Optimizing Hepatitis C Screening Using Automation in an Urban Emergency Department
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
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

Patient comes to emergency department → Patient eligible for hepatitis C screening → ED nurse prompted a task to complete an opt-out form in EMR system → Nurse has conversation with patient regarding screening → Documented by nurse → Patient screened for hepatitis C → Patient opt-out and is not screened for hepatitis C

June 2020: Automation

Patient comes to emergency department → Patient eligible for hepatitis C screening → Physician orders blood work. Hepatitis C is attached automatically → Patient screened for hepatitis C
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-value: <.00001).
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!