

Background of the Problem

- Hepatitis C (HCV) is a blood-borne disease of liver (acute or chronic)
 - Chronic HCV increases liver complications
 - In 2017, 140,000 cases of chronic HCV
 - In 2017, 17,000 deaths related to HCV complications
- HCV screenings provide the benefit necessary to decrease the burden of HCV for individual and population health, as well as the financial cost for healthcare. Chronic HCV increases liver complications.
- The purpose of this project was to improve HCV screening in patients born from 1945 to 1965 within a multi-site gastroenterology (GI) clinic.
- Would use of an HCV algorithm and focused education of providers and staff increase HCV screening in patients born from 1945 to 1965?

Sample and Setting

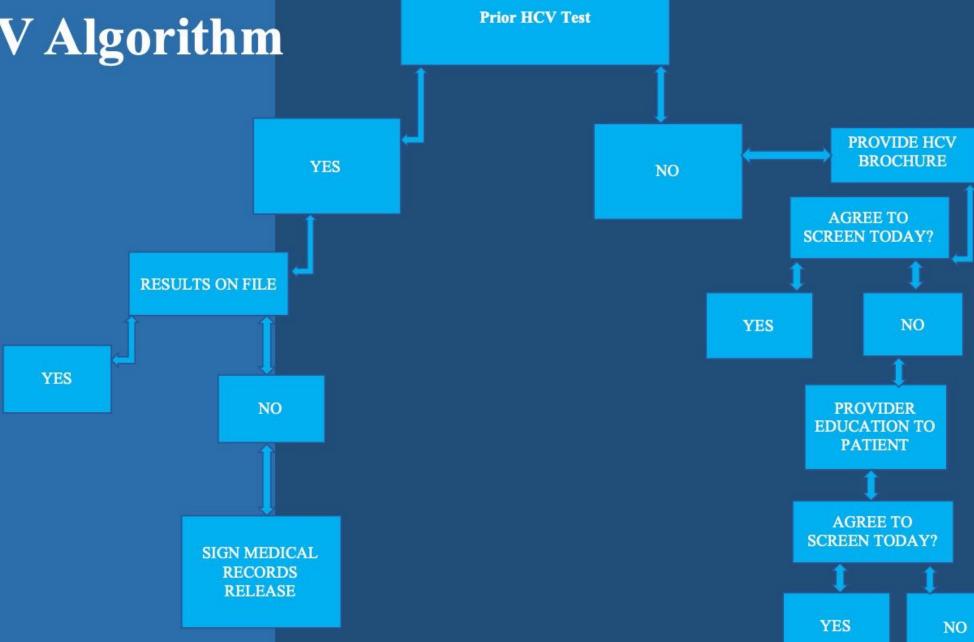
- 100 pre-intervention
 - Born from 1945 to 1965
 - Multi site GI clinic seen within 5 weeks of staff educational session
- 65 post-intervention
 - same birth cohort that had been seen during the 4 -week intervention
- Multi-site GI clinic in southern Mississippi
- 1700 patients seen per month in the clinics combined

Interventions

- Provider and staff education staff meeting
- Informational patient flyer
- Intake-based protocol
- Algorithm

HCV Intake Based Protocol					
HCV Testing Protocol					
Were you born between the years 1945-1965? YES NO					
II					
Have you previously been screened for hepatitis C? YES NO					
Would you like to have a honetitic Commoning durant to day? WES - NO -					
Would you like to have a hepatitis C screening drawn today? YES NO					

HCV Algorithm



Statistical Results

- Data was converted into a percentage of patients screened compared to the number of patients not screened
- Total of 165 participants, 108 women and 57 men
- Majority of the study participants (n=121) were Caucasian
- Post-intervention previously HCV screened
 - negative HCV tests 72.7%
 - positive HCV test 27.3%
- Post intervention newly HCV screened were 100% negative

Statistical Results

Frequencies of Variables for the Pre-and Post-Intervention Samples

		ntion Sample = 100)	Post-Intervention Sample $(N = 65)$		
Variables	n	%	n	%	
Gender					
Males	34	34.0	23	35.4	
Females	66	66.0	42	64.6	
Ethnicity					
African American	28	28.0	14	21.5	
Caucasian	71	71.0	50	76.9	
Native Hawaiian	1	1	0		
Asian	1	1.5	0		
History alcohol use					
Yes	61	61.0	37	56.9	
No	39	39.0	28	43.1	
Current alcohol use					
Yes	21	33.9	14	37.8	
No	41	66.1	23	62.2	
History tobacco use					
Yes	56	56.0	34	52.3	
No	44	44.0	31	47.7	
Current tobacco use					
Yes	24	42.1	23	67.6	
No	33	57.9	11	32.4	
History illicit drug					
Yes	55	55.0	28	43.1	
No	45	45.0	37	56.9	
Current illicit drug					
Yes	3	5.5	1	3.4	
No	52	94.5	28	96.6	
Hypertension			0		
Yes	59	59.0	39	60.0	
No	41	41.0	26	40.0	
Diabetes		1000		(2000)	
Yes	31	31.0	46	70.8	
No	69	69.0	19	29.2	

Frequencies of Variables for the Pre-and Post-Intervention Samples

		ervention 100)	Post-Intervention $(N=65)$		
Variables	n	%	n	%	
History of HCV Testing					
Yes	35	35.0	11	16.9	
No	65	65.0	42	83.1	
Family Hx of HCV					
Yes	21	21.0	11	16.9	
No	79	79.0	54	83.1	
Prior HCV Test Results					
Positive	14	40.0	3	27.3	
Negative	21	60.0	8	72.7	
HCV Test Ordered					
Yes	10	15.4	54	100.0	
No	55	84.6	0		

Statistical Results

<u>Frequency and Column Percentages of History of HCV Testing by Sample (N = 165)</u>

	Pre-intervention		Post-intervention		Total	
HCV Testing	n	%	n	%	n	<u>%</u>
Yes	35	21.2	11	6.7	46	27.9
No	65	39.4	54	32.7	119	72.1
Total	100	60.6	65	39.4	165	100

 $X^{2}_{(1)} = 6.402, p < .05$

Frequency and Column Percentages of New Orders for HCV Testing by Sample (N = 119)

HCV Testing Ordered	Pre-intervention		Post-intervention		Total	
	n	%	n	%	n	%
Yes	10	8.4	54	45.4	64	55.8
No	55	46.2	0	0	55	46.2
Total	75	54.6	54	45.4	119	100

 $X^{2}(1) = 84.96, p < .001$

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