

HCV Testing Challenges & Systems-based Solutions

Webcast 2.3



Presented By:
Denise Stinson, MN, RN
Tacoma-Pierce County Health Department
Communicable Disease Control Program Manager

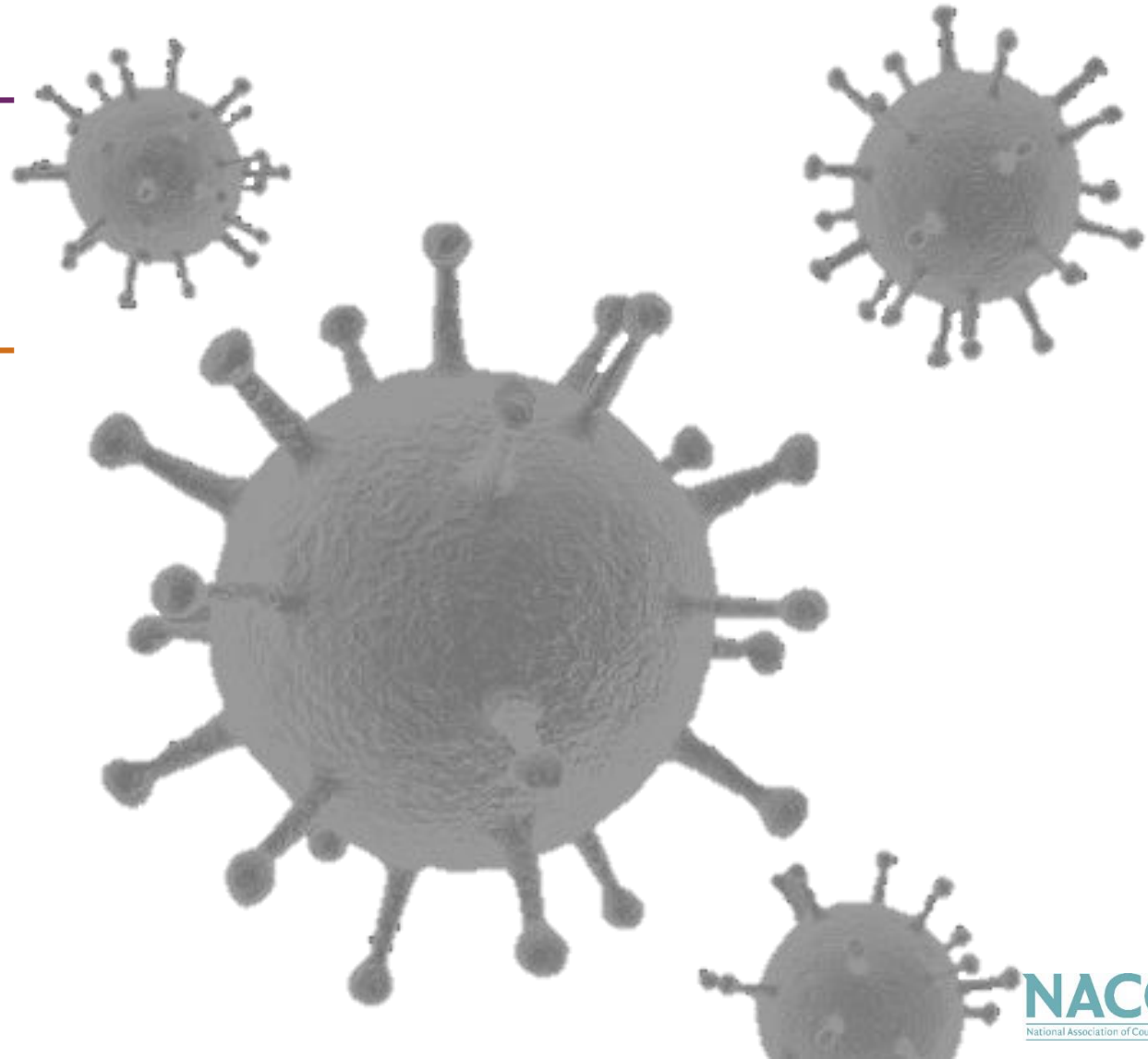
Webcast Overview

1

CDC Testing
Sequence & Testing
Recommendations

2

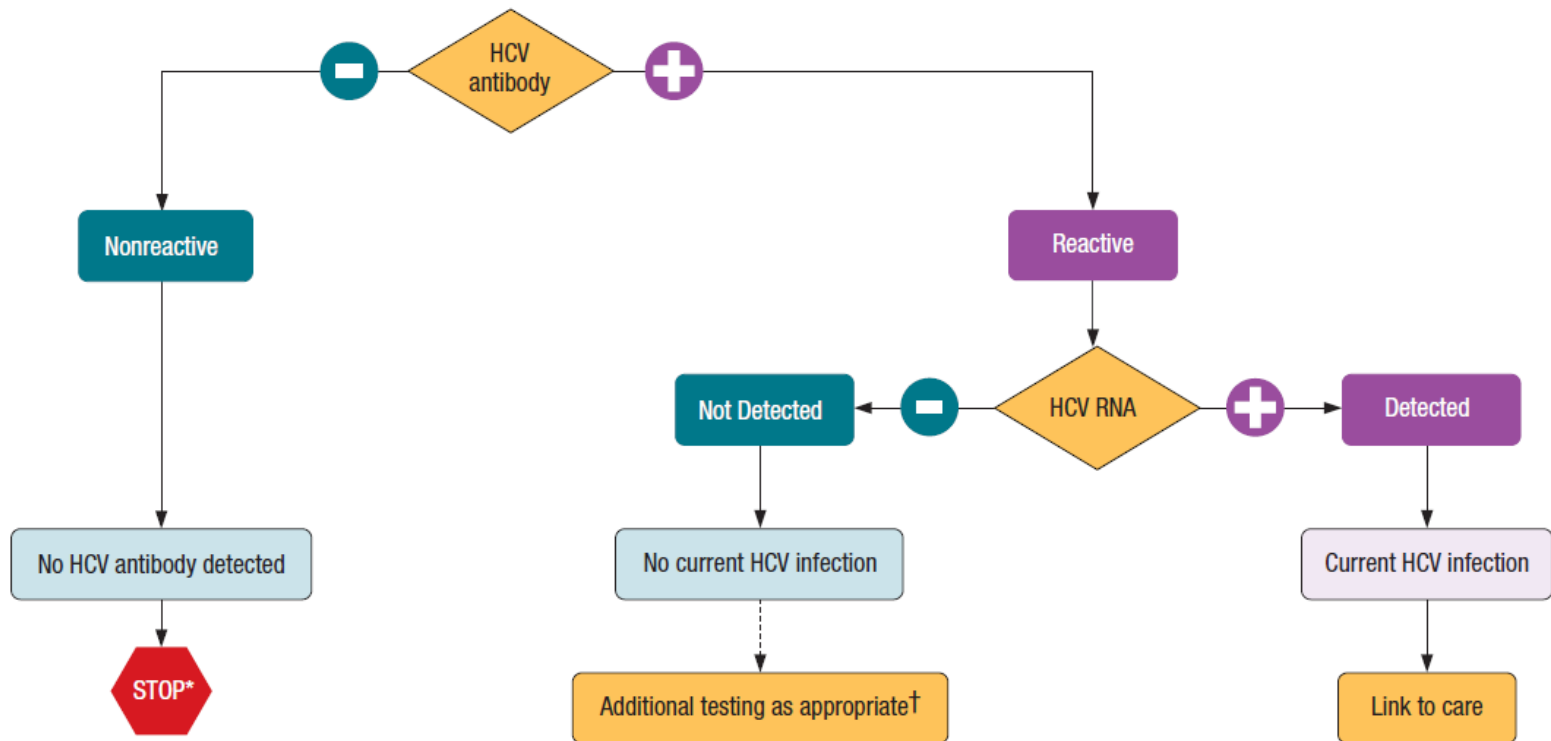
Barriers,
Challenges, and
Systems-level
Solutions



CDC Testing Sequence & Testing Recommendations



CDC Testing Sequence



For persons who might have been exposed to HCV within the past 6 months, testing for HCV RNA or follow-up testing for HCV antibody is recommended. For persons who are immunocompromised, testing for HCV can be considered.

† To differentiate past, resolved HCV infection from biologic false positivity for HCV antibody, testing with another HCV antibody assay can be considered. Repeat HCV RNA testing if the person tested is suspected to have had HCV exposure within the past 6 months or has clinical evidence of HCV disease, or if there is concern regarding the handling or storage of the test specimen.

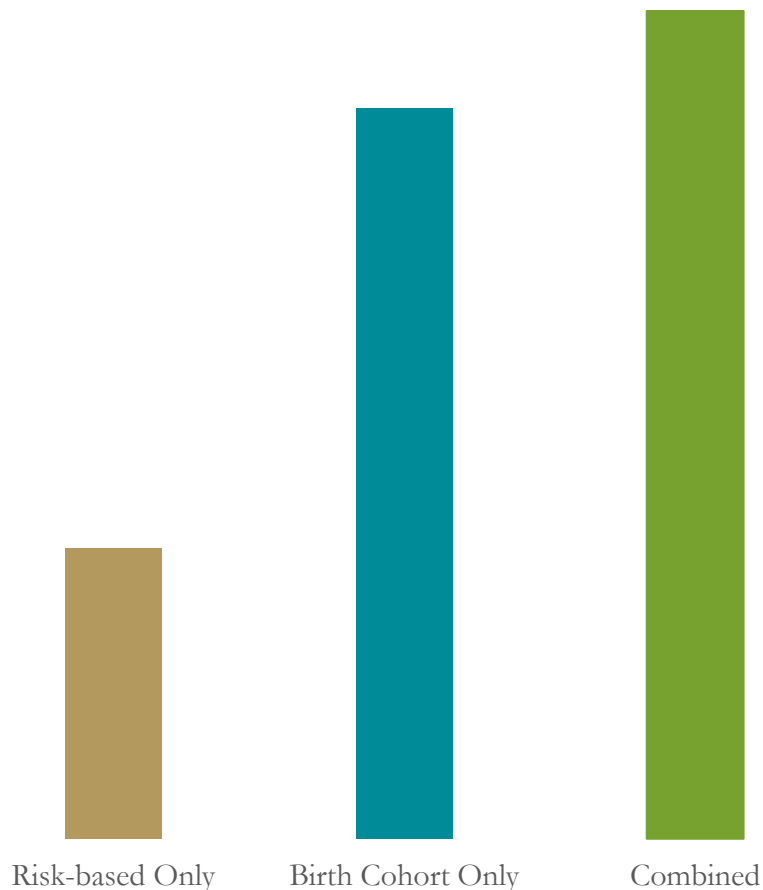
Centers for Disease Control and Prevention. (2013). Testing for HCV infection: An update of guidance for clinicians and laboratories. *MMWR*, 62(18).

Testing Recommendations for HCV

- Risk-based testing in routine care settings has been in place since the 1990s and includes those who have:
 - Ever injected drugs, even once
 - Received blood transfusions or blood products prior to July 1992
 - Been previously incarcerated
- 1945-1965 birth cohort (Baby Boomers)
 - Baby Boomers should be tested once and without prior risk ascertainment
 - 80% of new cases
 - Highest HCV-related mortality
 - Expected to identify 800,000 more infections than risk-based testing alone¹

1. CDC. CDC now recommends all baby boomers receive one-time hepatitis C test. <http://www.cdc.gov/nchhstp/newsroom/2012/hcv-testing-recs-pressrelease.html>

New Cases Identified through Combined Birth Cohort and Risk-based Testing

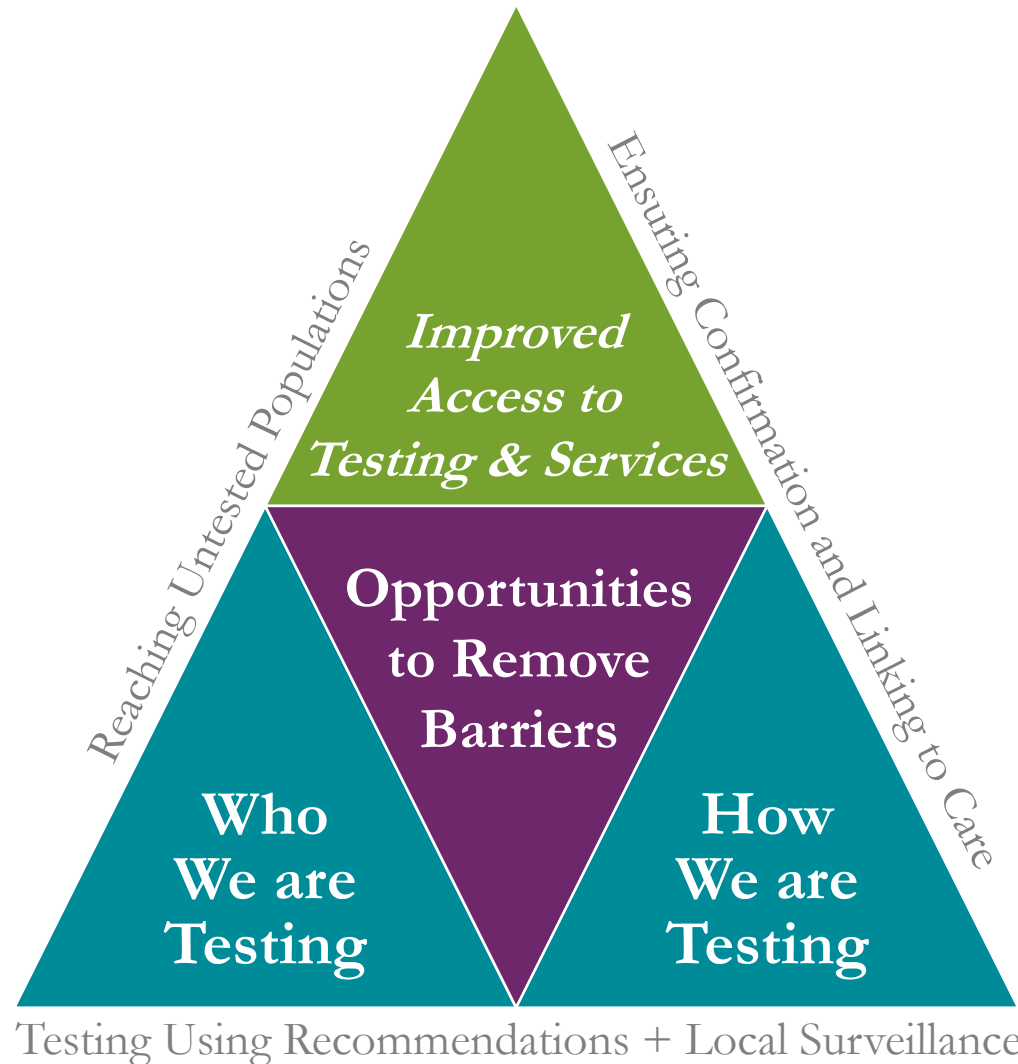


Combined birth cohort and risk-based testing identifies over 13% more infections than birth cohort testing alone, and over 185% more infections than risk-based testing alone.

Barriers, Challenges, and Systems-based Solutions

2

Systems-based Approach to HCV Program Improvement

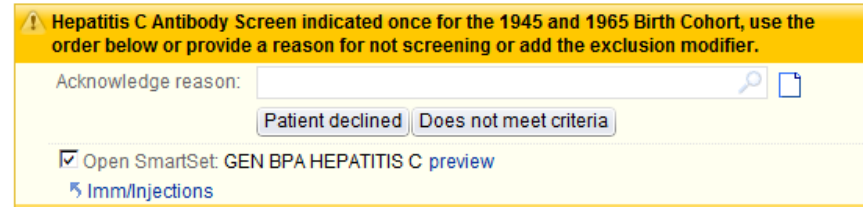


Challenges to Birth Cohort & Risk-based Testing in Routine Care Settings



- Lack of awareness among providers and patients of the recommendations
- Frequent absence of outward symptoms of infection
- Limited time during medical visits – in 15 minute visit providers must address:
 1. Immediate problem
 2. Unmet chronic care needs
 3. Unmet preventive care needs
- Patients often do not seek preventive care due to real or anticipated expenses, past negative experiences with insurance, and concerns over unexpected costs
- Interferon treatment legacy

Systems-level Solutions for Routine Testing

- Electronic Health Record (EHR) Prompts
- Clinical decision support tools
- Point of care reports
- Population management tools
- Automated notification



Hepatitis C Antibody Screen indicated once for the 1945 and 1965 Birth Cohort, use the order below or provide a reason for not screening or add the exclusion modifier.

Acknowledge reason:  

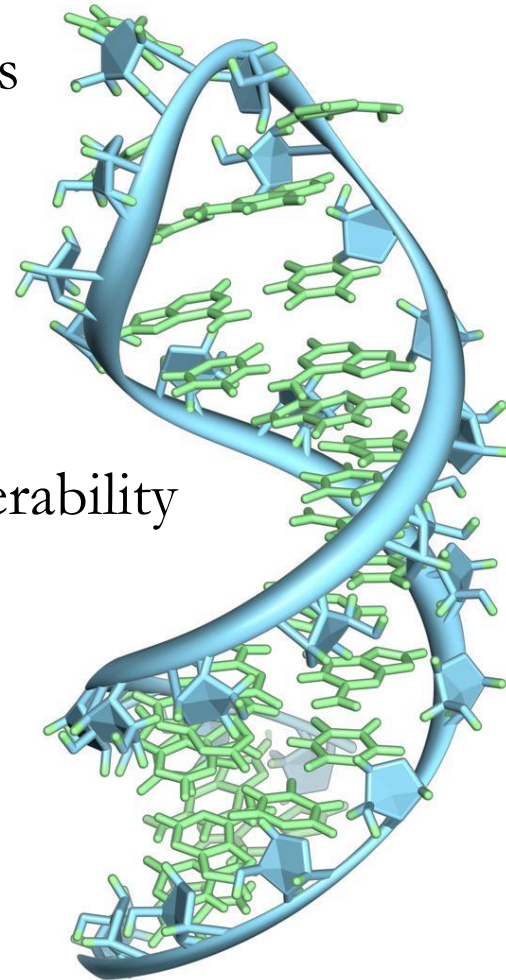
Open SmartSet: GEN BPA HEPATITIS C [preview](#)

[Imm/Injections](#)

EHR Prompt

Challenges to Confirmatory Testing

- Providers may be aware they may need to separately order a confirmatory test
- Lab results sometimes not reviewed by providers or staff
- Patients may be unaware they need a confirmatory test or may be lost to follow-up
- Lack of availability of RNA confirmatory test
- Lack of coordination, data sharing, and interoperability between providers leading to duplicate testing¹



Systems-level Solutions for Confirmatory Testing

- Reflex-to-RNA
 - Reactive antibody test automatically initiates a confirmatory RNA test
 - Can be integrated into EHR systems and pre-arranged with labs
 - Providers do not have to order a second test and clients do not have to come in for another blood draw
- Standing orders for birth cohort testing and confirmatory tests
- Adjusting lab forms or order sets so providers do not have to order confirmatory test separately from antibody test
- Provider education on testing algorithm
- EHR system queries to identify patients who have had a reactive antibody test but not had a confirmatory test

Identifying a Champion within the System

- Champions are key individuals in your health system who will support and advocate for change
- Best results come from someone in a leadership position serving
- Important for the person to have:
 - Passion for prevention and quality care
 - Good knowledge of the organization: how it works, and who within the organization can enable change
- Champions serve as internal partners to lead innovation, and can facilitate critical steps:
 - Helping to overcome resistance from labs to changing their protocols, forms, or work flows
 - Advocating for testing and treatment support and resources from government and other policy-makers
 - Encouraging discussion with stakeholders to help break down stigma and other misplaced concerns

Resources from National Viral Hepatitis Roundtable – NVHR.org

- Coalition supporting viral hepatitis prevention and treatment efforts
- Resources include:
 - Provider resources, fact sheets, and coverage and billing coding
 - Patient-oriented materials
 - Testing day events and resources
 - Implementing EHR prompts: guides, pre-programmed EPIC prompts
- nvhr.org/program



NACCHO's Educational Series on HCV & Local Health Departments: *Module 2*

2.1: Planning for Action at the Local Level

2.2: Creating a Local HCV Epidemiologic Profile

2.3: HCV Testing Challenges and Systems-based Solutions

2.4: *Targeted Outreach and Other Strategies for Increasing HCV Testing:
Working in Settings that Serve High-risk Populations*

2.5: Building and Supporting Local Capacity for HCV Care,
Treatment, and Cure

2.6: Advocating for Sensible and Appropriate Policies in the Age
of HCV Cure