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Hepatitis C Screening in the Baby Boomer Population

PEDRAM ZARGARI
FAMILY MEDICINE ROTATION JULY/AUGUST 2018 SWANTON/ST. ALBANS
MICHAEL CORRIGAN M.D./ MAX BAYARD M.D.
Hepatitis C virus (HCV) infection is the most common blood-borne infection in the United States, with approximately 2.7–3.9 million people living with chronic infections. (1)

Approximately 75%–85% of people who become infected with hepatitis C virus will develop a chronic infection. (2) From those infected, up to 75% are unaware of it due to the asymptomatic nature of the disease. (3)

Those born between the years 1945-1965 are at a five-fold increased risk of HCV infection. Hepatitis C is a leading cause of cirrhosis, hepatocellular carcinoma, and liver transplantations; people born during 1945-1965 account for 73% of all hepatitis C-associated mortality. (4)

According to surveillance surveys, an estimated 12,000 people are infected with Hepatitis C in Vermont. There are now over 200,000 Vermonters born from 1945 to 1965 who need to be screened solely due to the birth cohort.

With the advancement of modern medicine, new therapies have emerged that can cure chronic HCV infections in a short duration of time with few associated side effects, thus increasing the importance of screening for the disease and intervening to halt its progress.
In 2013 the total cost of Hepatitis C burden in the U.S. was estimated at $6.5 ($4.3-$8.4) billion and it is expected to peak in 2024 at $9.1 ($6.4-$13.3) billion (5).

The lifetime cost of an individual infected with HCV in 2011 was estimated at $64,490 (5).

One-time testing of the baby boomer cohort is estimated to identify 800,000 infections and, with linkage to care and treatment, avert more than 120,000 HCV-related deaths. This preventative strategy is estimated to save $1.5-$7.1 billion in liver disease-related costs. (4)
Dr. Max Bayard

“Undoubtedly a lot of people are not seeing, or have access to, doctors to get screened for Hepatitis C infection”

“Doctors also need to be educated to remember and address Hepatitis C as part of the routine screening in the baby boomer population”

Dr. Michael Corrigan

“A few years ago, we were amazed at how many of our patients with a history of high risk behavior tested positive for Hepatitis C- Antibodies and subsequently Hepatitis C viral RNA. We then began screening in the baby boomer age group with and without a history of high risk behavior. We continued to identify many asymptomatic infected people and referred them onto treatment and a cure.”
Intervention and Methodology

- Project Objective: To raise awareness and educate patients within the baby boomer population to get screened for Hepatitis C.

- Methodology: A literature review was conducted regarding the utility and efficacy of Hepatitis C screening and an 8.5x11" poster was created to be posted in both Dr. Corrigan and Dr. Bayard’s office waiting rooms.
  - The poster was made to educate and inform patients about the risks and previous exposures that could potentially lead to an infection with HCV.
  - The poster aims to start a conversation about preventative medicine between the patient and the provider and ultimately it aims to increase the amount of patients within the baby boomer cohort to get tested for HCV.
Baby Boomers...
Were you born from 1945-1965?

Here are the facts you should know:

- Hepatitis C is the leading cause of Liver Cancer
- Baby boomers are 5X more likely to be infected with the Hepatitis C Virus
- Even if you feel healthy you can still be infected
- Treatment can cure Hepatitis C infections and a simple blood test can be diagnostic

Hepatitis C
Could You Have it?

Did you know you get Hep C from:
- IV drug use
- Sharing needles or syringes
- Needlestick injuries in health care settings
- Being born to a mother who has Hep C
- Blood transfusions
- Sexual contact with someone who has Hep C

GET TESTED TODAY!

Data from CDC
Evaluation of effectiveness and limitations

- The poster was reviewed and approved by Dr. Bayard and other healthcare providers in the St. Albans NOTCH clinic. The Poster was also reviewed by Dr. Corrigan and received a positive response and reaction.

- The poster was completed and displayed towards the end of the rotation thus my ability to gauge its effectiveness is very limited due to time.

- Hepatitis C infection is also a complex disorder with multiple variables, making it difficult to effectively portray an educational message to the laymen on such a poster.

- The actual size of the poster (8.5 x 11") is also small, which limits the amount of attention it could attract from patients, especially the visually impaired.
Recommendations for future interventions/projects

- Follow up in six months to quantify the number of Hepatitis C screening tests that have been ordered after the poster was displayed in comparison to six months prior to the poster being displayed.

- Another great way of raising awareness for screening would be to approach it from the providers angle and have them bring up the topic to every patient that falls within this cohort. Due to the small office settings this can be a protocol change for all providers practicing in that clinic.

- Additionally, asking about previous Hep C testing in the new patient questionnaires and intake forms would give the providers more information about their patient population.

- Another intervention can be in the form of an automatic reminder from the EMR which prompts the provider that this patient has never been tested and to inquire about possible screening.
References


Thank you for agreeing to be interviewed. This project is a requirement for the Family Medicine clerkship. It will be stored on the Dana Library ScholarWorks website. Your name will be attached to your interview and you may be cited directly or indirectly in subsequent unpublished or published work. The interviewer affirms that he/she has explained the nature and purpose of this project. The interviewee affirms that he/she has consented to this interview. Yes ___X__ / No _____ If not consenting as above: please add the interviewee names here for the department of Family Medicine information only. Name: __________________________