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Jacqueline Bray
University of Vermont

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Improving Surveillance of Hepatitis C Infections Among Patients Receiving Medication Treatment for Opioid Use Disorder

Jacqueline Bray, BA, RN, DNP-c; Academic Advisor: Deborah Wachtel DNP, MPH, APRN; Site Advisor: Robin Sherman APRN-BC

Background

- Abuse of opioids has shifted from oral to injection use, resulting in greater risk of infectious disease transmission
- The number of new Hepatitis C virus (HCV) infections in the US has tripled
- Treating acute infections of HCV vs. managing chronic Hepatitis C is expected to result in \$12 billion in total cumulative savings to Medicaid by 2022
- Despite engagement in treatment, individuals with opioid use disorder (OUD) remain at risk for contracting and transmitting infectious disease, yet many mOUD programs screen patients upon admission only.

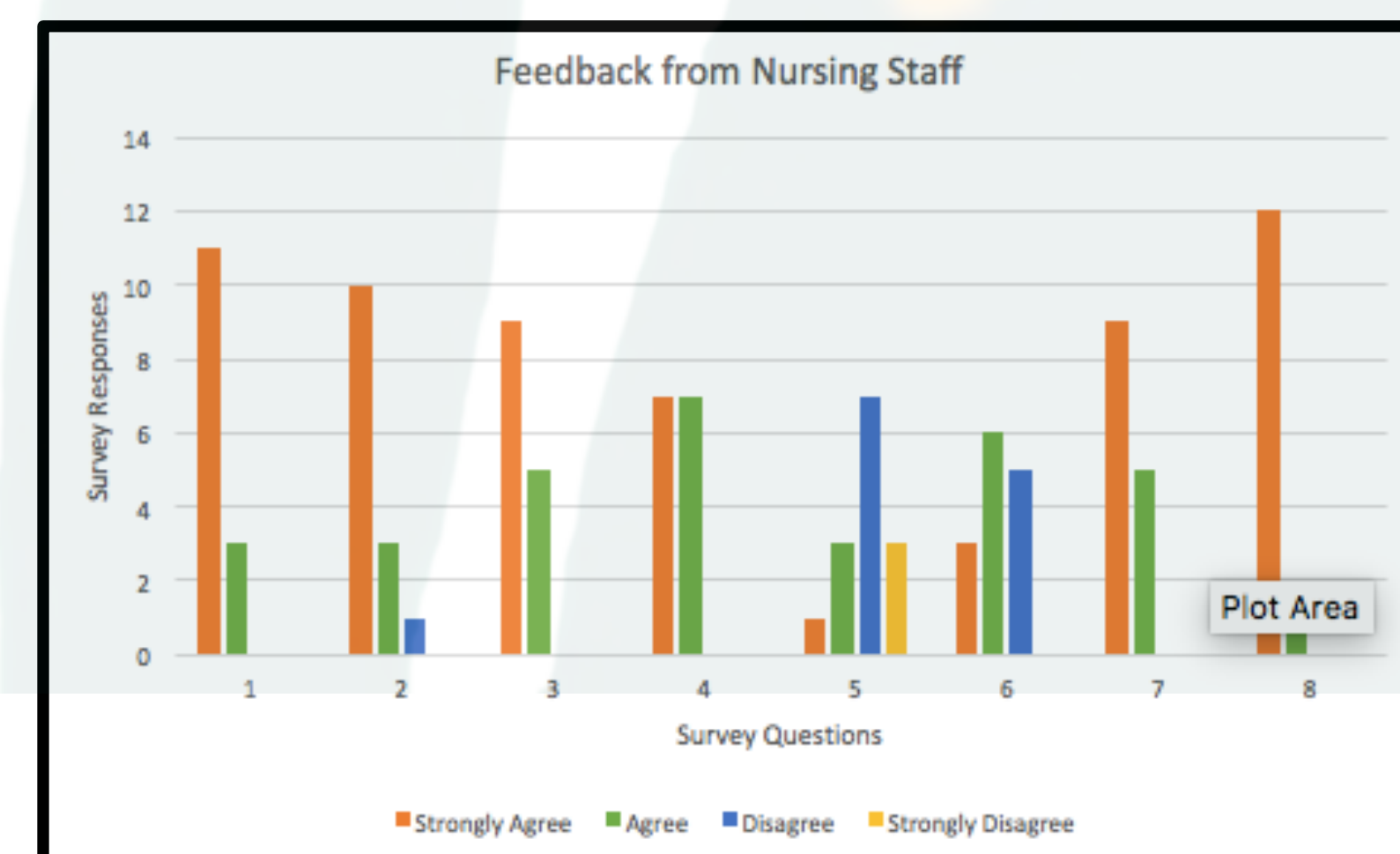
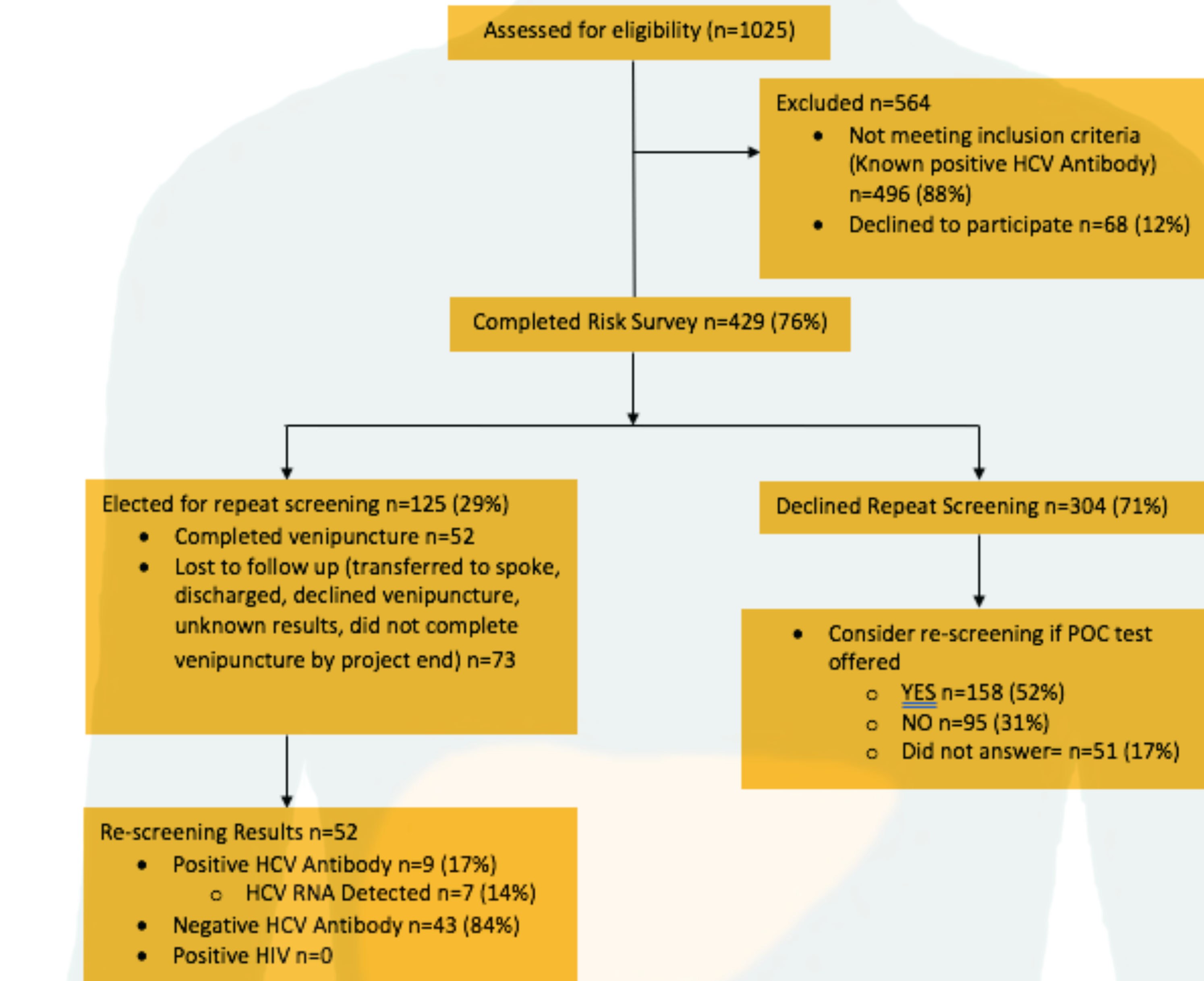
Purpose

- Implement a HCV re-screening protocol in a mOUD program and determine sustainability of protocol
- Secondarily, determine if point of care finger stick tests would be a preferred modality to use for screening

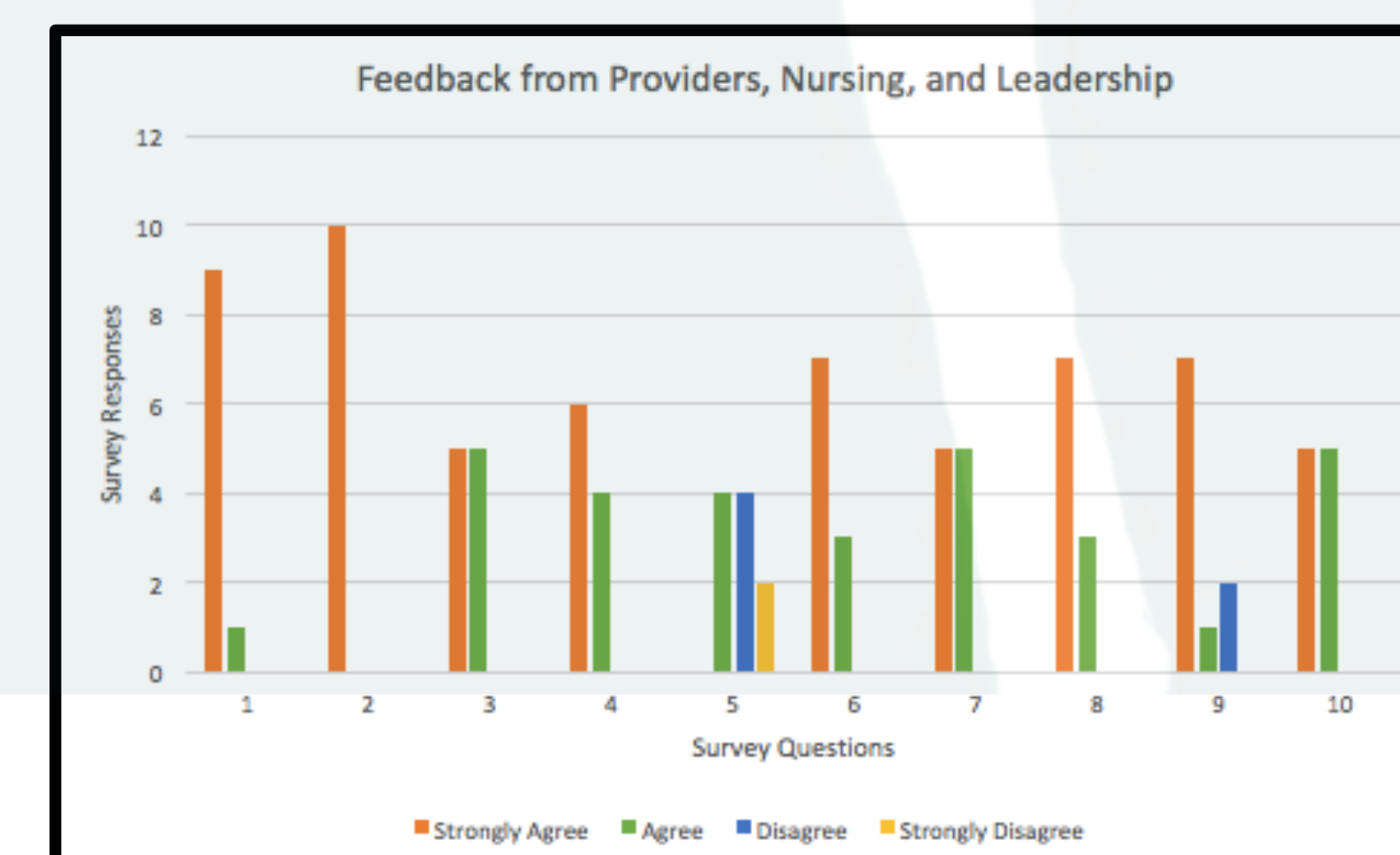
Methods

- Patients with an unknown or negative HCV antibody test result upon admission were offered to complete a risk survey
 - Patients were given a list of risk factors for HCV, and asked to answer if they applied YES/NO
 - IF YES, patients were asked if they would like be re-screened for HCV
- If interested in rescreening, patients were offered an onsite venipuncture
- Patients who declined rescreening, were asked if they would re-consider if the testing modality was a finger stick
- Patients with a positive HCV RNA viral load received a referral to UVMHC Infectious Disease
- Nursing staff, medical providers, and administrative leaders provided feedback via an online survey

Results



- Survey Questions
- The risk survey was easy to administer to patients.
 - Administering the risk survey at the dosing window did not interrupt work flow.
 - Administering the risk survey at the dosing window did not interfere with responsibilities of the dosing nurse.
 - Entering and updating flags in the electronic health system to facilitate surveillance of HCV is feasible to add to nursing work flow.
 - I am comfortable performing venipuncture on patients who wish to be re-screened at the clinic.
 - I would be comfortable performing a finger stick at the dosing window to collect a sample of blood to re-screen patients for HCV if proper training were provided.
 - Having patients complete the risk survey at the window presents a brief opportunity to educate patients about the risk factors for Hepatitis C and the importance of routine screening.
 - Dispensing HCV medication with a patient's daily dose is easy and is an effective strategy to promote medication adherence.



- Survey Questions
- It is important to re-screen patients who had a negative HCV antibody result upon admission to the Chittenden Clinic.
 - It is important to offer re-screening for HCV antibody to patients at the Chittenden Clinic 6 months after the initial negative result.
 - It is important to offer re-screening for HCV antibody to patients at the Chittenden Clinic 1 year after the initial negative result.
 - It is within the Chittenden Clinic's scope of practice and treatment program to offer health care services such as screening, diagnosing, and care coordination for patients at risk for and/or who have an infectious disease.
 - Re-screening for infectious disease, is the responsibility of the patient's primary care provider or public health service team, and not the responsibility of the Chittenden Clinic.
 - Point of care testing for HCV is a service that should be offered to patients at the Chittenden Clinic.
 - It is important for Chittenden Clinic providers to be able to prescribe medications to treat Hepatitis C.
 - The Chittenden Clinic offers a unique environment in which the identification and treatment of Hepatitis C can be managed effectively.
 - It is the role and responsibility of the Chittenden Clinic care team to educate patients on the risk of contracting Hepatitis C.
 - The Chittenden Clinic should prioritize improving the surveillance of infectious disease among its patients.

Discussion

- A brief questionnaire administered to patients regarding risk factors for HCV can help facilitate targeted screening efforts
- Uptake of re-screening may improve if less invasive screening modalities were used
- Nursing staff agreed that re-screening surveys were easy to implement, and introduced opportunities to talk with patients about their risk factors for contracting HCV, and review the importance of routine screening
- Stakeholders agreed that routine surveillance of HCV is important, and fits within the the scope of practice of mOUD treatment

Implications for Future Practice

- Risk questionnaires could be distributed to patients receiving medication for OUD in primary care settings
- Surveillance services offered in mOUD treatment programs may qualify for enhanced-rate reimbursement
- In addition to on-site identification of HCV, treatment of HCV in a mOUD setting is cost effective and patient centered

Conclusion

- Integration of HCV surveillance services at mOUD treatment programs provides a sustainable approach to reduce the public health burden of infectious disease



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