the ICORN ECHO pilot improve your competency in managing HCV?

Yes No Maybe How?

2. Did your participation in the ICORN ECHO pilot benefit your clients?

Yes No Maybe How?

3. Did your participation in the ICORN ECHO pilot benefit you?

Yes No Maybe How?

4. Did your participation in the ICORN ECHO pilot benefit your colleagues?

Yes No Maybe How?

Views on ICORN ECHO pilot

5. Were there any particular aspects of the ICORN ECHO pilot you found beneficial?

6. Were there any aspects of the ICORN ECHO pilot you found less helpful?

7. Did you feel the amount of time allocated to each patient was sufficient?

8. Did you find the HCV teaching helpful?

9. What would you perceive as barriers to an ECHO-based model of care

PCP site

Secondary/Tertiary care site

Health care system

Clients

10. How could we overcome the barriers?

11. How did you find preparing the patients for discussion?

12. How did you find the case discussions?

13. How did you find the follow-up suggestions?

14. Any other suggestions for improving ICORN ECHO?

15. What other diseases would be amenable to management via ECHO?

16. Any other thoughts on needs of your clients?

Views on study assessments

17. How did you find the case vignettes?

18. How did you find the self-efficacy questionnaires?

19. How did you find the interview at the start of the ICORN ECHO pilot?

20. How did you find this interview?

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Appendix 3: Recruitment Record

Site approached regarding participation in ICORN ECHO:

Date(s) approached:

How was site identified:

Type of site: GP Practice: Drug Treatment Centre:

Hostel: Other (describe):

Individual(s) approached re participation (name, position):

Individual(s) from ICORN ECHO involved in discussion with participants:

Drivers regarding taking part in ICORN ECHO:

Barriers to taking part in ICORN ECHO:

Willing to take part: Y N

Qualitative semi-structured interview carried out: Y N

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Appendix 4: Case Conference Script

- Welcome to all participants
- Introduce all participants/roll call
- Reminder re etiquette
 - Muting during presentation
 - Raise hand if wish to speak
 - Confidentiality
 - Participation does not establish patient-provider relationship
 - Recording
 - 2 cases/site, maximum 10 mins per case
- Programme
 - Teaching
 - Case presentation/discussion:
 - Waterford
 - Sundial
 - Trinity Court
 - Questions
 - Reminder re feedback forms
 - Reminder re date of next conference

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Appendix 5: Case Conference Record

To be completed by ICORN programme manager

Date:

Time:

Sites present:

Participants present:

Presenters:

Teaching topic:

Duration of teaching:

Number of questions asked by participants related to teaching:

Number of cases discussed:

Number of non-case based questions discussed:

Any technical issues: Y N If yes, please describe:

Any other issues (please describe):

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Appendix 6: Case Discussion Record

ECHO ID:

Site:

Presenter:

Questions:

Advised by:

Advice given:

Outcome of discussion:

Action points: Yes No

Scheduled for discussion again? Yes No

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Appendix 7: Case Registration Form

ECHO ID:

SITE:

CLINICIAN:

Screening Encounter Date:

D

EMOGRAPHICS

Gender: M F
 Marital Status: Co-habiting Divorced
 Married Separated Single Unknown
 Widowed
 Ethnicity: Irish Western European
 Eastern European Traveller Asian African
 Other
 Country of Origin:
 Number of years completed in school:
 Stable Housing: Y N
 Ever incarcerated: Y N
 Medical Card: Y N
 Primary care provider (GP):

SUSPECTED ROUTE OF HCV

TRANSMISSION (check all that apply):
 Current or former injection drug user (even once)
 Recipient of blood products
 Healthcare associated
 Vertical acquisition
 Sexual transmission
 Sharing razors/tooth brushes with a HCV infected person
 Non-professional tattoo
 Intranasal drug use
 Unknown

MEDICAL DIAGNOSES:

HIV
 Coronary Artery Disease
 Diabetes Mellitus
 Hypertension
 Cerebrovascular Disease
 Peripheral Vascular Disease
 Dyslipidaemia
 Hyperthyroidism
 Hypothyroidism
 Autoimmune Disease
 Cancer
 Kidney disease (stage if yes):
 Asthma

Arthritis

COPD
 Chronic Pain
 Peripheral Neuropathy
 Seizure Disorder
 Brain Injury
 Transplant

LIVER-RELATED HISTORY:

Year of HCV diagnosis:

Hepatitis B: Cirrhosis: Ascites: *Date:* *Result:*Hep C PCR result: *Date:*

Hep C genotype:

Esophageal varices: Upper GI bleed: Hepatic Encephalopathy Previous HCV treatment? Yes No *If yes:**Date:* *Drug regime:**Tx duration:* *Tx response:*Liver biopsy: Yes No *If yes:***VACCINATIONS:**Hepatitis B: Immune Vaccinated Hepatitis A: Immune Vaccinated Influenza: Vaccinated within current season Pneumovax: Vaccinated **PSYCHIATRIC DIAGNOSES:**Depression On medication? Yes No Anxiety On medication? Yes No Bipolar Schizophrenia Personality disorder Suicidal behaviour/self-harm *If yes:**No. of attempts* *Date of last attempt:*Hospitalization for psychiatric reasons *If yes, date of last hospitalisation:*Undergoing psychotherapy/counselling **SUBSTANCE USE HISTORY:****Alcohol:** *One standard drink = 1 glass beer, 1 small glass wine (1 bottle = 7 units), 1 measure of spirits*

Does the patient currently drink alcohol:

Yes No *If Yes: Average number of units/week:***Drugs:**Does the patient use drugs other than alcohol currently? Yes No *If yes, number of uses/week of:*

Heroin:

Benzodazepines:

Head-shop products:

Marijuana:

Stimulants:

Cigarettes: Yes No *If yes, packs/day:*Is the patient on methadone? Yes No *If yes: Prescriber:*
*Dispensed at:***MEDICATION LIST:****Drug allergies:** Yes No **Bloods (please note date of result):***FBC:* Hb *WCC*

Platelets

*Liver profile:*Albumin *AST* *ALT*

Alk Phos GGT
 Bilirubin

Creatinine:
 INR:
 Glucose:
 Alphafetoprotein:
 ANA:
 HIV test:

IMAGING:

Abdominal ultrasound: Yes No

If yes:

Date: *Result:*

Abdominal CT: Yes No

If yes:

Date: *Result:*

Abdominal MRI: Yes No

diuretics:

CLINICAL FINDINGS:

Height:

Weight:

Encephalopathy:

None:

Grade 1 - Trivial lack of awareness; euphoria or anxiety; shortened attention span; impaired performance of addition or subtraction, altered sleep pattern

Grade 2 - Lethargy or apathy; disorientation for time; obvious personality change; dyspraxia, asterixis

Grade 3 - Somnolence to semistupor but responsive to stimuli; confusion; gross disorientation, bizarre behaviours

Grade 4: Coma

Ascites:

None:

Controlled with diuretics:

Not controlled with

ICORN ECHO HCV Pilot**Appendix 8: Case Conference Record**

Date of conference:

Presenter:

Site:

Date of request:

Patient specific request

Patient ECHO ID:

Has patient been discussed previously?

Date(s) previously discussed:

Has patient Case Form been submitted?

Date Patient Case Form submitted:

What is your main question about this patient?

General information request (if not specific to a single patient)

What is your main question?

PLEASE NOTE that ICORN ECHO case consultations do not create or otherwise establish a provider-patient relationship between any St James's Hospital clinician and any patient whose case is being presented in an ICORN ECHO case conference

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Appendix 9: Resource Utilisation Record

Date of case conference:

Preparation:

	Time Used	Cost/hour	Notes
Faculty 1 (SN)			
Faculty 2 (CB)			
Faculty 3 (AOL)			
Faculty 4 (CNC)			
Programme Manager (DB)			
Other Hub member (name)			
Participant 1 (name)			
Participant 2 (name)			
Participant 3 (name)			
Participant 4 (name)			
IT support (name)			
Other (details)			

Conference:

	Time Used	Cost/hour	Notes
Faculty 1 (SN)			
Faculty 2 (CB)			
Faculty 3 (AOL)			

Faculty 4 (CNC)			
Programme Manager (DB)			
Other Hub member (note name)			
Participant 1 (name)			
Participant 2 (name)			
Participant 3 (name)			
Participant 4 (name)			
IT support (name)			
Other (details)			

Follow-up:

	Time Used	Cost/hour	Notes
Faculty 1 (SN)			
Faculty 2 (CB)			
Faculty 3 (AOL)			
Faculty 4 (CNC)			
Programme Manager (DB)			

Other Hub member (note name)			
Participant 1 (name)			
Participant 2 (name)			
Participant 3 (name)			
Participant 4 (name)			
Other (details)			

Other costs: (cost, details)

ANY OTHER INFORMATION THAT YOU THINK IS IMPORTANT: