

# Point-of-Care Interactive Decision Support Tool Demonstrates Discordance Between Healthcare Practitioner Approaches and AASLD Guideline Recommendations in the Management of HBV Infection

Produced in collaboration with:





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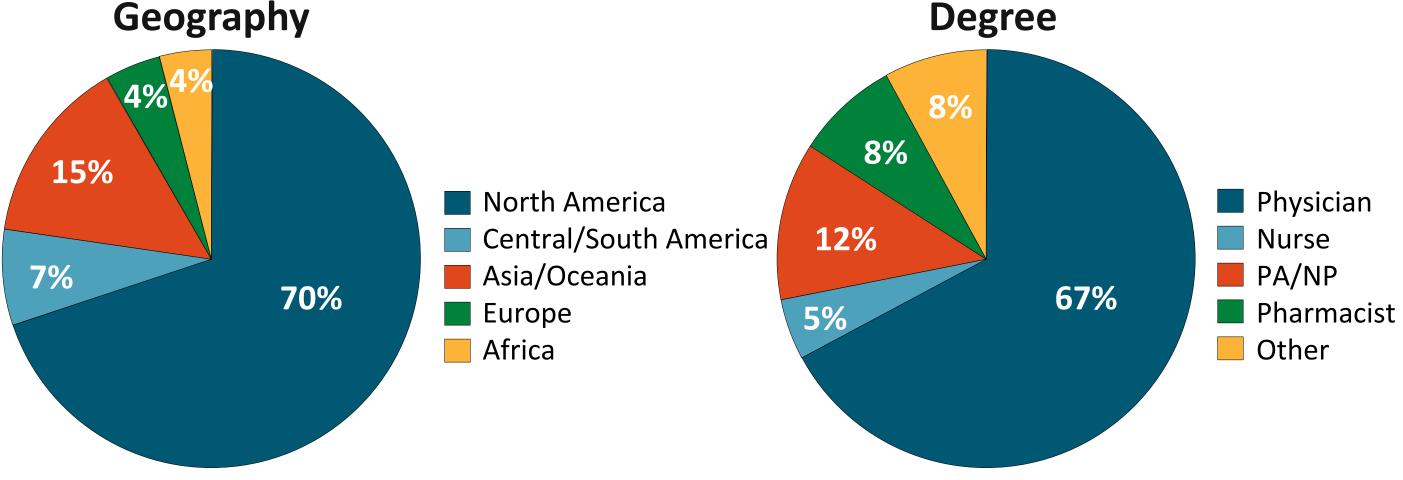
### 1. Background

The AASLD HBV management guidelines were updated in 2018 to include new recommendations. Patient variables that inform HBV treatment candidacy and treatment selection are complex and interconnected. To aid healthcare practitioners (HCPs) in aligning management decisions with practice guidance, we developed a Web- and app-based decision support tool, "Hep B Consult."

### 2. Tool Users

- From March 2019 through August 2020, **N** = **18,176** cases were entered into the tool, of which n = 7774 specified AASLD guidelines
  - n = 6289 cases via the app (anonymous)
  - n = 1485 cases via the CCO site (authenticated)

## **Authenticated Participants (n = 1485)** Degree



#### 3. Cases Entered

7774 **Cases Selected AASLD Guidelines** 

5012 **Cases With Clear Guideline** 

Recommendation

Reached

4443

**Cases Entered** by Healthcare **Practitioners** 

Of 1743 cases where participants specified:

- 58% were real patients
  - 42% were hypothetical cases

Of 3004 cases where HBeAg status and HBV DNA level were known:

## **HBeAg Positive 19%** HBV DNA ≥ 2000 but ≤ 20,000

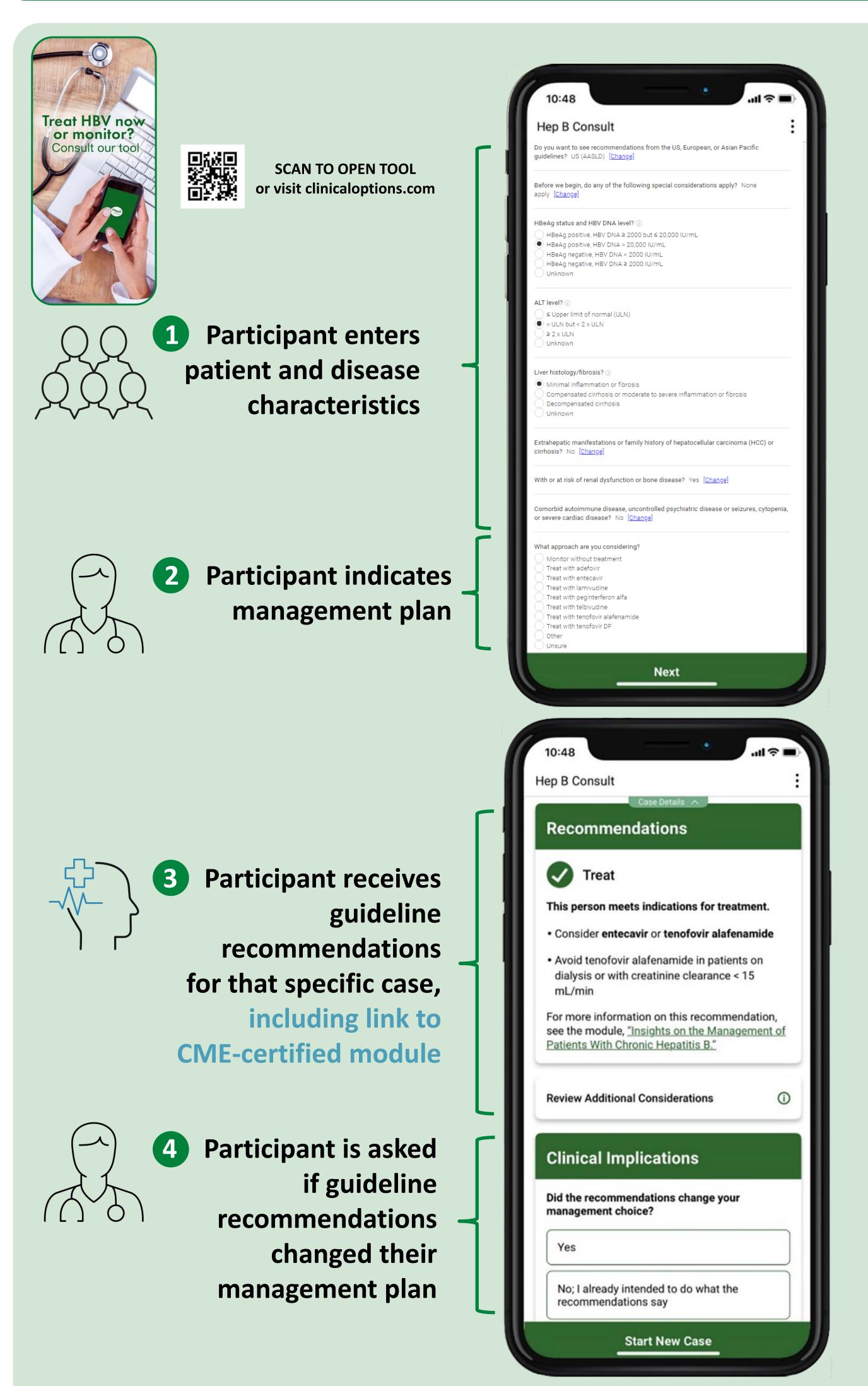
**18%** HBV DNA > 20,000

**HBeAg Negative** 

**30%** HBV DNA < 2000

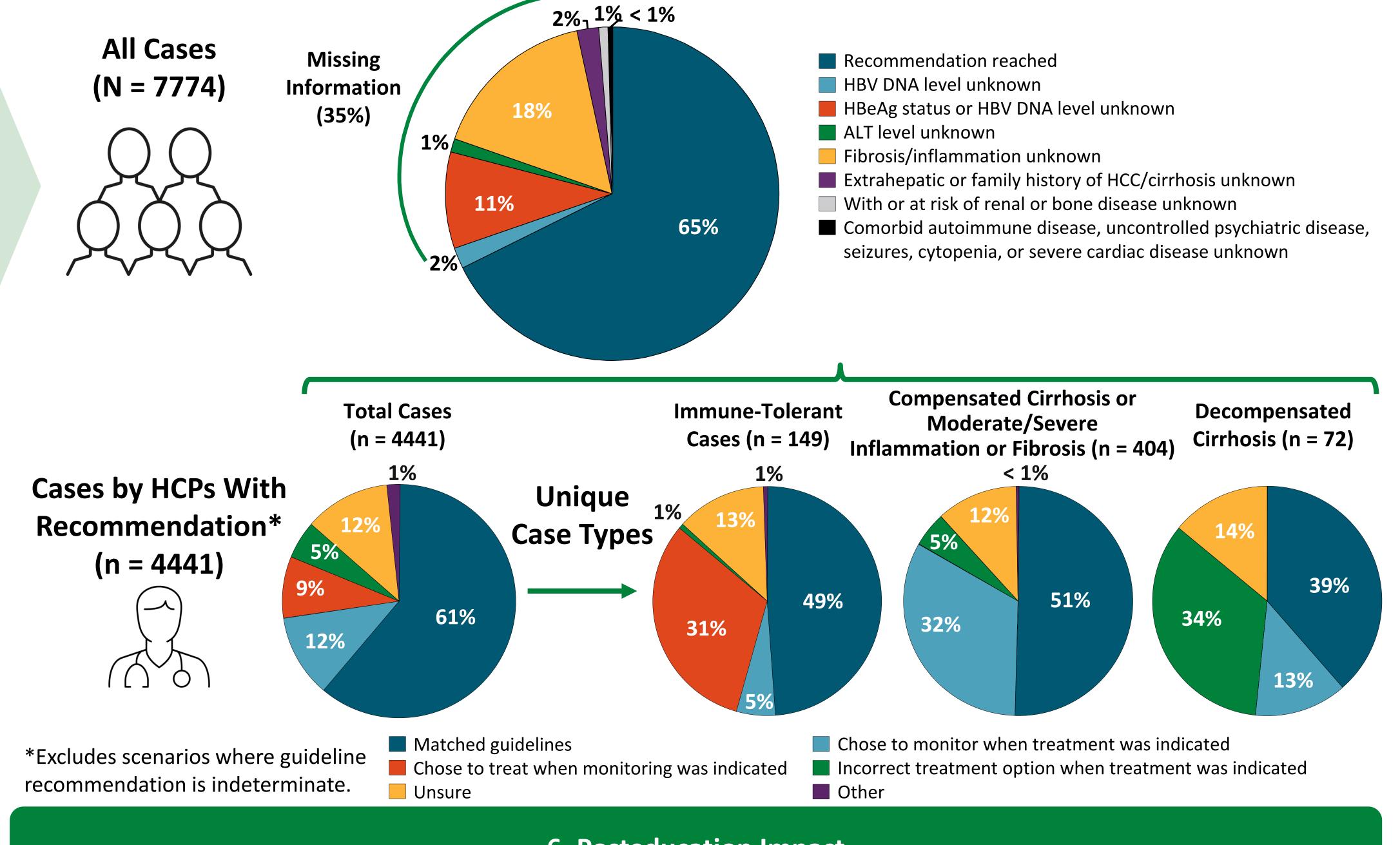
**33%** HBV DNA ≥ 2000

## 4. Online Decision Support Tool Provides **Patient-Specific Recommendations**



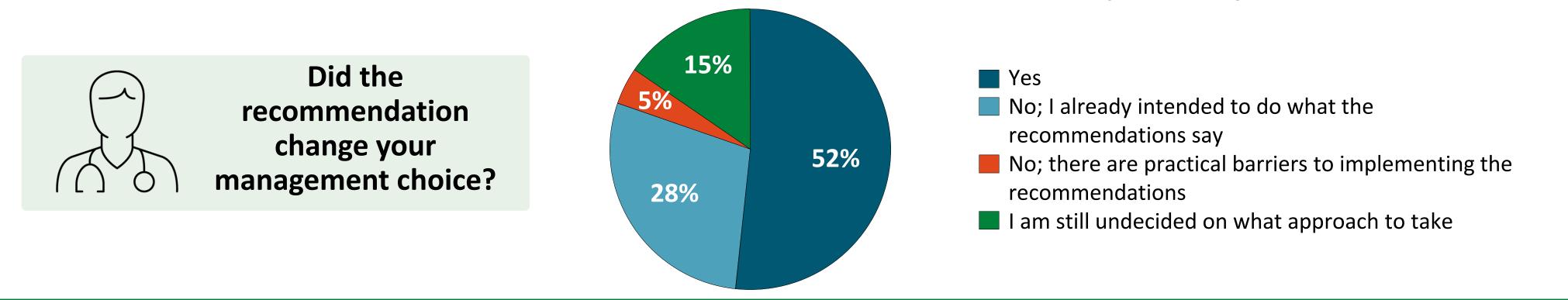
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## 5. Case Outcome and Intended Management Approach



### 6. Posteducation Impact

### Subset of Clinician Cases Where Baseline Plan Differed From **Guidelines and Clinician Identified Future Plan (n = 676)**



### 7. Conclusions

- This online decision support tool showed users selected "unknown" for a variable necessary to reach a guideline **recommendation for 35.5% of cases**  $\rightarrow$  the information most often missing was the level of fibrosis/inflammation
- Clinicians' initial HBV management plans of whether to treat and what to treat with differed from guidelines for 39% of case **scenarios**  $\rightarrow$  certain types of cases demonstrated higher discordance
- Of cases in which the HCPs' intentions were inconsistent with guidelines, 52.1% indicated that they planned to change their approach after being provided the recommendation by the tool