

Background

- Hepatitis C virus (HCV) is the most common chronic blood-borne pathogen in the U.S., and a leading cause of complications from chronic liver disease
- Effective screening for HCV seeks to prevent spread within the community, reduce healthcare costs, and decrease mortality associated with the disease by providing curative treatment, which can be completed by a primary care physician
- As of March 2020, the USPSTF recommends a one time HCV screening for all adults aged 18 to 79 years, a Grade B recommendation

Objectives

- Assess the effectiveness of the current workflow and screening protocols for HCV within the Halifax Hospital Family Medicine Clinic
- Seek opportunities to improve the implementation of the new USPSTF screening guidelines by addressing the physician, patient, and administrative factors that hinder effective screening in our clinic

Methods

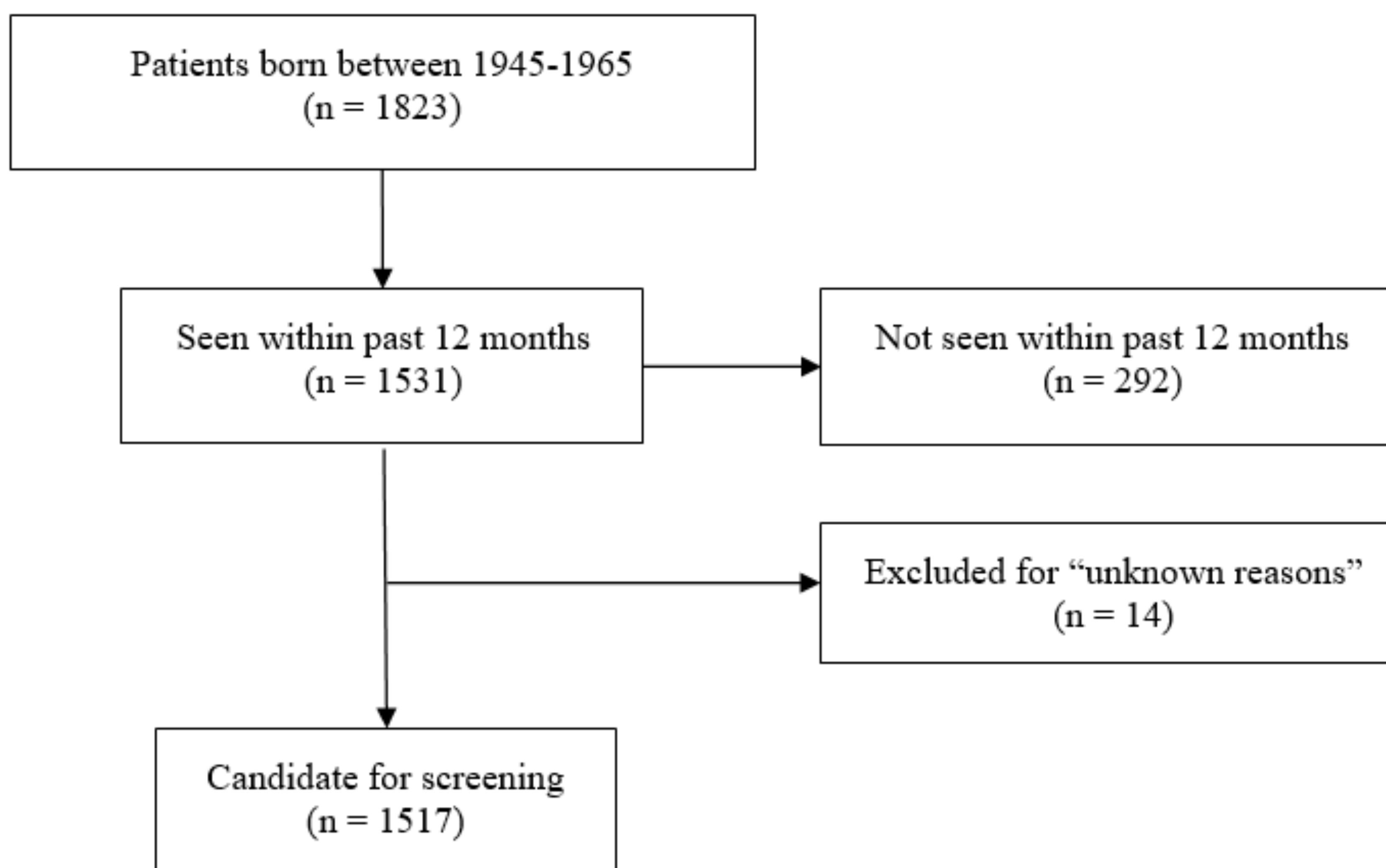
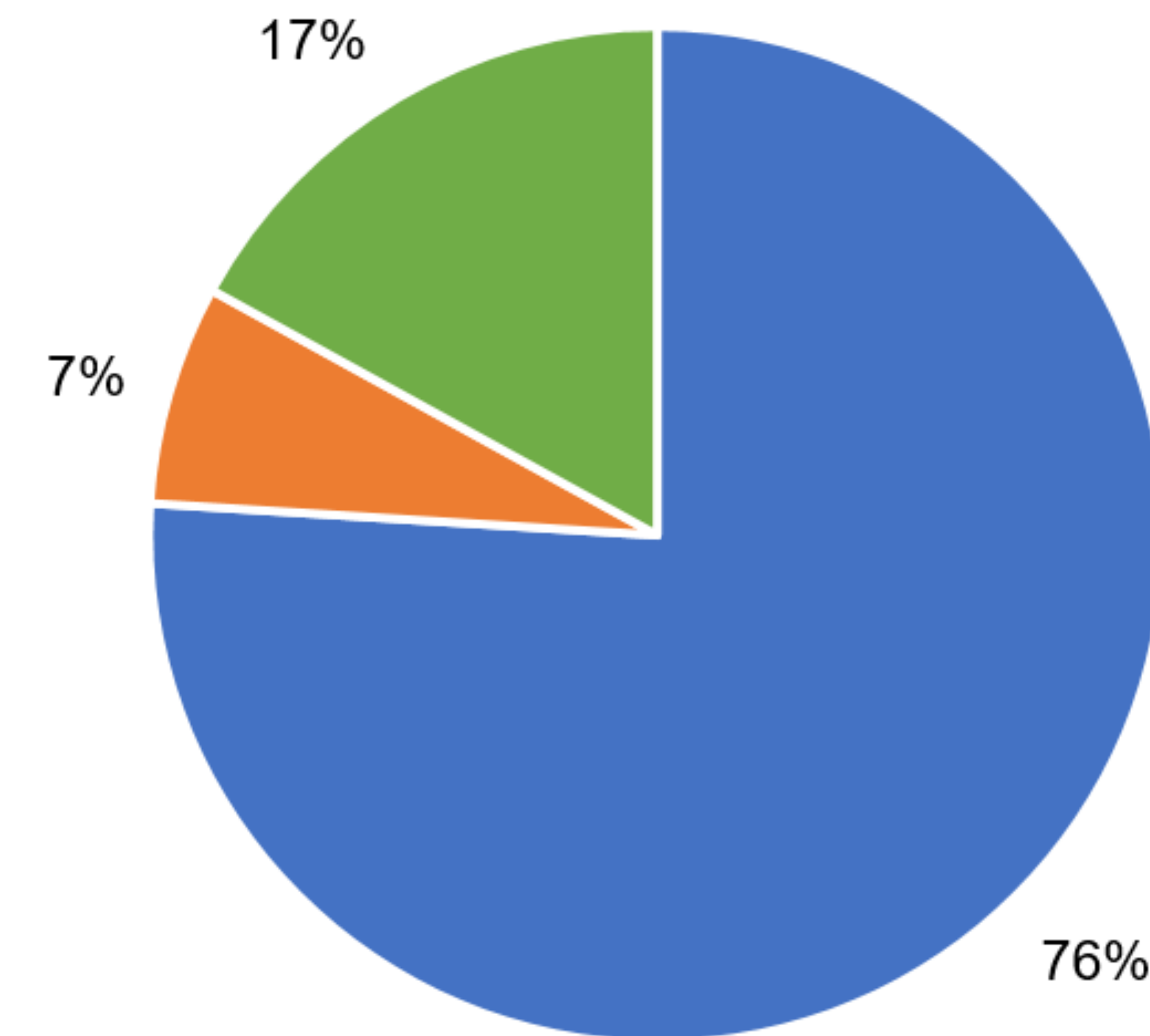


Figure 1. Flow Chart of Data Collection

Results

HCV Screening



■ No Order ■ Order Placed & Pending ■ Order Placed & Completed

Figure 2. Clinic-wide HCV Screening Rates

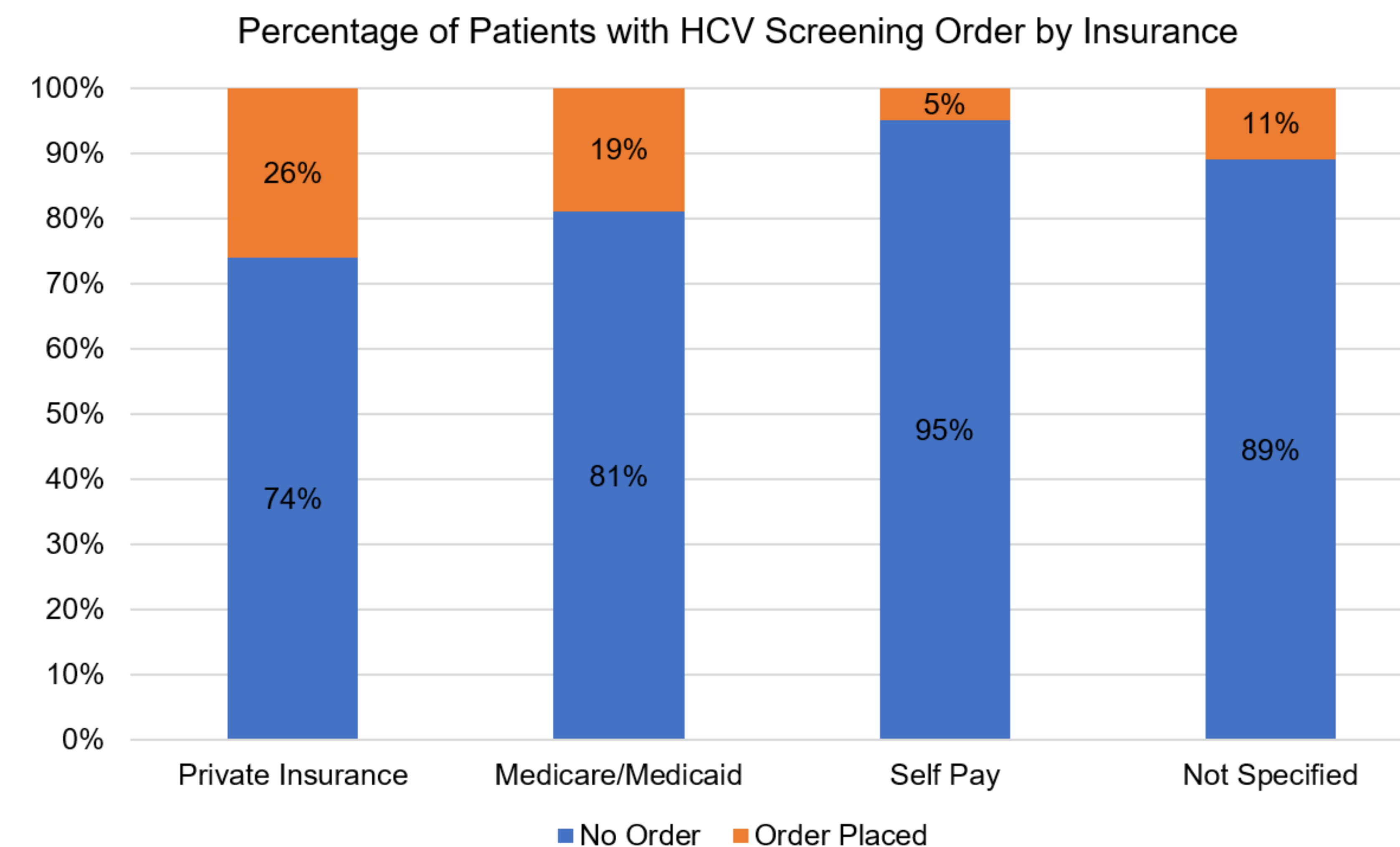


Figure 3. HCV Screening Order Rates by Insurance

Study Characteristics

DEMOGRAPHICS	N = 1517
Sex - no. (%)	
Male	597 (39)
Female	920 (61)
Race - no. (%)	
African American	215 (14)
American Indian	1 (<1)
Asian	15 (1)
Middle Eastern or North African	4 (<1)
Native Hawaiian or Other Pacific Islander	2 (<1)
Other race	9 (1)
Patient declined	121 (8)
White	1108 (73)
Hispanic	42 (3)

Table 1. Study Demographics

Discussion

- Per previous guidelines, 17% of adults within our clinic born between 1945-1965 completed HCV screening
- Potential barriers to screening that may have prevented our clinic from achieving higher screening rates included:
 - Hesitancy to suggest HCV screening due to associated stigmas and lack of wellness/preventive appointments in lieu of sick visits
 - Abundance of suggested screenings or targets on each patient's EMR, creating difficulty for providers in discerning which task is most relevant for a patient
- Suggestions for improvement:
 - Monthly individualized reports of personal versus clinic-wide screening rates sent to each provider
 - Patient fliers in waiting areas to reduce stigma and encourage patients to ask their provider about HCV screening
- These modifications may be assessed in the future by comparing screening rates with these baseline results