

# Identifying and Addressing Hepatitis C Linkage Barriers through an Institutional Screening Process

Madalene Zale, MPH<sup>1</sup>, Priya E. Mammen, MD, MPH<sup>1,2</sup>

<sup>1</sup>Thomas Jefferson University Hospital; <sup>2</sup>Sidney Kimmel Medical College at Thomas Jefferson University

## Background:

- An estimated 3.5 million people in the United States are living with Hepatitis C (HCV)
- Hepatitis C kills more Americans than any other Infectious Disease, including HIV
- The Jefferson Emergency Opt-Out Program included Hepatitis C screening as part of its programmatic efforts in late 2016
- PA Act 87: Passed on July 20, 2016, requires any hospital inpatient Baby Boomer admission be offered a HCV screening
- Follow-up health care under Act 87: If the screening test is reactive, the health care provider shall either offer the individual follow-up health care OR refer the individual to a health care provider who can provide follow-up health care to include a HCV diagnostic test

## Aim:

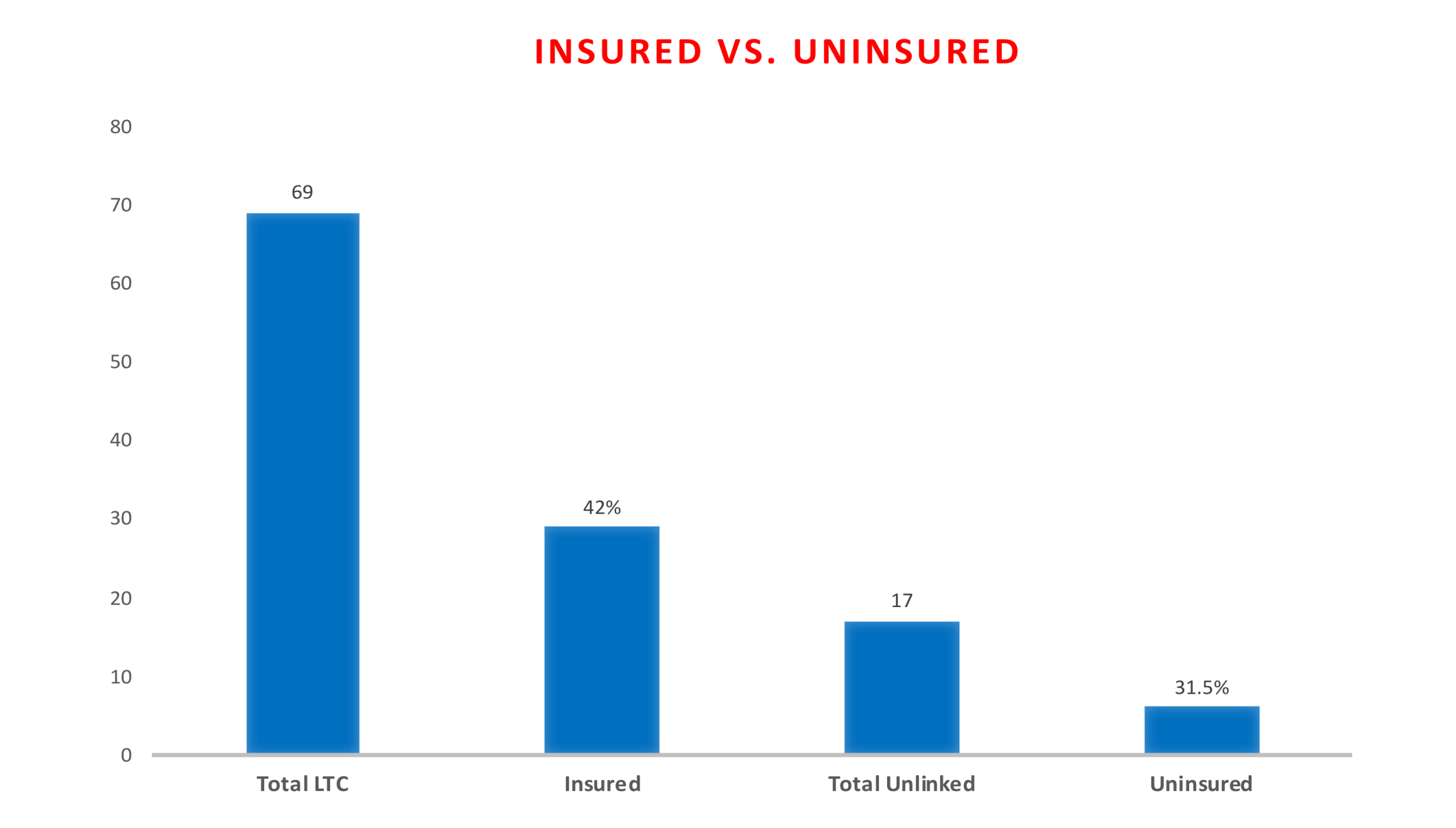
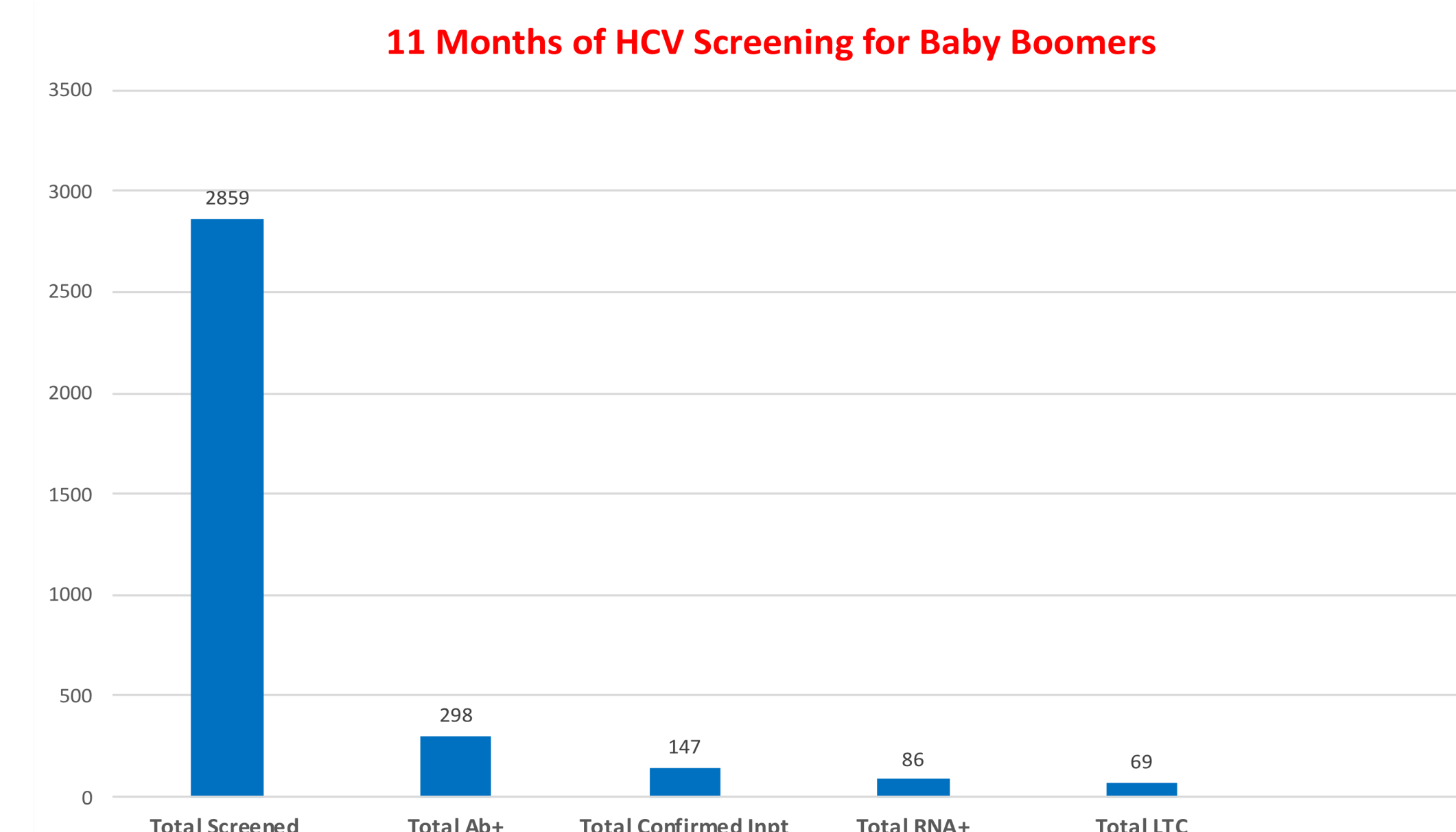
- This study evaluates the impact of Act 87 on HCV screening in an urban, academic hospital system with particular attention to disparate care and barriers to linkage to specialty treatment

## Methods:

- This was a retrospective chart review of patients meeting age cohort criteria who had been screened for HCV during an inpatient admission to an urban hospital system
- Data was collected for all patients who had a positive antibody screen, with focus on demographic characteristics, insurance status, confirmation diagnosis, and linkage to specialty care
- Descriptive analysis was completed

## Results:

- Over 11 months, 2,859 age cohort patients were screened for HCV and 298 screened positive, reflecting 10.4% seropositivity
- Of those, 29% had confirmation inpatient, and 80% of those were linked to specialty care
- 42% of those linked to care were insured and had confirmation inpatient
- 31.5% of those not linked were uninsured and/or had non-participating insurance
- 26.5% were not linked on account of death or incarceration
- 52% of those who screened positive were Caucasian; 28% were African American; the remaining 20% were Asian, Hispanic or Unknown
- Of those not linked to care, 58% were Caucasian; 18% were African American; the remaining 24% were Asian, Hispanic or Unknown



## Discussion:

- Data shows patients with confirmatory testing were more likely to be linked to care compared to those with Ab-only results
- Some patients who had received confirmatory testing while inpatient were still unable to be linked to care due to non-participating insurance
- Predominant barriers remain, including confirmatory testing, insurance status, and access to specialty care
- This may reflect a potential health disparity in access to screening, and therefore treatment, for a highly curable infection

## Conclusions:

- These data show potentially disparate access to ongoing care for those diagnosed with HCV through an institutional screening process
- Lack of confirmation of HCV after an initial screen and insurance status showed to impact linkage to care rates

## Limitations:

- Act 87 implemented at Jefferson as policy in December 2016
- Under Act 87, unable to determine how many patients received confirmation as outpatients if not in Jefferson system, and subsequently unable to determine if patients were ultimately linked to care



The Emergency Opt-Out Program is a grant recipient of FOCUS from Gilead Sciences