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

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Thomas Jefferson University Hospital Emergency Opt-Out Program

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

The Problem:

- Estimated 3.2 million in US with chronic HCV; Baby Boomers 5 times more likely to be infected compared to other cohorts
- Complex nature of HCV requires confirmation of HCV Ab screens to determine management and treatment needs

Our Intervention:

- HCV screening for patients born between 1945 and 1965 admitted to Internal Medicine Teaching Service from the Emergency Department as part of its programmatic efforts beginning July 2016
- Allowed for RNA confirmation and initial groundwork for linkage to care while still inpatient

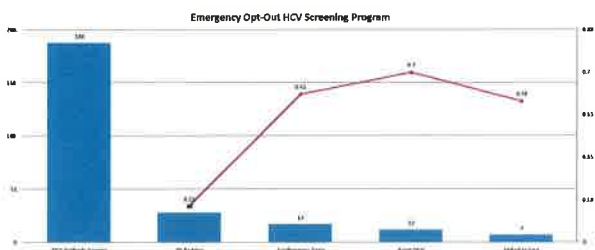
Act 87:

- In July 2016, the Pennsylvania General Assembly passed Act 87: an unfunded mandate, requiring Hepatitis C Screening for all patients born between 1945 and 1965 admitted to the hospital and specifies all positive screen results should be confirmed as **outpatients** with their primary care physician.

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.



Opt-Out program
Seroprevalence rate of **15%** (Oct- Jan)
Linked **58%** to Specialty Care

1,471 Baby Boomers Screened
after Act 87 implemented (Dec-March)
Seroprevalence rate of **9.5%**

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

