Attempts to Improve Hepatitis C Screening Rates in a Gastroenterology Fellows' Clinic: A Quality Improvement Initiative

Alexander Weick
Andrew Watson
Reena Salgia

Follow this and additional works at: https://scholarlycommons.henryford.com/merf2019qi
Attempts to Improve Hepatitis C Screening Rates in a Gastroenterology Fellows’ Clinic: a quality improvement initiative

Alexander Weick, MD
Andrew Watson, MD
Reena Salgia, MD
Introduction

• CDC recommends one-time birth cohort Hepatitis C (HCV) testing for individuals born between 1945-1965.

• Previous quality improvement (QI) projects aiming to improving HCV screening have largely focused on increasing education of screening guidelines.

• We conducted a QI initiative focusing on improving the rates of HCV birth cohort screening in the Gastroenterology Fellows’ (GI) continuity clinic at an urban tertiary care center.
Methods

• The baseline rates of HCV birth cohort screening were assessed for patients seen in GI Fellows’ clinic within three months prior to our intervention.

• The intervention was a standardized documentation statement to be included in all fellows’ electronic medical record clinic notes to allow for clear documentation of the patients’ HCV status.

• Total span of data collection was 6 months from July 1, 2017 through December 31, 2017
**ASSESSMENT:**

***

**PLAN:**

At this time, we would respectfully make the following recommendations:

***

Is patient up to date with Hepatitis C Age-Based Screening (one-time testing for adults born from 1945 to 1965): {yes/no:311199}  
The above patient was seen and discussed with senior staff gastroenterologist ***, who agrees with the above assessment and plan.

---

At this time, we would respectfully make the following recommendations:

***

Is patient up to date with Hepatitis C Age-Based Screening (one-time testing for adults born from 1945 to 1965): {yes/no:311199}  
The above patient was seen and discussed with senior staff gastroenterologist ***, who agrees with the above assessment and plan.
Methods

• The primary aim of this study was to assess the impact of this intervention on age-appropriate HCV screening achieved within three months after the intervention.

• The secondary aim was to compare baseline HCV screening rates in this urban population of patients.
Results

• 231 patients in the pre-intervention group
  • 45.1% of patients were male and 23.4% were Caucasian.

• 245 patients in the post-intervention group

• Median age for both groups was 63 (average year of birth 1955).
  • In the post-intervention group, 42.4% were male and 18.8% were Caucasian.
Results

• 92 of 231 (39.8%) patients in the pre-intervention group and 80 of 245 (32.7%) patients in the post-intervention group had NOT received screening for HCV prior to GI clinic appointment.

• 11 of the 92 (12.0%) patients in the pre-intervention group who had lacked prior screening were appropriately screened at their clinic appointment, compared to 12 of 80 (15.0%) in the post-intervention group.

• There was no significant difference between the groups (p=0.559)
<table>
<thead>
<tr>
<th></th>
<th>Pre-Intervention</th>
<th>Post-Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior HCV Screening</td>
<td>60.2%</td>
<td>67.3%</td>
</tr>
<tr>
<td>GI Clinic Screening</td>
<td>12.0%</td>
<td>15.0%</td>
</tr>
</tbody>
</table>
Conclusions

• This quality improvement intervention did show unexpectedly high baseline HCV birth cohort screening rates compared to recent published reports.
  • Literature-reported rates of HCV screening ranging from 0.68% to 37%
  • This is may be partially due to the hospital system’s EMR incorporating electronic alerts for age-based HCV screening.

• This specific intervention did not show a significant improvement in hepatitis C viral screening rates in the GI fellows’ continuity clinic.
Conclusions

• The lack of efficacy with this intervention is relevant to allow future alternative approaches for improving screening rates to be explored.

• Interventions focused on adding documentation for improving screening rates may be onerous for GI clinicians who are seeing patients for primarily non-hepatologic concerns.

• Our study highlights the need for further quality improvement studies to continue to improve birth cohort HCV screening rates to a goal of 100 percent among GI physicians.