INCREASING PRIMARY CARE HEPATITIS C SCREENING IN THE BIRTH COHORT BORN BETWEEN 1945-1965

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BACKGROUND

There are over 3.2 million American citizens infected with the Hepatitis C virus. It is estimated that three fourths of this population is from the birth cohort born between 1945-1965, otherwise known as the Baby Boomers. Despite the Centers for Disease Control and Prevention (CDC, 2014) recommendations to screen this population at least one-time regardless of risk factors, screening practices in the primary care setting is suboptimal (American Association for the Study of Liver Diseases [AASLD], 2015). Kallman et al., (2009) noted approximately 41% of PCPs are unaware of the current guidelines. The remaining 59% are aware of the guidelines but have low adherence rates.

PROBLEM

Initial data analysis in July of 2015 at Elica Health Centers revealed there were 7346 registered patients meeting the criteria for this birth cohort. Of the 7346 individuals, only 18 % of this group had a documented one time HCV test which is significantly lower than the national average. These statistics validate the need to implement an HCV screening quality improvement project at Elica Health Centers.

AIM

The aim of this project was to identify barriers to HCV screening of the Baby Boomer population in the primary care setting in order to improve screening rates, increase early detection, and decrease health care expenditures resulting in improved quality of life years.

METHODS

The project was conducted as a quasi-experimental, one-group, pre-test/post-test education measurement design. A pre education workshop survey was administered to all primary care providers at Elica Health Centers to identify barriers to HCV screening within the Baby Boomer population. At Elica Health Centers an educational workshop was administered addressing CDC (2014) recommended guidelines for HCV. One month following the educational workshop, a repeat of the initial survey was administered again at a monthly provider meeting. A convenience sample of 16 providers was used.

STATISTICAL ANALYSIS

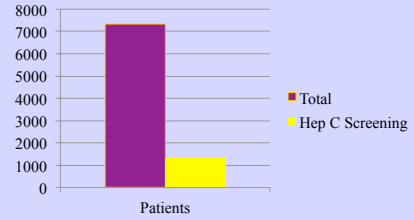
A statistical program from Google forms was utilized to enter, store, and manage collected data (Kim & Mallory, 2014). Descriptive statistics was used to analyze outcomes.

RESULTS

PRE INTERVENTION

Initial report on 07/2015 stated 7346 patients with Elica born between 1945-1965

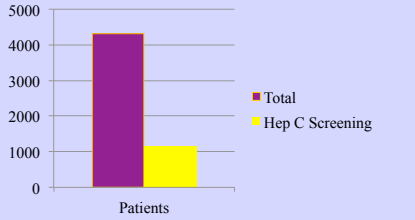
Of that 7346 patients, 18% of this sample had documentation of HCV testing at least once



POST INTEVENTION

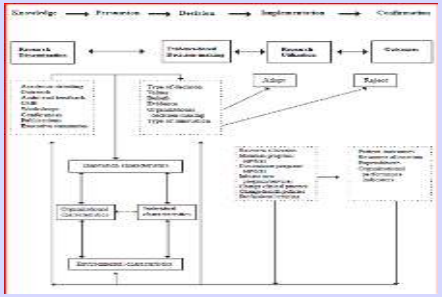
Follow up data from 07/2015-07/2016 reported 4322 patients with Elica born between 1945-1965

Of that 1145 of the patients, 26% of this sample had documentation of HCV testing at least once



THEORETICAL FRAMEWORK

Dobbins Framework for the Dissemination and Utilization of Research



EVALUATION METHODS

The *Plan–do–study–act (PDSA) cycles* of program evaluation method was chosen for the Scholarly Project.

Cycle 1) 07/2016, 64% of the PCP's surveyed (N=16) and educated re: HCV guidelines. Ten surveys one month post intervention returned. Screening rates up to 26% compared to 18% in 07/2015.

Cycle 2) In progress. Plan to continue to work with quality improvement department to develop other strategies to increase screening and awareness. Continue with collecting post intervention surveys. Continue to analyze data.

SUMMARY

The survey was manually handed out to 15 of the providers that attended the April 2016 monthly provider meeting. Additional surveys were distributed via Google forms via provider emails. The PI manually collected all completed written surveys pre and post-educational workshop at end of the provider April meeting Following completion of the survey, an educational workshop regarding guideline requirements and HCV historical background was conducted. Two months after the education workshop, the same survey was administered to evaluate if the educational component was information the PCP's felt helpful and beneficial for their practice. As of 07/2016, the PI was able to obtain 64% participation short of the goal of 75%. Analysis of the returned surveys is currently being evaluated to assess any barriers to current screening practices.

CONCLUSIONS

This project evaluates PCP's barriers to adhering to current guideline recommendations for HCV screening of patients within the birth cohort born between 1945-1965. Improving screening rates through assessment and education of PCP's identifies more chronically infected HCV positive individuals. Identifying HCV positive individuals reduces the financial burden on the health care system by connecting HCV positive individuals with early treatment, resulting in subsequent improved health outcomes and increase quality of life (Southern et al., 2014).

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