

# Improving Hepatitis C Screening Rates in a Primary Care Setting

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## INTRODUCTION and PROBLEM

- Hepatitis C is a viral infection that causes liver inflammation, which can lead to serious liver damage, long-term health complications, and death. HCV is the most common blood borne infection in the United States.<sup>1</sup>
- Up to 85% of individuals who become infected with HCV are subjected to a chronic, long-term infection. Half of people with chronic HCV are unaware of their condition.<sup>1</sup>
- New infections are most common in people who inject drugs and older adults are more likely to have chronic form.
- Despite the United States Preventative Services Task Force strong recommendation to screen for HCV, many eligible patients do not undergo screening as nationally screening rates are low are low at 12.8%.<sup>2</sup>
- Lack of access to care, time, and knowledge deficit are common documented barriers that healthcare professionals identified that negate screening uptake.<sup>3,4,5</sup>

## PURPOSE STATEMENT

- Determine if education through an in-service educational session, followed by academic detailing components amongst healthcare professionals' influences hepatitis C screening rates and healthcare professionals' comfort level and knowledge regarding HCV screening guidelines.

## PROJECT OBJECTIVES

- Objective One:** Increase HCV screening rates for patients in baby boomer cohort (birth year 1945-1965) at a primary care clinic within six months of implementation.
- Objective Two:** Identify people who inject drugs (PWIDs) in electronic health record to enhance HCV screening opportunities for those individuals within six months of implementation.
- Objective Three:** Enhance healthcare professionals' perceived knowledge about HCV and comfort in addressing HCV screening recommendations within six months of implementation.

## THEROETICAL FRAMEWORK

### Social Ecological Model

#### Systems model that contains multiple bands of influence<sup>6</sup>

- Individual:** Need for HCV screening, knowledge, attitudes, skills
- Interpersonal:** Recommendation to screen for HCV, education
- Organizational:** Healthcare system, health insurance, access to clinic services
- Community:** CDC, resources, community support
- Policy:** Healthy People 2020 goals, NDDOH goals, USPSTF recommendations



## PROJECT DESIGN



- 1) Plan**
- Establish project objectives to implement education to increase HCV rates
  - Collaborate with multidisciplinary team
  - Design educational HCV presentation and materials
  - Email reminders

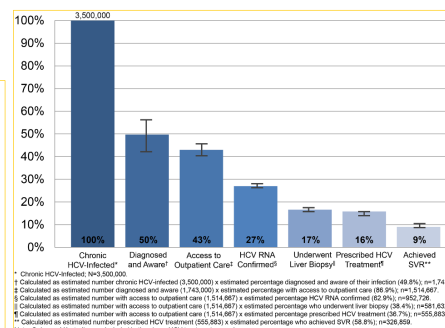
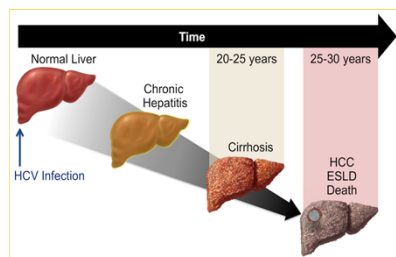
- 4) Act<sup>7</sup>**
- Identify changes if needed
  - Present future suggestions to facility
  - Disseminate results

- Intervention:** Two one-hour educational in-services
  - Multidisciplinary approach including co-investigator, topic expert, and pharmacist discussing:
    - HCV disease burden
    - HCV screening guidelines
    - Current efforts in clinic to support HCV care
    - CDC Hepatitis C Toolkit
    - Distribute educational tools
    - Academic detailing

- 2) Do**
- Implement HCV educational in-services to participants
  - Dispense HCV education materials following in-services
  - Distribute post in-service surveys to participants
  - Academic detailing aspects
  - Distribute follow-up surveys

- 3) Study**
- Complete data analysis
  - Summarize data
  - Determine if objectives were met

- Setting:** Primary care facility in Fargo, North Dakota
- Sample:** All health care professionals at facility
- Cost:** Minimal, no funding required



## EVALUATION

- Objectives One and Two:** Secondary analysis from the HCV screening data obtained by the facility's established process, consisting of data retrieval through EMR and chart reviews.
- Screening rates will be computed pre and post implementation.
- Objective Three:** Administering a voluntary survey to the participants post education in-service and an abbreviated survey 2 months after in-services.

## ANALYSIS

- Questions on the survey consisted of demographic information, Likert scales regarding knowledge and comfort level from pre and post in-service, benefits, potential barriers, and relevance to practice.
- Data will be configured via mean percentiles and statistician will assist with interpretation.

## TIMELINE



- March 2019:** Met with stakeholders and identified support.
- June 2019:** Developed dissertation proposal.
- August 2019:** NDSU proposal meeting.
- September 2019:** Obtained IRB approval.
- October 2019:** Implemented educational in-services. Administered post implementation survey after educational in-services to participants.
- December 2019 – January 2020:** Academic detailing site visits. Administered a 2-month post implementation survey to participants.
- January – September 2020:** Data collection.
- October 2020:** Analyze survey and HCV screening data.
- October – December 2020:** Complete dissertation.
- February 2021:** Final defense and disseminate results.

## REFERENCES

Available upon request