Hepatitis C Screening Rates in a Primary Care Clinic with Implementation of Education and Electronic Medical Record Documentation
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Background
- Hepatitis C is a preventable, detectable, and treatable disease as recognized by WHO
  - By 2030, 90% of all persons living with HCV must be diagnosed and 80% must be treated in order to eliminate viral hepatitis as a major health threat
  - HCV is transmitted through percutaneous exposure to infectious blood or bodily fluids, with methods of transmission including:
    - Occupational exposures (needlesticks)
    - Intravenous/intranasal drug use
    - Unregulated tattoos/piercings
    - Sexual/vertical transmission
  - AASLD and CDC have expanded screening recommendations from only persons born from 1945-1965 and those with risk factors to everyone ≥18 years at least once in their lifetime

Medical Resident Education
- Who to Screen: everyone once, annually if ongoing risk factors, once after risk exposures
- How to Screen: first screening \(\rightarrow\) HCV Ab, history of (+) HCV Ab \(\rightarrow\) HCV VL
- How to Treat: direct-acting antivirals

Referral Workflow
- \(\text{HIV}\) if \(\text{HIV}+,\) refer to ID
- Order & obtain baseline labs
- \(\text{HCV}\) if \(< 1.45, \geq 1.45 - 3.25, \geq 3.25\)
  - Treat in Primary Care
  - Refer to ID
  - \(\text{No indications of fibrosis}\)
  - \(\text{Order fibroscan}\)
  - \(\text{Indications of cirrhosis}\)

Purpose
- Increase HCV screening rates in a primary care clinic after implementing education, standardized documentation (SmartPhrase), and referral workflow
- Goal: screening of ≥50% of patients who are overdue for once per lifetime HCV screening

Outcomes
- Primary Outcome: percentage of patients who received an order for HCV Ab
- Secondary Outcomes:
  - Percentage of HCV Ab orders completed by patients
  - Number of patients connected to care with pharmacist for hepatitis C treatment
  - Percentage of overall clinic population screened for HCV at least once in lifetime (documented Ab or VL)∗

Methods
- Approved by Institutional Review Board
- Retrospective chart review will be conducted to collect information pertaining to primary/secondary outcomes and additional data points:
  - MRN
  - Pertinent PMH:
    - Age
    - Gender
    - Zip code
    - PCP
    - Insurance information
    - Homelessness, alcohol abuse, intravenous drug use, cocaine/NS substance use, MSM, HIV, cirrhosis, diabetes

Patient Criteria
- Inclusion:
  - Males and females between 18-89 years of age
  - Medical resident at Gengras continuity clinic as PCP
  - Completed appointment between 05/03/21 and 08/31/21
- Exclusion:
  - All outcomes except secondary outcome noted with asterisk:
    - Previous HCV screening with HCV Ab or VL
    - Appointment scheduled between 05/03/21 and 08/31/21 but not attended by patient

Hypothesis
Implementation of education, standardized documentation, and referral workflow to treat patients for HCV in the primary care setting will significantly increase HCV screening rates.

Future Plans
Data collection and analysis are currently ongoing. Manuscript will be submitted to suitable journal once results are obtained.

Disclosures
All authors of this project have nothing to disclose concerning possible financial or personal relationships with commercial entities that may have a direct or indirect interest in the subject matter of this project.