

Optimizing Hepatitis C Screening Using Automation in an Urban Emergency Department

**Jersey City
Medical Center**

RWJBarnabas
HEALTH

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DISCLOSURE

- No Financial COI to disclose
- Gilead Sciences FOCUS funding supports HIV, HCV, and HBV screening and linkage to the first appointment after diagnosis.

Background

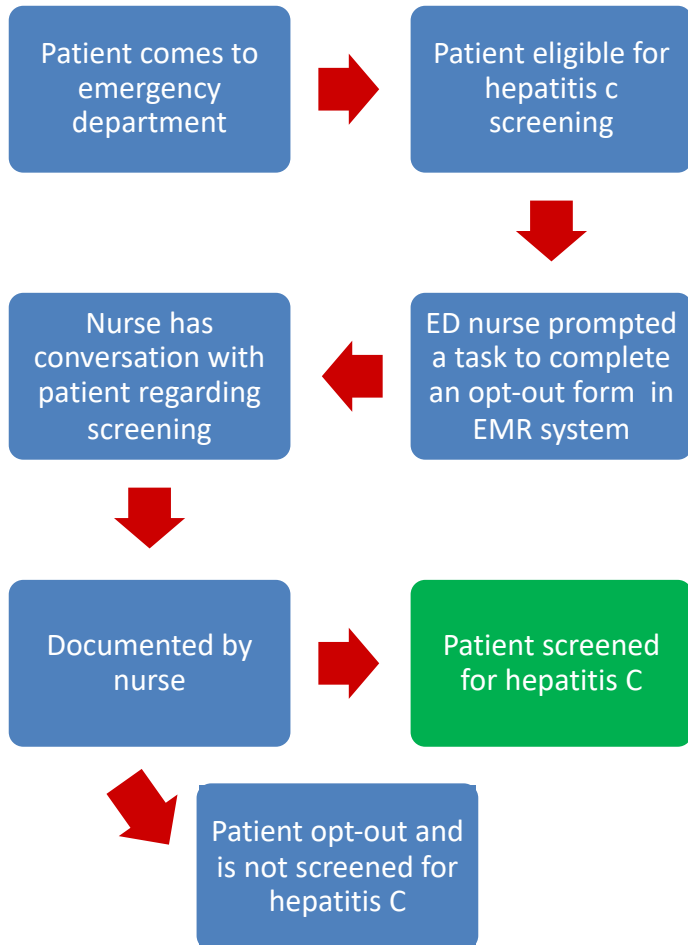
- April 2020, CDC added two new recommendations for Hepatitis C screening:
 - Adults age 18 years and over should be screened at least once in their lifetime
 - Pregnant women during every pregnancy
- February 2019, Jersey City Medical Center implemented opt-out screening model in their emergency department for all patients who are eligible

Objective

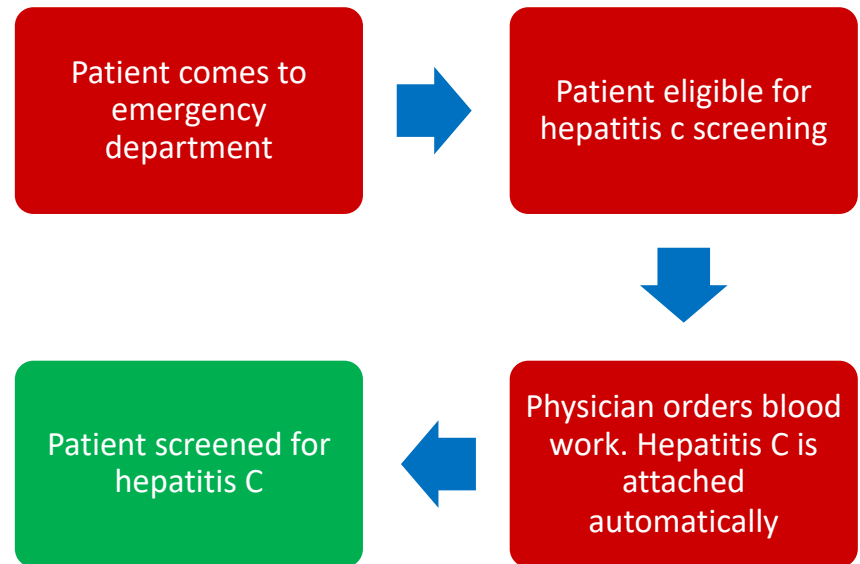
- The purpose of this study is to compare the effectiveness of hepatitis C opt-out screening versus an automated screening method in a fast-paced urban emergency department.

Methods

February 2019: Opt-Out



June 2020: Automation



Results

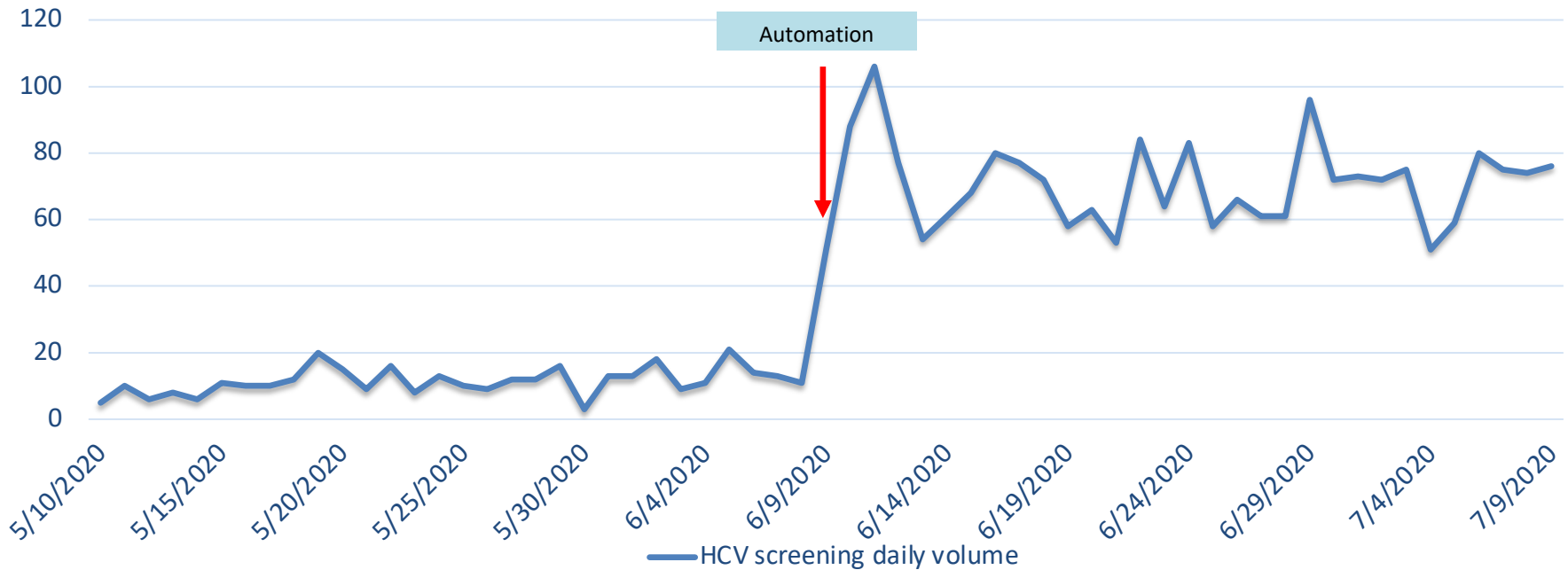


Figure 1. Results from an unpaired t-test showed a statistically significant difference between daily testing volume before and after automation ($t(29) = -24.4$; $p\text{-value} < .00001$).

	Before Automation	After Automation
HCV DAILY SCREENING AVERAGE	10.4	69.7
TOTAL 30-DAY VOLUME	555	3,699
HCV AB REACTIVE	20	71
HCV RNA POSITIVE	8	31

Conclusion

- Benefits of automated screening model:
 - More natural workflow for a fast-paced urban emergency department
 - Screening is integrated into routine tasks for nurses
 - Screen more eligible individuals
 - Alleviates any stigma related to hepatitis C screening
- Automated screening is an effective method to screen and identify more individuals who are positive for hepatitis C and require linkage to care

Thank you!