Major Health System Fails to Drive Up Hep C Testing With Electronic Records Prompt

The DC area's MedStar Health attempted to significantly improve the rate of hepatitis C testing among baby boomers, who are at higher risk.

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A major health care provider's electronic health records prompt for clinicians to test baby boomers for hepatitis C virus (HCV) has failed to drive up testing rates to satisfactory levels.

MedStar Health, the largest health care provider in Maryland and the Washington, DC, area, comprises 10 hospitals and about 145 outpatient care facilities. In July 2015, MedStar created a prompt in its electronic health records system to encourage hep C testing among those born between 1945 and 1965, the birth cohort with the highest rates of the virus.

Findings from an analysis of the results of this hep C testing prompt system were presented in poster form at the 2017 Conference on Retroviruses and Opportunistic Infections (CROI) in Seattle.

Between July 2015 and December 2016, there were 80,587 patient appointments eligible for the hep C testing prompt, overseen by 617 clinicians at 126 locations.

The clinicians clicked a prompt to view patient-care protocols for 31,064 (38 percent) of these appointments and then clicked the hep C testing prompt for 22,705 of those appointments (this figure represents 73 percent of the previous figure and 28 percent of the overall total of eligible patient appointments, or 73 percent/28 percent). Clinicians then ordered a hep C antibody test on 21,528 appointment (95 percent/27 percent). Finally, 9,291 appointments led to hep C screening (43 percent/12 percent), and 40 people were diagnosed with hep C (0.43 percent/0.05 percent).

The median number of days between a positive hep C RNA test, which confirms a chronic infection following a positive hep C antibody test, and an individual starting treatment for the virus was 155, ranging between 12 days and 490 days.

Following a positive HCV RNA test result, a median four weeks and a maximum 59 weeks passed before the first specialist appointment. After that first appointment, a median 5.7 weeks passed before a hep C treatment prescription was written and a median 5.9 weeks before patients started

treatment.

Of the 309 people who tested positive for HCV antibodies, the clinicians for 272 of them ordered an RNA test (88 percent); 262 completed an HCV RNA test (96.3 percent of the previous group; all subsequent proportions refer to the group immediately preceeding unless otherwise noted); 151 tested positive for HCV RNA (57.6 percent); 125 were referred to a specialist (82.8 percent); 80 were seen by a specialist (64 percent); 58 had a screening ordered for hepatocellular carcinoma, or HCC, the most common form of liver cancer, (72.5 percent); 48 completed an HCC screening (82.8 percent); 56 had a screening ordered to stage their liver disease severity (70 percent of those seen by a specialist); 52 had their liver staging screening completed (92.9 percent of those who tested positive for HCV antibodies); 37 were given a prescription for HCV treatment (46.3 percent of those seen by a specialist); three were currently on HCV treatment (8.1 percent of those who tested positive for HCV antibodies); and 22 were cured of hep C (59.5 percent of those given a hep C treatment prescription).

The researchers qualified the 12 percent hep C testing rate among eligible baby boomers in the MedStar Health system as “suboptimal.” The 27.5 percent hep C treatment rate among those who tested positive for HCV RNA (22 out of 80) is “inadequate considering the efficacy of available [HCV] treatments,” they also concluded.

To read the conference abstract, click here.

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