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

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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 HCV 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 to 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 UVMMC Infectious Disease
  - Nursing staff, medical providers, and administrative leaders provided feedback via an online survey

Results

<table>
<thead>
<tr>
<th>Survey Questions</th>
<th>Feedback from Nursing Staff</th>
<th>Feedback from Providers, Nursing, and Administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How easy was it to review the risk survey?</td>
<td>Easy</td>
<td>Easy</td>
</tr>
<tr>
<td>2. Do you anticipate this protocol would increase workflow?</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>3. How long did it take to review/re-administer the survey?</td>
<td>5 minutes</td>
<td>5 minutes</td>
</tr>
<tr>
<td>4. How easy was it to offer re-screening at the dosing window?</td>
<td>Easy</td>
<td>Easy</td>
</tr>
<tr>
<td>5. How easy was it to collect a sample of blood to re-screen patients who wish to be re-screened at the clinic?</td>
<td>Easy</td>
<td>Easy</td>
</tr>
<tr>
<td>6. How comfortable is performing a fingerstick at the dosing window to collect a sample of blood to re-screen patients for HCV if proper training was provided?</td>
<td>Comfortable</td>
<td>Comfortable</td>
</tr>
<tr>
<td>7. 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.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>8. Delegating HCV education with a patient’s daily dose is easy and is an effective strategy to promote medication adherence.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

| Completed Risk Survey n=429 (70%) |

- Consider re-screening if HCV test ordered
  - YES = 159 (55%)
  - NO = 61 (31%)
  - Did not answer = 61 (17%)

- Declined Repeat screening n=304 (75%)

- Positive HCV Antibody n=9 (7%)
  - HCV RNA Detected n=7 (6%)
  - Negative HCV Antibody n=43 (84%)
  - Positive HCV n=16

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

Survey Questions

1. It is important to re-screen patients who had a negative HCV antibody result upon admission to the Chittenden Clinic.
2. It is important to offer re-screening for HCV antibody to patients at the Chittenden Clinic. 1 year after the initial negative result
3. It is important to offer re-screening for HCV antibody to patients at the Chittenden Clinic. 4 years after the initial negative result
4. b. rain... Chittenden Clinic reports of practice and treatment programs to offer healthcare services such as screening, diagnosing, and care coordination for patients at risk for and/or who have an infectious disease.
5. 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.
6. Point of care testing for HCV is a service that should be offered to patients at the Chittenden Clinic.
7. It is important for Chittenden Clinic providers to be able to prescribe medications to treat Hepatitis C.
8. The Chittenden Clinic offers a unique environment in which the identification and treatment of Hepatitis C can be managed effectively.
9. It is the role and responsibility of the Chittenden Clinic care team to educate patients on the importance of routine screening.
10. The Chittenden Clinic should prioritize improving the surveillance of infectious diseases among its patients.