PHARMACIST-LED NAVIGATION HEPATITIS C LINKAGE TO CARE PILOT PROGRAM IN THE EMERGENCY DEPARTMENT

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Pharmacist-led navigation of HCV linkage to care in the emergency department was successful.

Background

- In 2020, the CDC recommended universal hepatitis C screening for all adults 18 years and older.
- Emergency departments (EDs) can be important settings for HCV screening and linkage to care; prior studies report 32-43% linkage-to-care rates with dedicated navigators.
- Pharmacists are well-positioned to support HCV linkage to care due to expertise in medication management.
- In October 2023, the VAGLAHCS Viral Hepatitis Program implemented a pharmacist-led HCV linkage-to-care pilot program from the ED.
- Objective: Evaluate the impact of a pharmacist-led HCV care navigation program on the HCV cascade of care, comparing the pre- and post-intervention periods and characterize barriers to HCV treatment.

Methods

Opt-Out HCV Screening Program and Pharmacist-Led Linkage-to-Care Program (Fig.1)

- ED physician-driven universal opt-out HCV screening; positive HCV Ab reflexes to HCV RNA
- Pharmacist e-consult placed by ED physician for patients with HCV viremia to facilitate linkage to care

Pharmacist-Led Navigation Pilot Program

- Pharmacist reviewed e-consult and triaged patients to hepatitis C pharmacist (simplified algorithm) or liver clinic (complex cases: SI/HI, HIV, HBV+, Child-Pugh B/C, prior HCV treatment, prior liver transplant, HCC, no contact info, etc.)

Single-center analysis of a pilot program of a pharmacist-led HCV linkage-to-care program with universal HCV screening in the ED.

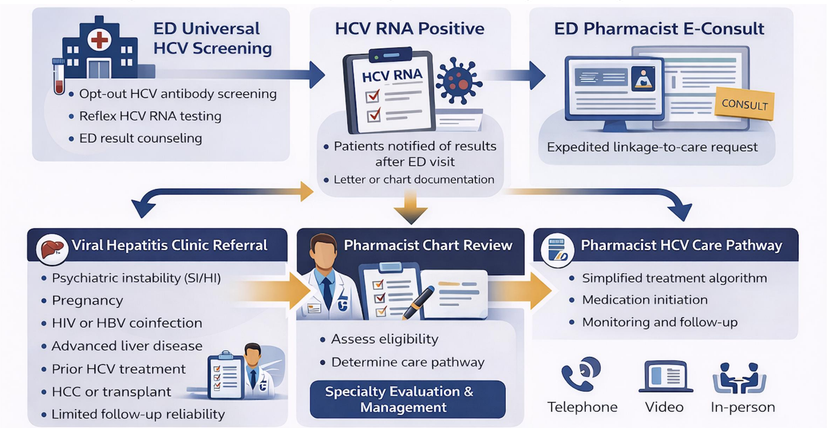
- Pre-intervention period: Sep 1, 2021 - Sep 30, 2023
- Post-intervention period: Oct 1, 2023 - Dec 1, 2025

Statistical Analysis

- Descriptive statistics: Bivariate analyses used Fisher's exact test and Wilcoxon Rank Sum

Pilot Program Figure

Figure 1. Pharmacist-Led Linkage-to-Care Navigation Program



Results

HCV Antibody Prevalence

- 202/1772 (11.7%) in pre-intervention and 160/936 (17.0%) in post-intervention

HCV Viremia Prevalence

- 40/202 (19.8%) in pre-intervention and 22/160 (14.2%) in post-intervention

Linkage to Care

- 12/40 (30%) in pre-intervention and 9/22 (40.1%) in post-intervention

HCV Treatment Initiation

- 3/12 (25%) in pre-intervention vs 2/9 (22.2%) in post-intervention

Sustained Virologic Response (SVR)

- 2/3 (66.7%) in pre-intervention vs 2/2 (100%) in post-intervention

Results

Figure 2. Patient Population Flow Diagram

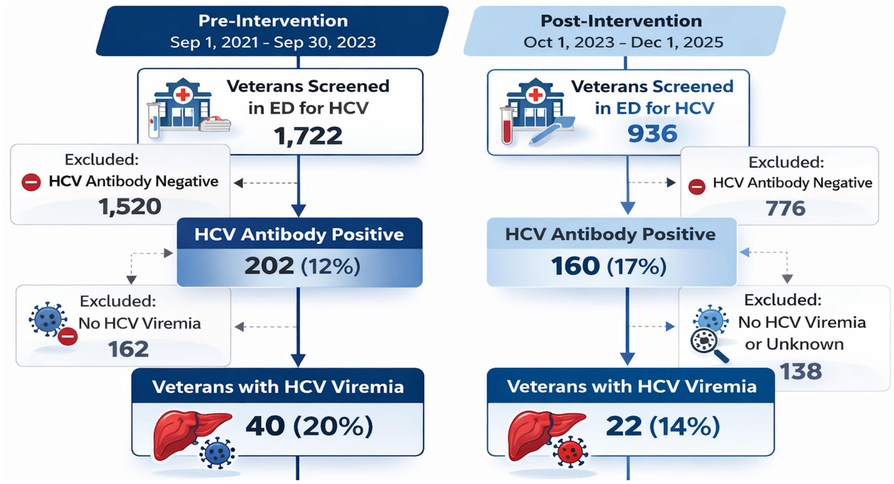


Table 1. Baseline Characteristics of Veterans with HCV Viremia

Characteristic	Pre-Intervention (N = 40)	Post-Intervention (N = 22)	P-value
Age Average (years)	65	66	NS
Sex Male	38 (95%)	21 (95%)	1.00
Race			
White	19 (48%)	6 (27%)	0.14
Black/African-American	14 (35%)	10 (45%)	
Unknown/Not Reported	7 (18%)	4 (18%)	
American Indian/Alaska Native	0 (0%)	1 (5%)	
Native Hawaiian/Other Pacific Islander	0 (0%)	1 (5%)	
Housing Status			
Stably Housed	11 (28%)	4 (18%)	0.32
Homeless	18 (45%)	8 (36%)	
Housed through VASH	5 (13%)	7 (32%)	
Assisted Living/Domiciliary	6 (15%)	3 (14%)	
Psychiatric History			
PTSD	13 (33%)	5 (23%)	0.56
Depression	9 (23%)	3 (14%)	
Anxiety	5 (13%)	1 (5%)	
Schizophrenia	6 (15%)	2 (9%)	
Opioid Use Disorder			
Active	4 (10%)	2 (9%)	0.30
Historical (< 12 months)	4 (10%)	0 (0%)	
None	32 (80%)	20 (91%)	
Alcohol Use Disorder			
Abstinent (no AUD history)	13 (33%)	11 (50%)	0.30
Current AUD	8 (20%)	2 (9%)	
Lower-risk drinking	6 (15%)	4 (18%)	
At-risk drinking	9 (23%)	2 (9%)	
Abstinent (AUD history)	2 (5%)	0 (0%)	
Unknown	2 (5%)	3 (14%)	
FIB-4 Score ≥ 3.25	6 (15%)	4 (18%)	0.73

Results

Figure 3. HCV Care Cascade Outcomes: Pre- vs. Post-Intervention

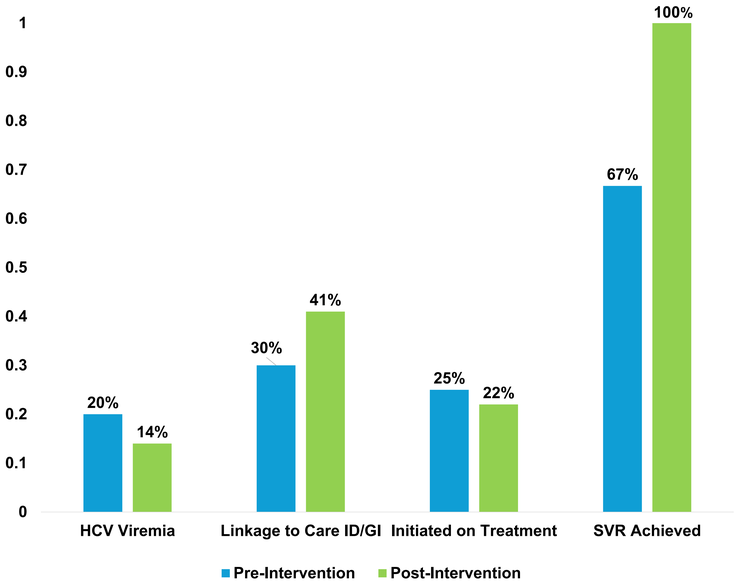
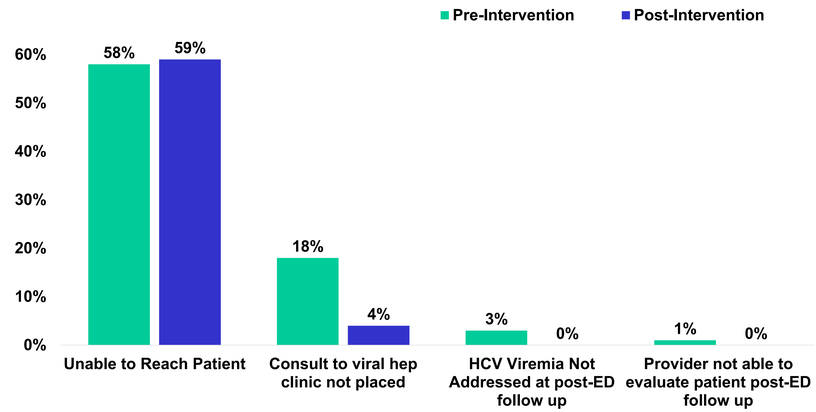


Figure 4. HCV Linkage to Care Barriers: Pre- vs. Post-Intervention



Conclusions

- Pharmacist-led HCV navigation from the ED was feasible and associated with improved linkage to care (30% to 41%) and SVR (67% to 100%)
- The primary barrier to care remained inability to contact Veterans after ED discharge (58% pre-intervention vs. 59% post-intervention)
- The pharmacist-led program addressed key process-level barriers: missed viral hep consults, unaddressed HCV viremia at follow-up, and failure of provider evaluation
- Future directions include point-of-care RNA testing with same-day treatment initiation, and long-acting antiviral therapies to facilitate test-and-treat models

Limitations:

- Single-center, predominantly male Veteran population; small sample size

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Figures 1 & 2 generated by ChatGPT 5.2