Incidence Identification and Impact of Opt-Out Hepatitis C (HCV) Screening in Emergency Department

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BACKGROUND

Mercy Medical Center Merced (MMCM) is located in Merced, CA and has an average of 70,000 visits per year. Merced County is in the heart of the San Joaquin Valley in California and has a substantial homeless and underserved population who attends the Emergency Department (ED) regularly rather than seeking medical care from primary providers. In May 2023, MMCM launched an opt-out HCV screening project in the emergency department. The objective was to identify the incidence rate of HCV by integrating an opt-out HCV screening project in the emergency department for patients' ages 13 years and older from May 2023 to April 2024.

METHODS

The electronic health record (EHR) automation utilized the Hepatitis C (HCV) Ab Rflx Quant to support the analysis. This automation is generated through a testing algorithm based on the patient's eligibility: age 13+ with a CBC order. The project implemented best practices advisory from CDPH and CDC to standardized opt-out HCV screenings in the ED. Each diagnosed HCV patient is an opportunity for linkage services and education. Outcomes included volume of tests performed, Hepatitis C Antibody and Hepatitis C Quantitative by NAAT rates.

RESULTS

From May 2022 - April 2023, a total of 170 were screened in the emergency department for HCV. 12.4%(n=21) patients were identified with HCV Ab+. With those identified with HCV Ab+, 1%(n=2) patients were detected with the HCV NAAT. From May 2023 - April 2024, a total of 10,062 patients were screened in the emergency department. 4.1%(n=412) patients were identified with HCV Ab+. With those identified with HCV Ab+, 27.2%(n=112) patients were detected with the HCV NAAT. From May 2023 - April 2024, there was an increase of 5818% for total patients screened. From May 2023 - April 2024, there was an increase of 1861% for HCV Ab+. From May 2023 - April 2024, there was an increase of 2620% for HCV NAAT. Demographics and screening rates vary between patients based on sociodemographic characteristics.

CONCLUSION

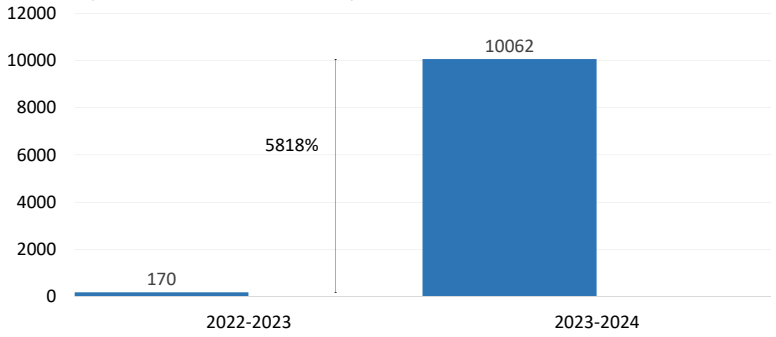
The integration of the opt-out HCV screening in the emergency department for patients' ages 13 years and older played a significant role addressing the incidence rates. With the integration, we were able to screen a significant amount and identify persons with HCV. The integration of opt-out HCV screening should be considered for all emergency departments as it complements to limiting disease transmission, increasing disease intervention and reducing disease burden.

LIMITATIONS

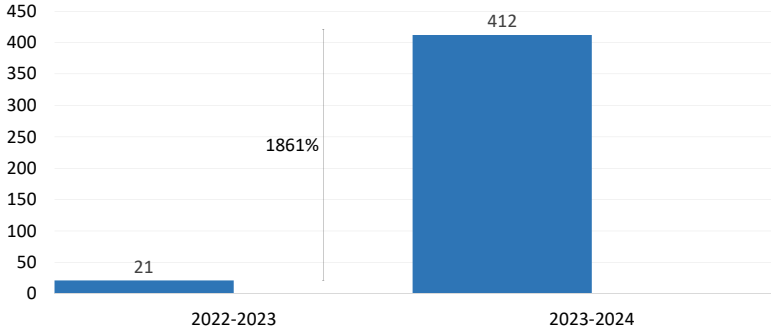
Demographics, screening rates, linkage barriers, and treatment rates vary between patients based on sociodemographic characteristics.

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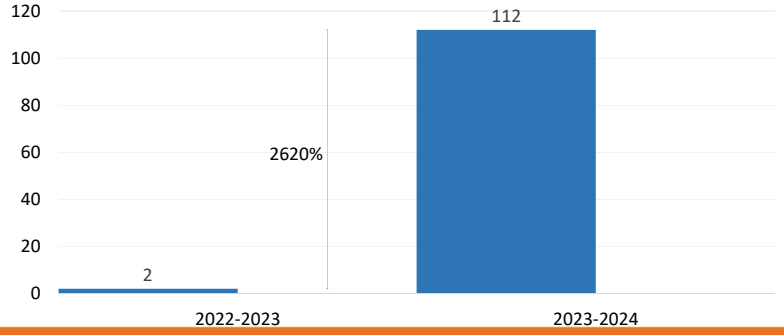
Rate of Patients Screened from 5/2022-4/2024



Rate of HCV Ab+ Identified from 5/2022-4/2024



Rate of HCV NAAT Identified from 5/2022-4/2024



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Per the Master Agreement, FOCUS partners should aim to 1) present project findings at professional conferences, 2) publish project data in peer-reviewed publications and/or professional publications, and 3) publish best practices and lessons learned related to its testing and testing-related services in publicly-available print or web materials. FOCUS partners must disclose potential Conflicts of Interest (COI) and include the FOCUS Disclaimer when submitting, presenting, and/or publishing project data.
Disclosure of Conflict of Interest (COI) & FOCUS Disclaimer: All presentations, publications, or other materials disseminated by FOCUS partners should include the following:
Disclosure of Conflict of Interest (COI): "Supported by funding from Gilead Sciences, Inc."
FOCUS Disclaimer: FOCUS funding supports HIV, HCV, and HBV screening and linkage to a first medical appointment. FOCUS partners do not use FOCUS awards for activities beyond linkage to a first medical appointment.
If additional program description is required, please use the following:
In the U.S., the FOCUS Program is a public health initiative that enables partners to develop and share best practices in routine blood-borne virus (HIV, HCV, HBV) screening, diagnosis, and linkage to care in accordance with screening guidelines promulgated by the U.S. Centers for Disease Control and Prevention (CDC), the U.S. Preventive Services Task Force (USPSTF), and state and local public health departments.
Syphilis screening is only supported by FOCUS when part of Linkage to CPS eligibility criteria in highly-impacted areas and/or syphilis screening is supported through other funding mechanisms.
For EDSP Sites (California Only)
This work is also supported by funding from the Emergency Department Syphilis/HIV/HCV Screening Program (EDSP) through a partnership between California Department of Public Health and Public Health Institute's (PHI) Bridge program.