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INTRODUCTION

Lawton Community Health Center serves Southwest Oklahoma and a population particularly at risk for HCV infection and at even higher risk of having undetected chronic Hepatitis C. In 2019, new practice guidelines have simplified Hepatitis C treatment making it easily treatable in a primary care environment. As our community struggles with access to specialists, we hope to provide this service to our population. Although we are prepared to offer treatment we have very few patients with positive tests due to an apparent lack of screening. In keeping with the tenets of osteopathy, we strive to treat the mind, body and spirit as well as help the body to heal itself through early detection. Clinical outcomes will improve as patients will have reduced rates of cirrhosis and hepatocellular carcinoma.

OBJECTIVES

1. To broaden awareness of appropriate Hepatitis C screening guidelines among resident physicians
2. Increase physician comfort with hepatitis C treatment at the primary care level
3. Increase the number of hepatitis C screening labs ordered.

METHODS

1. Residents were informed of screening guidelines and treatment for Hepatitis C during a grand rounds presentation reviewing hepatitis C screening and treatment. A survey was given to participants evaluating their understanding and comfort level with screening and treating Hepatitis C.
2. Participants were urged to recommend and order screening for patients. The number of screening labs (anti-HCV test) per month were recorded.
3. As an additional step, posters were placed in all exam rooms to help remind providers to recommend and order screening for patients.

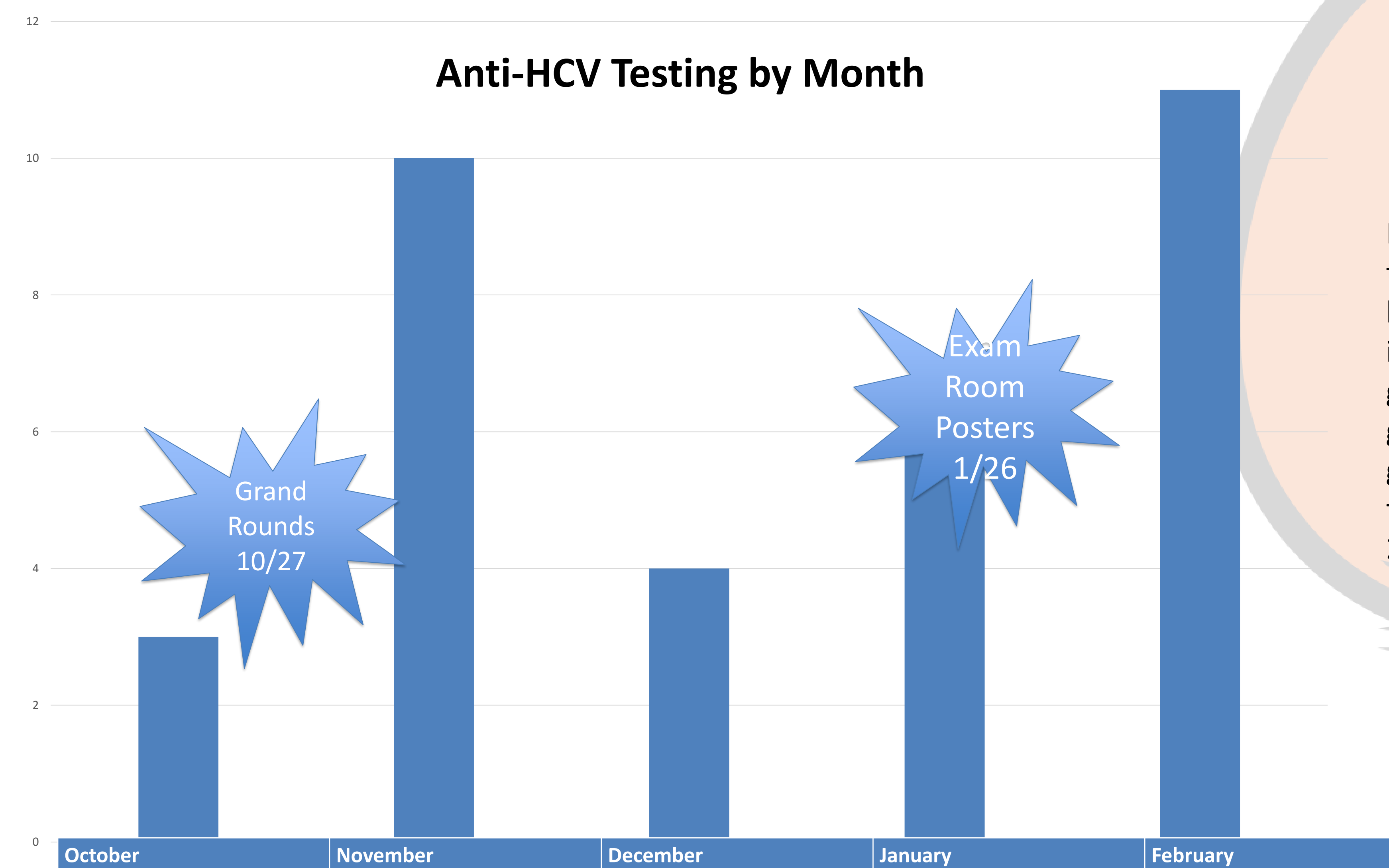
RESULTS

Grand Rounds Polling

| Before Presentation | Yes | No |
|---|-----|----|
| Are you aware of the 2020 screening guidelines? | 5 | 5 |
| Do you regularly screen for hepatitis C? | 3 | 7 |
| Are you aware of the simplified treatment of hepatitis C available for most patients? | 5 | 5 |
| Are you aware of the pre-treatment recommendations for hepatitis C patients? | 1 | 9 |
| Are you confident managing hepatitis C treatment in the primary care setting? | 2 | 8 |
| Are you confident managing hepatitis C treatment in a primary care setting? | 2 | 8 |
| Have you treated any patients in the primary care setting? | 2 | 8 |

| After Presentation | Yes | No |
|---|-----|----|
| Are you aware of the 2020 screening guidelines? | 10 | 0 |
| Will you regularly screen for hepatitis C? | 10 | 0 |
| Are you aware of the simplified treatment of hepatitis C available for most patients? | 10 | 0 |
| Are you aware of the pre-treatment recommendations for hepatitis C patients? | 10 | 0 |
| Are you confident managing hepatitis C treatment in the primary care setting? | 10 | 0 |
| Are you confident managing hepatitis C treatment in a primary care setting? | 10 | 0 |
| Have you treated any patients in the primary care setting? | 10 | 0 |

Above: Polling was conducted before and after hepatitis C grand rounds presentation to ascertain levels of awareness and comfort with screening for and treating hepatitis C infection.



Left: The number of anti-HCV tests ordered by residents was logged in order to determine if interventions were successful in gaining more tests ordered. The ground rounds presentation was given October 27th and the flyers were introduced January 26th.

The survey conducted before the grand rounds presentation demonstrated a variety of awareness and confidence levels with both screening and treatment guidelines. The post presentation questionnaire showed that all participants were aware of screening guidelines and treatment guidelines after the presentation. Significantly only 30% of participants were regularly screening for HCV before the lecture, but 100% intended to screen regularly after. The hepatitis C screening records of twelve resident physicians who all work in the LCHC Resident Clinic were evaluated on a monthly basis. There was a marked increase in screening after the presentation. Although screening waned in December it began to climb again in the new year with the addition of exam room posters to work as a reminder.

CONCLUSION

This project demonstrates that simple interventions such as exam room posters and lectures can make a significant impact. Our program was able to significantly increase the number of individuals being screened in our rural resident health clinic. The baseline of three anti-HCV tests per month was increased to an average of 7.75 screening tests per month. This is an increase of 158%.

The in-person lecture had similar results to exam room posters although the combination of the two could have contributed to the success.

Although this sample size was small, the results are promising. Future projects could be aimed at reaching the Lawton Community Health Center as a whole. More systematic approaches could also be considered.

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