

# Evaluating Hepatitis C Screening Rates and Successful Interventions at an Outpatient Medicine/Pediatrics Practice

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## Objective

Despite the 2013 United States Preventive Services Task Force (USPSTF) recommendations, hepatitis C virus (HCV) screening rates among patients born between 1945-1965 has remained below 25% (MacLean, 2018).

At our outpatient academic suburban primary care practice in Albany County, NY, our HCV baseline prior to interventions was 31.75%.

Our practice attempted to increase screening rates among this birth cohort.

## Methods

We implemented a three-pronged program to increase HCV screening. This included an EHR prompt, additional nurse generated orders, and physician tracking of HCV orders.

We performed a retrospective chart review on patients eligible for HCV screening with birth years 1945-1965 at the time of their visit at the Albany Med Internal Medicine/Pediatrics practice.

We report monthly HCV screening from January 2018 to April 2020.

In addition, we determined whether HCV screening rates differed by race, gender, ethnicity, private vs public insurance, and risk stratification (standard vs. high-risk patient).

## Results

Table 1 summarizes the differences in testing rates by demographic characteristics.

There were no statistically significant differences in HCV screening due to gender, race, ethnicity, or insurance.

Patients who were categorized as high risk (defined by Risk Adjustment Factor of 4) were more likely to be tested than patients categorized as standard risk (p=0.034).

Figure 1 displays a run chart with results of HCV testing in eligible patients from January 2018 to April 2020.

The chance that a test conducted for eligible patients increased from 30.8% (pre-intervention, Jan 2018- Feb 2019) to 73.9% in 2019 (post-intervention, Jun 2019-April 2020).

## Conclusion

In this outpatient Med/Peds practice, HCV screening rates increased dramatically after incorporation of an EMR prompt, as well as nursing-generated orders for patients due for screening.

There did not appear to be any racial or ethnic disparities in HCV screening.

High-risk patients were more likely to be screened, perhaps as they receive more case management services and are more likely to be in the office, increasing the opportunities for screening.

Next steps might include adapting these interventions to screening all patients age 18-79, as per the updated 2020 USPSTF guidelines.

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**Table 1. Demographic Characteristics in HCV Screened Patients**

	% Screened for HCV(n)	%Not Screened for HCV(n)	P-value
<b>Gender</b>			
Male	64.13(506)	35.87(283)	0.67
Female	68.03(879)	31.97(413)	
<b>Race</b>			
American Indian or Alaskan Native	0(0)	100(1)	
Asian	67.5(25)	32.43(12)	0.232
Black or African American	74.71(65)	25.92(22)	
Native Hawaiian or Pacific Islander	0(0)	100(1)	
White	67.10(168)	33.90(599)	
Unknown	67.55(127)	32.45(61)	
<b>Ethnicity</b>			
Hispanic/Latino	75(30)	25(10)	0.103
Non-Hispanic	66.89(1273)	33.11(630)	
Unknown	59.42(82)	40.58(56)	
<b>Risk Stratification</b>			
Standard Risk	66.08(1313)	33.92(674)	0.034
High Risk	76.60(72)	23.40(22)	
<b>Insurance</b>			
Managed Medicaid	56.70(55)	43.02(42)	
Managed Medicare	70.27(208)	29.73(88)	
Medicaid	83.33(5)	16.67(1)	0.087
Medicare	64.43(221)	35.57(122)	
Private	66.97(896)	33.03(442)	
Self-Pay	0(0)	100(1)	
<b>Insurance</b>			
Private	66.97(896)	33.03(441)	0.606
Public	65.90(489)	34.01(253)	

**Figure 1. Hepatitis C Screening January 2018 Through April 2020**

