Implementing HCV Screening into Federally Qualified Health Centers

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Catelyn, Coyle MEd
Background

• Public Health Management Corporation (PHMC):
  – Public health Institute located in Philadelphia
  – Runs 5 FQHCs
    • 2 attached to PHA
    • 1 treats HCV, HIV and co-infected
    • All 5 are NNCC members

• National Nursing Centers Consortium
  – PHMC affiliate
  – Advocates for nurse managed health centers
  – Runs programs in partnership with the 5 PHMC health centers
  – CDC grantee for this project
CDC Recommendations

• New targets population: baby boomers
  – Born 1945-1965
  – 75% of adults with HCV are in the birth year cohort

• HCV related deaths now out-number HIV/AIDS related deaths

• 3.2 million people have HCV and most are unaware

• 75-85% of people infected will develop chronic HCV
Other High-Risk Populations

- CDC Recommendations
  - Injection drug users (current or former)
  - Tattoos/piercings from unlicensed locations
  - Job with exposure to sharps
  - Blood transfusion/organ transplant before 1994
  - Woman that had a cesarean before 1990
  - Diagnosed liver disease
  - Dialysis patients

- Homeless (former or current)
The CDC Grant

- Routinize HCV testing using integrated lab-based model with EMR modifications to prompt and track testing in community health centers
- Diagnose confirmed cases of chronic HCV
- Link patients with chronic HCV to specialist care and evaluation for treatment
- September 30, 2012-September 29, 2013
- 2000 tests
Testing Protocol

HCV antibody tests on high-risk patients

HCV RNA test on patients with positive HCV antibody tests

Link patients with detectable RNA to specialist for treatment
Testing Protocol

• Risk information for all patients tested
  – Injection use ever
  – Injection use in the last 12 months
  – HIV status

• Post-test counseling on all patients with positive HCV antibody tests and positive HCV RNA tests

• Behavioral health and substance abuse screening on patients with positive HCV antibody tests

• HAV/HBV vaccination
3 Phases of Project

Phase 1: Development

Phase 2: Implementation

Phase 3: Maintenance
Phase 1: Development

• Create Standard of Care
  – Unique to each health center
    • Input from Clinical Directors, Medical Assistants, Nurse Practitioners, Registered Nurses
    • Educate entire clinic staff as to protocol
      – Including Social Workers, Behavioral Health Consultants, Billers

• Contracts

• Coalition Building
Phase 1: Development

• Trainings for clinicians and clinic staff
  – HCV Infection and screening
    • Disease etiology
    • How is it diagnosed
    • Screening techniques
    • Acute versus chronic
  – Rapid test
  – RN specific training
Phase 1: Development

• Labs
  – Which type of test to use and when
    • In-house: Rapid Test
    • Outgoing: EIA, Reflex
  – How to integrate into patient flow of health center
    • When to test patient during visit
  – Which private lab to use for uninsured patients
Phase 1: Development

- **Electronic Health Records**
  - **Prompts**
    - Automatic prompts for anyone that meets birth year cohort
  - **Templates**
    - Hepatitis C Screening
    - Hepatitis C Screening-Follow-up
    - Hepatitis C Screening-First Medical Visit
    - Hep C Risk Factors-Social History
Phase 2: Implementation

• Health centers start testing
  – Staggered start: December 2012-February 2013
  – All rapid tests in January

• Create protocol for MAs
  – Collect and document risk factors
  – Screening criteria
  – Lab requisition

• Quest Interface with EMR

• Uninsured patients
  – Perform antibody only
  – If positive, start insurance process
  – Perform HCV RNA confirmatory test, once patient is insured
YOU'D BETTER GET OUT OF THE SUN, RALPH... LOOKS LIKE YOU'RE DONE.
### Implementation Challenges

#### Problems Encountered
- Designed protocol versus actual protocol
- Effect on flow within clinic
- Confirmatory test
- Giving patient their HCV antibody positive/negative results and documenting

#### How Problems Were Fixed
- Universal screening versus universal testing
- MA-driven versus Provider-driven model
- Quest started reflex test
- Only needed to give patients HCV Antibody positive results
Implementation Challenges

Problems Encountered

• Effect on workload
• Post-test counseling on “High-Risk” patients with HCV Ab- test
• Follow-up care for patients with HCV antibody positive tests
• Referring HCV Ab+ patients to RNs

How Problems Were Fixed

• Decreased the number of “clicks” in the EMR and reports to Project Coordinator with missing information
• “High Risk” is IDU within past 12 months only
• Re-educate
• Project Coordinator gives RNs the list of patients who test positive
Phase 3: Maintenance

- Continue troubleshooting
- Explore replicating in other health centers
- Find funding to continue testing
  - HIV testing
  - Outreach
## Preliminary Data

### Total

<table>
<thead>
<tr>
<th></th>
<th>Number of HCV Antibody Tests</th>
<th>1185</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of HCV Antibody Positives</td>
<td>134</td>
<td>11.3%</td>
</tr>
<tr>
<td>HCV RNA Tests</td>
<td>79</td>
<td>58.95%</td>
</tr>
<tr>
<td>Detectable HCV RNA Tests</td>
<td>50</td>
<td>63.3%</td>
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</tbody>
</table>

### New Diagnoses

<table>
<thead>
<tr>
<th></th>
<th>Number of HCV Antibody Tests</th>
<th>1185</th>
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</thead>
<tbody>
<tr>
<td>Number of New Diagnosed HCV Antibody Positives</td>
<td>83</td>
<td>7.0%</td>
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<tr>
<td>HCV RNA Tests on Newly Diagnosed</td>
<td>46</td>
<td>55.4%</td>
</tr>
<tr>
<td>New Diagnosed Detectable HCV RNA Tests</td>
<td>26</td>
<td>56.5%</td>
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</tbody>
</table>

Data: Oct 1, 2012-May 29, 2013
## Preliminary Data - Birth Year Cohort

### Birth Year Cohort

<table>
<thead>
<tr>
<th>Birth Year Cohort</th>
<th>Number</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Number of HCV Ab+</td>
<td>99</td>
<td>73.9%</td>
</tr>
<tr>
<td>Number of HCV RNA</td>
<td>52</td>
<td>52.5%</td>
</tr>
<tr>
<td>Number of Confirmed Chronic HCV</td>
<td>31</td>
<td>59.6%</td>
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</table>

### Birth Year Cohort Newly Diagnosed

<table>
<thead>
<tr>
<th>Birth Year Cohort Newly Diagnosed</th>
<th>Number</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>New HCV Ab+</td>
<td>66</td>
<td>67.7%</td>
</tr>
<tr>
<td>Number of HCV RNA Tests on Newly Diagnosed</td>
<td>37</td>
<td>56.1%</td>
</tr>
<tr>
<td>Numb of Newly Confirmed Chronic HCV</td>
<td>22</td>
<td>59.45%</td>
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</table>

Data: Oct 1, 2012-May 29, 2013
### Preliminary Data-2 Health Centers

<table>
<thead>
<tr>
<th>PHMC Care Clinic: 439 Tests</th>
<th>Number of Tests</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of HCV Ab+</td>
<td>84</td>
<td>19.1%</td>
</tr>
<tr>
<td>Total Number of HCV RNA Tests</td>
<td>53</td>
<td>63%</td>
</tr>
<tr>
<td>Total Number of Chronic HCV</td>
<td>36</td>
<td>67.9%</td>
</tr>
<tr>
<td>Number of Newly Diagnosed HCV Ab+</td>
<td>46</td>
<td>54.8%</td>
</tr>
<tr>
<td>Number of HCV RNA Tests on Newly Diagnosed</td>
<td>27</td>
<td>58.7%</td>
</tr>
<tr>
<td>Number of Newly Diagnosed Chronic HCV</td>
<td>17</td>
<td>62.96%</td>
</tr>
<tr>
<td>Seropositivity</td>
<td></td>
<td><strong>10.5%</strong></td>
</tr>
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Data: Oct 1, 2012-May 29, 2013
# Preliminary Data-2 Health Centers

<table>
<thead>
<tr>
<th>PHMC Health Connection: 325 Tests</th>
<th>Number of Tests</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Total Number of HCV Ab+</td>
<td>13</td>
<td>9.7%</td>
</tr>
<tr>
<td>Total Number of Newly Diagnosed HCV Ab+</td>
<td>13</td>
<td>100%</td>
</tr>
<tr>
<td>Number of HCV RNA Tests on New Diagnoses</td>
<td>10</td>
<td>76.9%</td>
</tr>
<tr>
<td>Number of Newly Diagnoses Chronic HCV</td>
<td>5</td>
<td>50%</td>
</tr>
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</table>

**Seropositivity** 4%

Data: Oct 1, 2012-May 29, 2013
Things to Consider

- Money for uninsured patients
- Point person to oversee project
- Makes the EMR work for you
- How to fit into clinic flow
Contact Information

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