ICORN ECHO HCV Pilot

Appendix 1: Qualitative Semi-structured Questionnaire at Baseline

Respondent demographics

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Centre</th>
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<tbody>
<tr>
<td>PG degree</td>
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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?
ICORN ECHO HCV Pilot

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

Administered by:

Respondent demographics

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<tr>
<th>Name</th>
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</thead>
<tbody>
<tr>
<td>PG degree</td>
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</tbody>
</table>

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?
ICORN ECHO HCV Pilot

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
ICORN ECHO HCV Pilot

Appendix 4: Case Conference Script

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

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):
ICORN ECHO HCV PILOT
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☐
ICORN ECHO HCV PILOT

Appendix 7: Case Registration Form

ECHO ID:
SITE:
CLINICIAN:
Screening Encounter Date:

DEMOGRAPHICS
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 ☐
COPD ☐
Chronic Pain ☐
Peripheral Neuropathy ☐
Seizure Disorder ☐
Brain Injury ☐
Transplant ☐

Arthritis ☐
**LIVER-RELATED HISTORY:**
Year of HCV diagnosis: ☐
Hepatitis B: ☐
Cirrhosis: ☐
Ascites: ☐

<table>
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<tr>
<th>Date</th>
<th>Result</th>
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<tbody>
<tr>
<td>Hep C PCR result</td>
<td>Date</td>
</tr>
<tr>
<td>Hep C genotype</td>
<td></td>
</tr>
<tr>
<td>Esophageal varices</td>
<td>☐</td>
</tr>
<tr>
<td>Upper GI bleed</td>
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</table>

Hepatic Encephalopathy ☐
Previous HCV treatment? Yes ☐ No ☐

If yes:

<table>
<thead>
<tr>
<th>Date</th>
<th>Drug regime</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tx duration</td>
<td>Tx response</td>
</tr>
</tbody>
</table>
| Liver biopsy | ☐ 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:

<table>
<thead>
<tr>
<th>No. of attempts</th>
<th>Date of last attempt</th>
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</thead>
<tbody>
<tr>
<td>Hospitalization for psychiatric reasons</td>
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</table>
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:
Benzodiazepines:
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 ☐

**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 diuretics:
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
ICORN ECHO HCV Pilot
Appendix 9: Resource Utilisation Record

Date of case conference:

*Preparation:*

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<th>Cost/hour</th>
<th>Notes</th>
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<td>Faculty 4 (CNC)</td>
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<td>Participant 1 (name)</td>
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*Conference:*

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Follow-up:

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Other costs: (cost, details)

**ANY OTHER INFORMATION THAT YOU THINK IS IMPORTANT:**