

Hepatitis C: Improving Rates of Screening in Adults Born Between 1945-1965

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Background

- •Hepatitis C is currently the number one indication for liver transplant in the US and individuals can be asymptomatic for decades before developing liver disease and hepatocellular carcinoma
- •The cohort of Americans born between 1945 and 1965 are more likely to test positive for Hepatitis C
- •The USPSTF recommends that individuals born between 1945-1965 receive a one-time screening for Hepatitis C
 - USPSTF lists this as a grade B recommendation
 - There is evidence to support that a one-time screening has a net benefit in clinical outcomes through opportunity for early intervention to reach a sustained viral response and in behavior modification to decrease risk of spread of Hepatitis C to others

Objective

The aim of this project is to increase the rate of Hepatitis C screening for individuals who were born between 1945-1965.

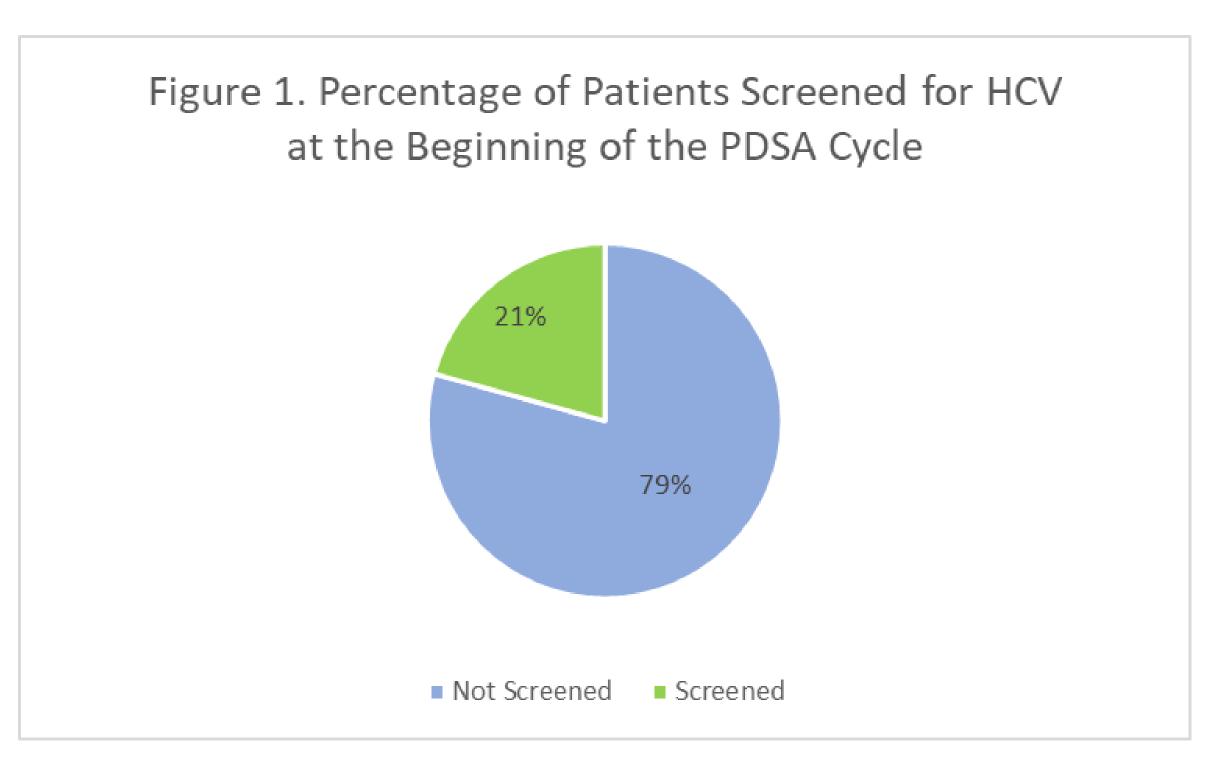
Methods

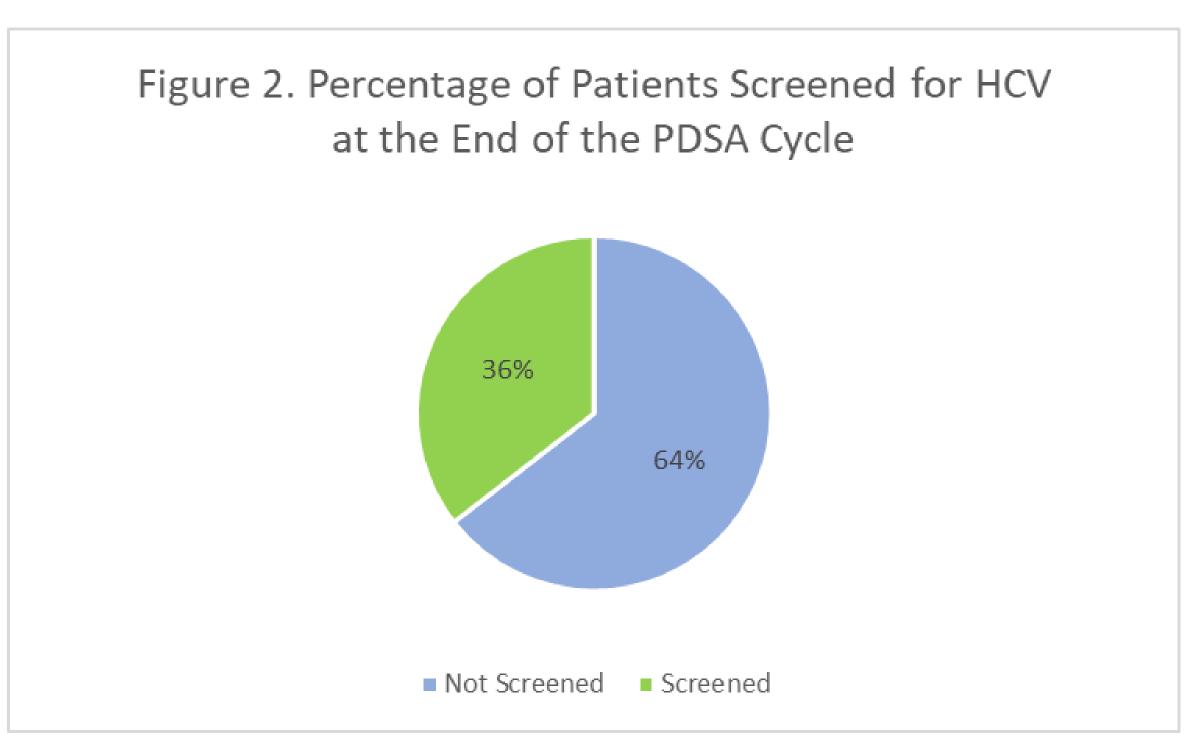
- Obtain a list of patients born between 1945-1965 via EMR data pull for patient panel of one provider
- In the time period of October 1st, 2018 March 1st, 2019, MA will look at DOB of every patient that comes into the office, and if that patient is born between 1945-1965, MA will write "Hep C Screen" on intake form as a reminder for the provider
- The provider will ask the patient whether or not they have had Hepatitis C (HCV) screening, and if not, or if they are unsure, ask them to have a one time screening
- If patient agrees to HCV screening, the provider will put in orders for HCV lab test
- At the end of the PDSA cycle, March 1st, 2019, conduct chart review on the initial list of cohort born 1945-1965 to determine how many new patients are screened



Results

- Between October 1st, 2018 and March 1st, 2019, 169 patients born between 1945-1965 came into the office for any type of visit
- Before the implementation of this PDSA cycle, 35 out of the 169 patients were already screened for HCV
- At the end of the PDSA cycle, 25 additional patients were screened





Discussion

- In the time period of October 1st, 2018 to March 1st, 2019, 169 patients born between 1945-1965 came into the office. Of those 169 patients, 35 were already screened for Hepatitis C, and at the end of the cycle, 25 additional patients were screened
 - Overall, there was a 15% increase in HCV screening for the 169 patients that came into the office
 - But 109 eligible patients that came in during this time frame were not screened
- One issue that became evident is that the method used in this PDSA cycle placed too much burden on the medical assistants
 - During the typical, busy day in clinic, it is easy for both MAs and providers to forget to assess need for HCV screening
- Another issue noted at the end of this cycle is that there was no method to record which patients had been asked to receive an HCV screen, but declined

Next Steps

- Run another PDSA cycle with one of these suggested changes:
 - Add the following questions regarding HCV screening onto the intake forms that patients will answer:
 - Were you born between 1945-1965? Yes/No
 - Have you ever been screened for Hepatitis C?
 Yes/No
 - If not, would you like to receive a one time screening blood test? Yes/No
 - This takes the burden off of the MA, is more standardized, and is a way to record patients who decline the HCV screening
 - Add alerts to charts of patients who need HCV screen that pops up upon opening the chart

Reference

- U.S. Preventive Services Task Force
- Final Recommendation Statement Hepatitis C
 Screening