

Monitoring Adherence to HCV Screening Among the Baby Boomer Population

Authors: Sarah Speer Miller, RN, BSN, DNP-FNP Student, Mahogany Freeman, RN, BSN, DNP-FNP Student, and Autumn Spight RN, BSN, DNP-FNP Student
Faculty Advisor: Dr. Sharon Little, DNP, FNP-BC, APRN
College of Nursing - The University of Tennessee Health Science Center - Memphis, TN

Purpose

The purpose of this study is to assess the screening practices of patients of the baby boomer population by physicians within a primary care clinic in relation to current guidelines and assess the value of standardized hepatitis C screening.

Background

Chronic hepatitis C virus affects more than 2 million Americans and is the most common cause of liver disease nationwide. The prevalence of chronic HCV infection is more than 3 times higher in individuals born between 1945 and 1965. Although there is a significant prevalence, it is estimated that 40-50% of individuals with chronic HCV are unaware of their status (Cole et al., 2019).

Based on National Health and Nutrition Examination Survey data, the baby boomer population (people born between 1945 and 1965) has the highest prevalence of HCV infection. Those patients within the baby boomer population who have HCV account for 75% of all adult HCV infection and 70% of HCV-associated mortality (Goel et al., 2017). Because the baby boomer population accounts for such a large percentage of positive HCV cases as well as the fact that many cases go unidentified, it is imperative that special attention be paid to individuals within this population in regard to screening and testing for HCV.

Following this guideline can cause a tremendous spike in HCV detections and treatment as well as result in a significant decrease in liver cancers and transplants (Federman et al., 2017).

In 2012, the Centers for Disease Control and Prevention developed recommendations that all adults born between 1945 and 1965 should receive a one-time screening for hepatitis C virus. Despite those recommendations, many individuals who meet the criteria are not being screened. In 2017, the self-reported rate of screening of individuals in the birth cohort 1945-1965 was 17.3% (Bian & Schreiner, 2019).

There is effective treatment to mitigate the associated complications of chronic HCV, however, it is expected that HCV-related mortality and morbidity will increase fourfold over the next 10 years if the rates of screening and identification continue as they are (Sidlow & Msaouel, 2015).

Methods & Procedures

- Study Design**
- Retrospective Chart Review

- Setting**
- UT Family Medicine Clinic, Memphis, TN

- Study Duration**
- January 1, 2021- June 30, 2021

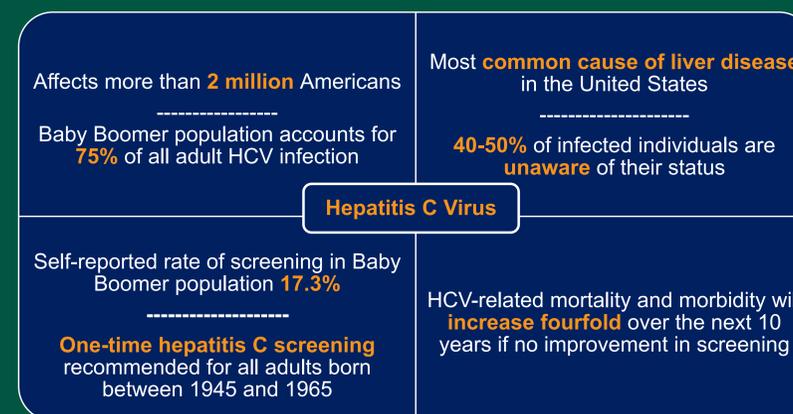
- Study Population**
- Adults born between the years 1945-1965

- IRB**
- UTHSC Internal Review Board has deemed the project as exempt

Through UT Family Medicine's approval, the electronic medical records were obtained and filtered for individuals born 1945-1965. Between January 1, 2021, and June 30, 2021, 31 patients were gathered and de-identified. The participants were only listed by age. Using a retrospective chart review, we analyzed the information provided and input the evidence into the Intellectus database. The database produced data comparing the results for adherence.

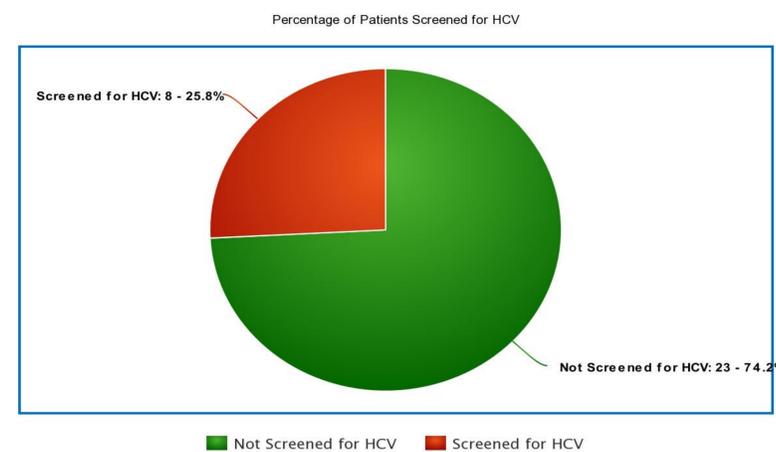
Implications for Practice

- Our findings suggest that HCV screening practices need improvement and primary care clinics could benefit from a standardized screening protocol for their employees to follow.**
- * An increase in adherence to guidelines for screening is necessary in order to detect and treat hepatitis C in those that test positive, especially since this virus often goes undetected.**
- * As of July 2020, the CDC has updated its HCV screening guidelines to include a one-time screening on all adults (ages 18 years and older) and in all pregnant women during each pregnancy. This change was made due to the increased prevalence and mortality from HCV infection in the United States in the last 10 years. Due to this change, primary care clinics should be sure to update their screening guidelines accordingly.**



Results

In the clinic, the ages ranged from 56 to 76 with the average age of 65. Among those charts, only 8 patients were screened in the 6 months of study. 74.19% of patients were not screened for the Hepatitis C virus, concluding a low adherence to the CDC's recommendation.



References

- Barocas, J. A., Wang, J., White, L. F., Tasillo, A., Salomon, J. A., Freedberg, K. A., & Linas, B. P. (2017). Hepatitis C testing increased among baby boomers following the 2012 change to CDC testing recommendations. *Health Affairs*, 36(12), 2142-2150.
- Bian, J., & Schreiner, A. D. (2019). Population-based screening of hepatitis C virus in the United States. *Current Opinion in Gastroenterology*, 35(3), 177-182. <https://doi.org/10.1097/MOG.0000000000000520>
- Brady, J. E., Liffman, D. K., Yartel, A., Kil, N., Federman, A. D., Kannry, J., ... & Smith, B. D. (2017). Uptake of hepatitis C screening, characteristics of patients tested, and intervention costs in the BEST-C study. *Hepatology*, 65(1), 44-53. <https://aasidpubs.onlinelibrary.wiley.com/doi/full/10.1002/hep.28880>
- Cole, A. M., Keppel, G. A., Baldwin, L. M., Gilles, R., Holmes, J., Vance, C., Kreisman, B., Linares, A., Hornecker, J., Paddock, E., Gerrish, W., Alto, W., Gould, D., Neher, J. (2019). Room for improvement: rates of birth cohort hepatitis C screening in primary care practices – a WWAMI region practice and research network study. *Journal of Primary Care & Community Health*, 10. <https://doi.org/10.1177/2150132719884298>
- Centers for Disease Control and Prevention. (2020). CDC recommendations for hepatitis c screening among adults in the United States. Retrieved from <https://www.cdc.gov/hepatitis/hcv/guidelines.htm>
- Federman, A. D., Kil, N., Kannry, J., Andreopolous, E., Toribio, W., Lyons, L., Singer, M., Yartel, A., Smith, B. D., Rein, D. B., & Krauskopf, K. (2017). An electronic health record-based intervention to promote hepatitis C virus testing among adults born between 1945 and 1965: a cluster-randomized trial. *Medical Care*, 55(6), 590-597. <https://doi.org.ezproxy.uthsc.edu/10.1097/MLR.0000000000000715>
- Goel, A., Sanchez, J., Paulino, L., Feuille, C., Arend, J., Shah, B., ... & Perumalswami, P. V. (2017). A systematic model improves hepatitis C virus birth cohort screening in hospital-based primary care. *Journal of viral hepatitis*, 24 (6), 477-485. <https://onlinelibrary-wiley-come.ezproxy.uthsc.edu/doi/pdf/10.1111/jvh.12669>
- Kornahrens, A., Waryold, J., & Jurgens, C. Y. (2020). Improving Hepatitis C Screening in the Primary Care Outpatient Setting for Individuals Belonging to the Birth Cohort 1945-1965. *Journal for Nurse Practitioners*. <https://doi.org/10.1016/j.nurpra.2020.06.013>
- Schillie, S., Wester, C., Osborne, M., Wesolowski, L., & Ryerson, A. B. (2020). CDC recommendations for hepatitis C screening among adults—United States, 2020. *MMWR Recommendations and Reports*, 69(2), 1.
- Sidlow, R., & Msaouel, P. (2015). Improving hepatitis C virus screening rates in primary care: A targeted intervention using the electronic health record. *Journal for Healthcare Quality*, 37(5), 319-323. <https://doi-org.ezproxy.uthsc.edu/10.1097/JHQ.000000000000010>