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Successes and Limitations of Hepatitis C Screening in the Inpatient Setting: Initial Impact of PA Act of 87 (APHA Roundtable discussion)

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SUCCESSES AND LIMITATIONS OF HEPATITIS C SCREENING IN THE INPATIENT SETTING: INITIAL IMPACT OF PA ACT 87
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QUICK FACTS

- People born from 1945–1965 (Baby Boomers) are 5 times more likely to have Hepatitis C than other adults;
- Jefferson Emergency Opt Out Program included HCV screening for patients admitted from the ED to Medicine Teaching Service in June 2016;
- HCV screening includes significant barriers to confirmation and linkage compared to HIV screening;
- Pennsylvania Act 87 mandated HCV screening for Baby Boomers, but did not include confirmation, further impeding program goals.

RESULTS

Among the patients screened by Emergency Opt-Out Program, we found a seropositive rate of 15% (antibody positive). Of those, 61% received confirmatory testing while still inpatient, and 71% of those patients were confirmed positive with a RNA test. We were successfully able to link 58% of these patients to care.

TJUH implemented Act 87 requirements for ALL inpatient services in December 2016. In total, 1,471 Baby Boomers were screened from December 2016 through March 2017. Seroprevalence was 9.5% (140 pts Ab+). By Act 87 policy mandate, confirmation was not done while inpatient and linkage to care fell to the PCP.

CONCLUSION, RECOMMENDATIONS, AND FUTURE EXPLORATIONS

- Emergency Opt Out Program has successfully increased HCV screening and linkage among the programmatic focus high-risk cohort; predominant barrier to linkage remains insurance status and access to specialty care
- Act 87 has increased significant barriers to treatment, most notably limitations in confirmatory testing which in turn impedes linkage to specialty care
- Optimistic that Emergency Opt Out experiences and successes can inform Institutional approach with evidence based practices and CQI
- Welcome collaboration across other organizations facing the same challenges