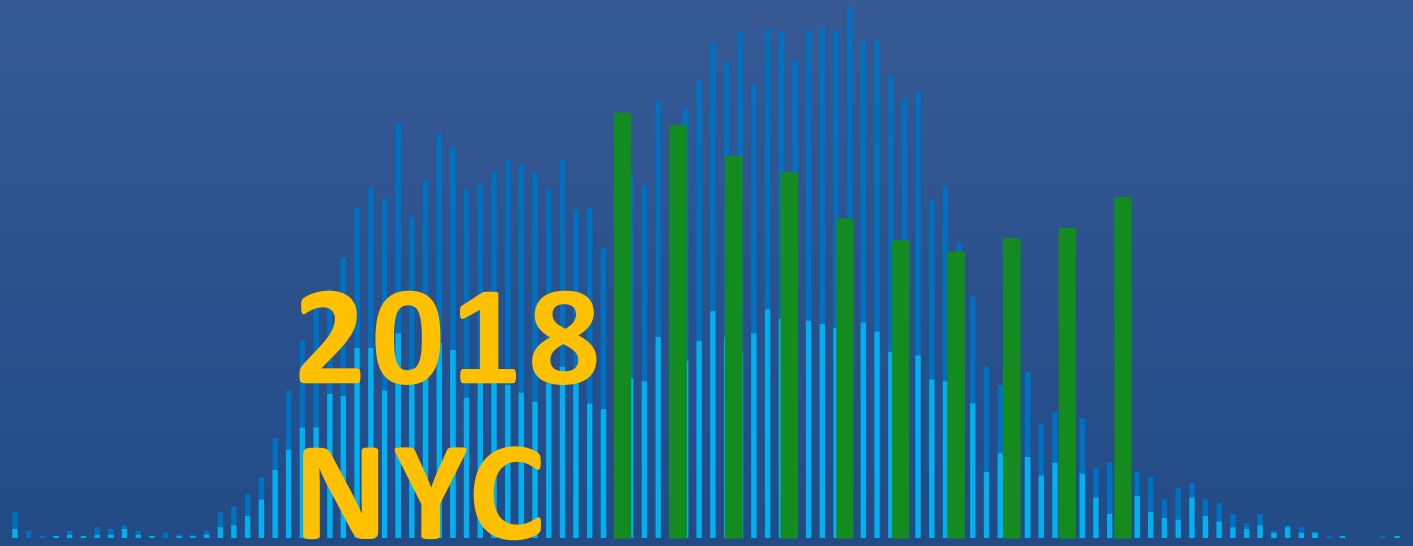

Viral Hepatitis Research Symposium

Hepatitis C Screening Rates in a Large Urban Underserved Academic Center's Resident Practice

Sadat Iqbal MD

Internal Medicine Resident: SUNY Downstate Residency Program

Outpatient Chief Resident Kings County Hospital 2018-2019

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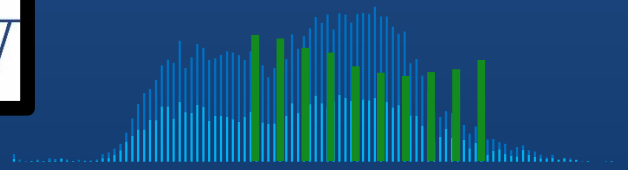
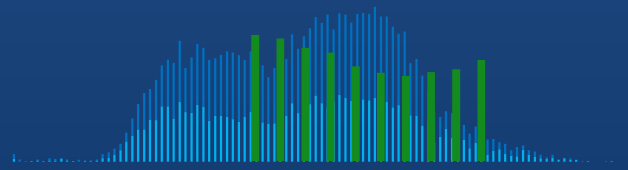


Disclosure

- None

Background

- In 2013, Hepatitis C (HCV) screening guidelines recommended that all adults born between 1945 and 1965 be offered one-time screening
- CDC estimates that up to 41.7% of physicians are unaware of these guidelines
- Those born between 1945-1965 (“baby boomers”) are 5 times more likely to have HCV; HCV may lead to liver damage/cancer and cirrhosis
- In a study 12 safety net community health centers serving the underserved in Massachusetts in 2016, Mayer et. al found that less than 2/3 of their physician followed the age screening guidelines for HIV and less than half followed the age guidelines for Hepatitis C (HCV) screening.



Aims

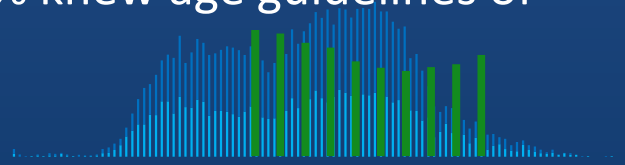
- a) whether adequate HCV screening rates are being achieved in our clinic for patients born between 1945-1965 and those at high risk for infection eg tattoos and transfusions between 1992
- b)rates of non-guideline directed HCV Screening
- c)resident knowledge of screening indications.
- d) HCV and HIV screening rate in our clinic population

Methods

- A retrospective cross-sectional analysis at an Urban Safety Net Hospital Resident practice
- Data collected: demographics, Hepatitis C status, HIV Status, history of IV and Intranasal drug use, transfusions before 1992, tattoos
- We excluded patients with a known history of HCV infection or in which HCV antibodies were ordered for diagnostic purposes eg. elevated transaminases.
- A survey was administered to assess resident knowledge of HCV screening guidelines to determine barriers for optimal screening rates

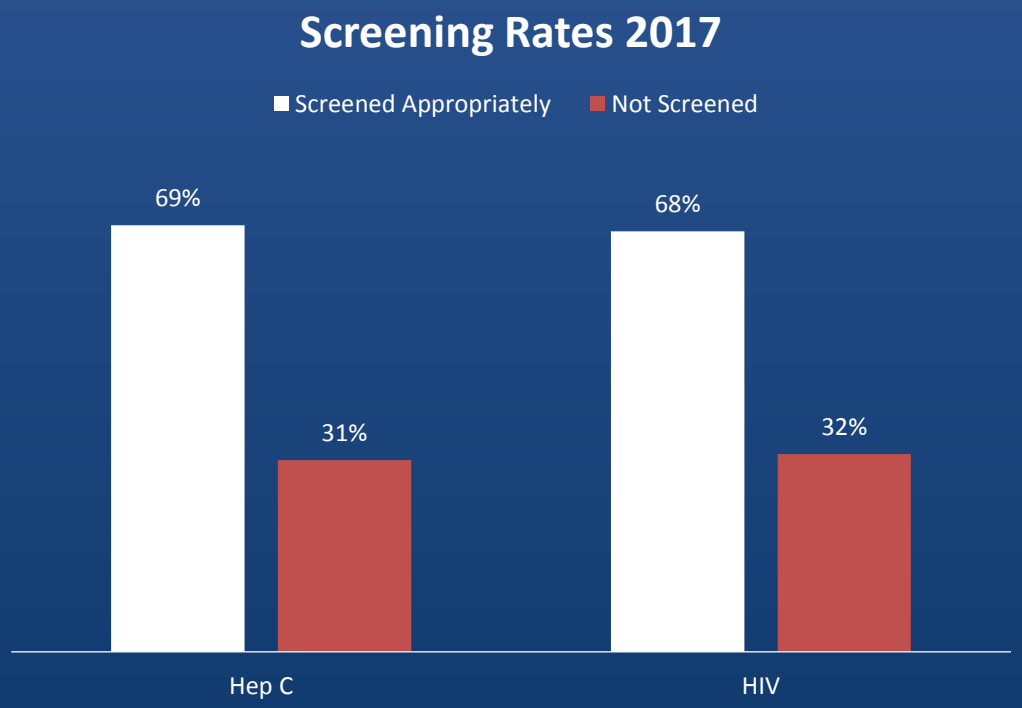
Results

- 304 patient charts were reviewed.
- 145 patients met the age screening criteria. Of these 31% had no HCV screening ordered. Of the 148 who were outside the age guidelines,24% had HCV antibodies ordered without any obvious diagnostic indication.
- No patients had any documentation of tattoos, transfusions before 1992, or any history of sexual encounters with IV drug users or personal use of intranasal or IV drugs in their chart.
- In terms of knowledge of HCV screening, our survey showed about 79% knew the age guidelines, 71% knew about blood transfusions before 1992, 79% knew IV or intranasal drug use was a risk factor and only 35% realized that sex with IV drug use was part of the USPSTF criteria for HCV screening.
- Of the 234 patients that met guidelines for HIV screening, only 68% were screened. Our survey assessing resident knowledge of screening guidelines showed that 79% knew age guidelines of HCV screening and 71% knew guidelines for HIV.



Results

Demographics (Total of 304 Patients)		
Median Age	54	
Race	94% Black/Afro-caribbean	6% Non-black
Gender	65% Female	35% Male
Insurance Status	52% Uninsured	48% Insured



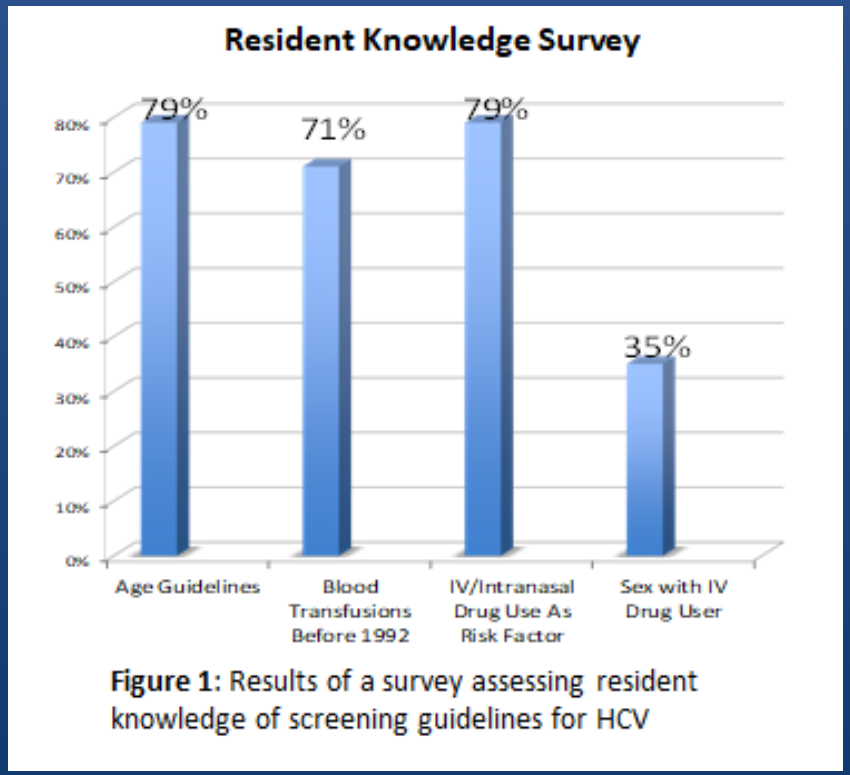


Figure 1: Results of a survey assessing resident knowledge of screening guidelines for HCV

Discussion

- Previous quality improvement projects have shown up to 90% screening rates of eligible patients, yet ours is only 69%
- Survey suggests that a barrier to optimal screening is a deficiency in resident knowledge on HCV guidelines, particularly non-age based high risk criteria
- Over 1/3 of residents know complex high risk criteria, yet there is no documentation of knowledge in medical records
- While the results show that our screening rates are higher compared to other studies, we are still not reaching 70%. The study may underestimate HIV screening rates given patients can refuse to be screened for the disease (verbal consent needs to be documented for HIV).

Next Steps?

- Lecture Series
- Email/telephone reminders
- Pamphlets
- Posters

Many Thanks

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