

Hepatitis C Screening Rates in Primary Care

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INTRODUCTION: Chronic hepatitis C virus affects more than three million Americans. Up to 75% of those patients remain unaware of their infected status, as hepatitis C is often asymptomatic. Hepatitis C-related complications include end stage liver disease, cirrhosis, and hepatocellular carcinoma. The majority of those living with hepatitis C were born between 1945 and 1965, known as the baby boomer cohort. The CDC recommends testing for hepatitis C for those in the baby boomer cohort, and those who currently or have ever injected drugs. This recommendation for screening despite possible absence of patient-reported risk factors poses a barrier in primary care settings, in providers considering screening, and potentially in patients accepting screening. Because this infection typically presents without symptoms, risk assessments and hepatitis C antibody testing is needed in primary care to identify asymptomatic, chronically infected patients.

PURPOSE: The purpose of this project was to evaluate hepatitis C screening rates for chronic hepatitis C in a primary care setting, to assess provider screening practices, and to determine provider barriers to linking patients with chronic hepatitis C to care.

METHODS: A quantitative research design was used to measure hepatitis C screening rates three years after implantation of an in-house treatment program for hepatitis C, from January 2016 to August 2019, at a Federally Qualified Health Center in an urban Midwest location. Screening rates were pulled from the organization's electronic medical record for patients in the baby boomer cohort and those who have injected drugs. A brief survey was sent to medical providers to assess their hepatitis C screening practices and any barriers they may perceive to screening and linkage to care.

RESULTS: One hundred eight-seven patients from 2016-2019 were identified through codes in the medical record indicating age (born between 1945 and 1965) and/or history of injection drug use. The screening rate for both groups was 92%. This screening rate was found to be statistically significant from the national screening rate. Multiple risk factors and barriers to screening were identified by medical providers.

CONCLUSION: Screening rates for hepatitis C in this primary care setting were significantly different from the national average. Medical providers surveyed indicated that they were likely to screen for hepatitis C in injection drug users, those with hepatitis B, patients with HIV, people exposed to needle stick injuries, and patients with elevated liver enzymes. Providers found that cost, substance abuse, lack of transportation and difficulties with communication impede providers' abilities to link patients to care. The results of the project bring about new information regarding factors influencing screening and supports the role of advanced practice nurses in treating hepatitis C.