WHY CASEMANAGEMENT IS NOT SUFFICIENT ANYMORE… WE NEED CARE MANAGEMENT.

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Background:
The Antwerp model – a strong cooperation between ZNA (a large community hospital) and NGO Free Clinic (a low threshold drug service) - has a long history of treating PWUD for hepatitis C.
In the early days of interferon we have treated the most motivated, during the first years of DAA we treated the sick (F3,F4), and later on the easiest to catch.
Since a few years we've noticed that it's not easy to get people to treatment and link to care as we are confronted with multiple problems on different levels: social and economic problems, but also multiple health problems in this very fragile population. We see PWUD with COPD, kidney problems, heart issues, HCC ….
In order to treat these populations, we see that case management is not enough and these PWUD need a stronger model of care.

Description of model of care/intervention:
We developed a good practice model of care – based on intensive support, including peer support.

Effectiveness:
In this 'care management', both the hepC nurse and the hepatologist very intensively collaborate and supervise the medical care management plans, PWUD are supported by the C-Buddy team in guiding them throughout the different medical treatments. This approach has proven his efficacy in different cases.
Next to the medical 'care plan', there is also a need for a social and financial approach and planning. Intensive collaboration and interaction with different social services, financial services, drug services is organized.

Conclusion and next steps:
We will present our most recent data on this phenomenon and with some case studies illustrate 'Care management' as 'Case management 2.0'.

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None