



A qualitative assessment of factors impacting adoption and implementation of USPSTF age-based hepatitis C virus screening recommendations

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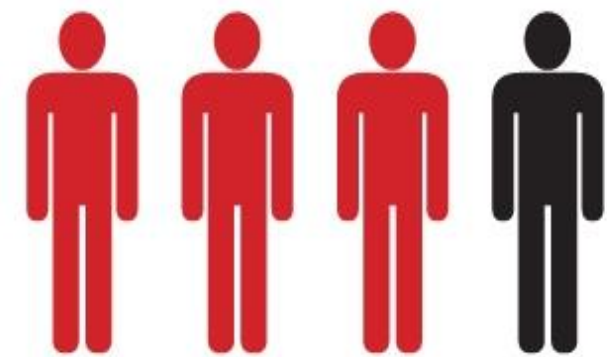


Introduction

Chronic Hepatitis C (HCV) virus infection affects 3-5 million Americans and can lead to cirrhosis, liver cancer and need for liver transplant.^{1,2}

“Baby Boomers”, those born between 1945 and 1965, comprise 75% of HCV cases and most are unaware of their infection.³

More than 75 percent of American adults with hepatitis C are baby boomers



In 2013, to better identify those with HCV, USPSTF expanded its HCV screening recommendation⁴, to include **one-time screening of all baby boomers**

**Born between 1945 and 1965?
The USPSTF recommends you
get tested for Hepatitis C virus**

Objective

This study examines awareness and adoption of the USPSTF “Baby Boomer” HCV screening recommendation by Primary Care Physicians (PCPs)

Methods

Setting: A large family medicine clinic and residency program in suburban Philadelphia



Data Collection: In-person, semi-structured interviews conducted with all staff treating adults (5 attending physicians, 12 resident physicians and 1 nurse practitioner).

Subjects were asked about:

- Knowledge, attitudes, and beliefs of clinical practice guidelines, in general
- Awareness and knowledge of the USPSTF HCV screening recommendation
- Need for HCV screening at their practice
- Experience with and barriers to ordering HCV tests
- Self-reported HCV screening rates for baby boomer patients
- Preferred methods for notification of new screening guidelines.

Analysis: Transcripts of interviews were reviewed by 3 researchers to identify unique and common themes.

Results

Knowledge

- Awareness of USPSTF HCV screening recommendation varied by position with NP and attending physicians most aware.
- While awareness was moderate, knowledge of details was limited.

Attitudes Toward Guidelines

- All viewed guidelines as helpful tools.
- Source of the guideline was considered before adoption.
- American Academy of Family Physicians (AAFP) most cited as preferred source.
- USPSTF considered a credible source.

Screening Practices

- Those caring for HCV patients reported greater need for and importance of screening in their practice.
- Self-reported rates ranged from 2-25%.

Barriers to Screening

- ✓ Cost
- ✓ Forgot
- ✓ Prioritization of other preventive actions
- ✓ Large number of recommended preventive actions
- ✓ Lack of time
- ✓ Patient push back

Results

Smart Tools

- All subjects stated the need for smart tools prompting actions at point-of-care.
- Some residents use cell phone apps from advisory bodies (ie. USPSTF and CDC) to check guidelines.
- Residents reported a need for a more comprehensive EMR system with current guidelines and incorporated and updated.

Learning of New Guidelines

- Most residents looked to attending physicians for current screening practices.
- Attendings refer to professional journals.
- Email noted as the least effective method for notification of new guidelines

Conclusions

Knowledge of the “baby boomer” HCV screening recommendation varied among providers and adoption was low.

Smart tools at point-of-care may improve screening rates in family practice settings.

References & Acknowledgments

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Disclosure

The authors report no conflicts of interest