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

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# Attempts to Improve Hepatitis C Screening Rates in a Gastroenterology Fellows' Clinic: a quality improvement initiative

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# 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:

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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
yes
no
***

# 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)

| | Pre-Intervention | Post-Intervention |
|---|---|---|
| **Prior HCV Screening** | 60.2% | 67.3% |
| **GI Clinic Screening** | 12.0% | 15.0% |

# 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.