

Lessons Learned from HIV Screening: Routine HCV Screening and Linkage to Care in an Urban Emergency Department in Chicago, IL

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BACKGROUND

Hepatitis C (HCV) is the most common chronic blood-borne viral infection in the U.S. Approximately 6-8 million Americans are living with HCV and roughly three-quarters of those infected with HCV do not know their status. Consequently, roughly 399,000 people die every year due to HCV-related complications such as cirrhosis and hepatocellular carcinoma. Early detection of HCV helps reduce the spread of the disease and saves lives. Medications that are available for treatment are highly effective, safe, and tolerable to most patients.

In an effort to identify and treat HCV positive persons, Mount Sinai Hospital (Chicago, IL) implemented routine screening in its Emergency Department. Patients testing positive for HCV are navigated to Fibrosan and medical appointments for treatment.

Mount Sinai Hospital (MSH) is a Level I trauma safety net hospital located on Chicago's West Side. MSH serves socially and economically challenged communities that are disproportionately impacted by HCV. The annual Emergency Department (ED) census at MSH is ~50K.

METHODS

Program Description:

Routine screening-

- Implemented HCV opt out screening in ED August 2016
- All patients 18+ who had blood work with order sets were to have HCV testing included
- Patients with a positive HCV antibody test are assessed by patient navigator (PN)
- All HCV + antibody tests are reflexed for an HCV RNA test to expedite linkage to care process
- If RNA test is reactive, PN links patient to Fibrosan appointment and then to medical appointments for treatment

Patient Navigator Responsibilities:

- Provide HCV education, conduct assessments, and serve as a resource for patients
- Assist patients with health insurance paperwork
- Schedule and remind patients of appointments
- Assist patients with transportation to appointments
- Obtain medical referrals
- Assist patients with establishing a primary care physician

RESULTS

HCV Patient Navigation Cascade:

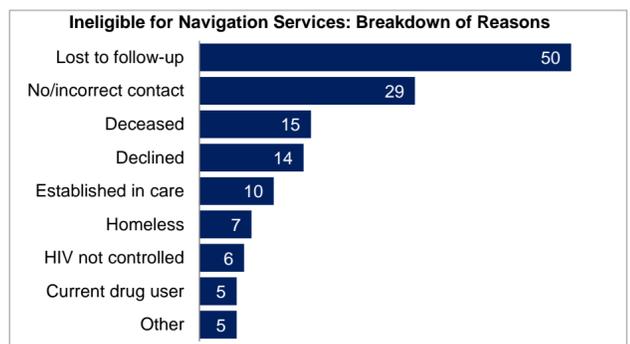
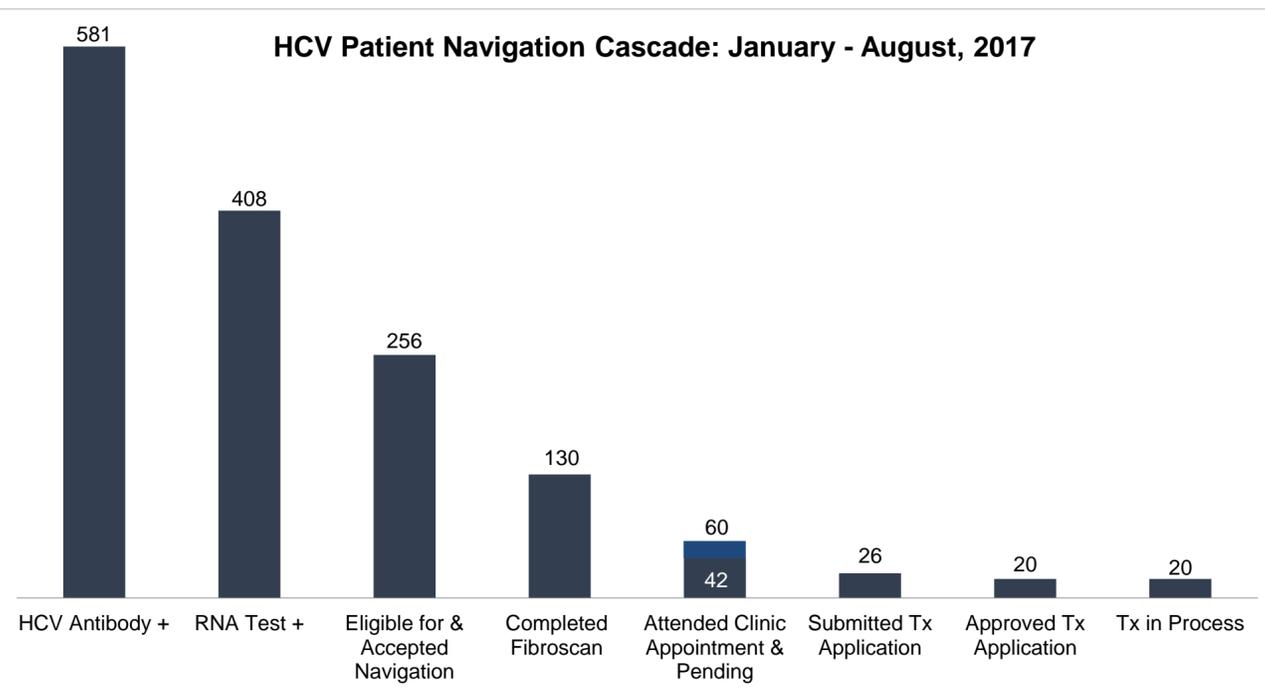
- Of the 581 HCV Antibody positives identified, 70% were RNA positive (408)
- Of the 408 RNA positives identified, 63% were eligible for and accepted navigation services (256)
- Of the 256 RNA positives being navigated, 51% have completed a Fibrosan (130)
- Of the 130 who have completed a Fibrosan, 46% have attended or are scheduled for a clinic appointment (60)
- Of the 42 who have attended a clinic appointment, treatment applications have been submitted for 26; 20 have been approved for and initiated treatment

Demographics, Risk Factors, & Disease Staging:

- 69% of RNA positives were baby boomers
- 2.7% of navigated patients were co-infected with HIV
- 28% of those who received Fibrosan were stage F4

Ineligible for Navigation: Reasons

- Of those ineligible for navigation services:
 - 29 gave no or incorrect contact info
 - 15 expired
 - 14 declined navigation services
 - 10 were already established in care



Key Demographics for RNA+ (N=408)

69% Baby Boomers (born 1945 - 1965)
65% Male

Risk Factors for Navigated Patients (N=256)

12% current substance use
18% current/past IDU
2.7% co-infected with HIV

Disease Staging for Fibrosan Patients (N=130)

37% F 0-1 (No Fibrosis, n=48)
25% F2 (Mild Fibrosis, n=33)
10% F3 (Moderate Fibrosis, n=13)
28% F4 (Cirrhosis, n=36)

CONCLUSIONS

Patients receiving care at safety-net hospitals experience disproportionately high rates of chronic HCV infection. The introduction and continued development of highly effective direct acting antivirals (DAA) to cure HCV infection necessitate coordinated efforts to identify HCV patients and navigate them to treatment. Successful HCV navigation in an urban hospital setting requires transformation of system-wide policies, provider-level interventions to increase awareness of HCV, and acknowledgement of patients barriers to care. The key components of our HCV navigation model include:

- Working relationship with hospital laboratory to ensure timely completion of HCV confirmatory testing
- Effective communication with IT department to develop reports utilized to identify hospitalized patients with HCV infection
- Buy-in from the health system to implement routine screening for HCV in the ED
- Partnership with external agencies for timely access to latest disease staging technology
- Ongoing training efforts to educate medical providers, medical staff and patients on advances in HCV treatment
- Multiple ID physicians dedicating weekly appointment slots to HCV patients and development of bi-monthly HCV clinics committed to only HCV patients to alleviate burden on ID clinic flow
- Incorporation of pharmacy staff to streamline treatment applications and coordinate treatment for eligible patients
- Partnership with specialty pharmacies to ensure timely coordination of treatment applications and medication delivery
- Effective collaborations with external facilities to ensure referrals from other providers have the required lab results
- Bilingual and multicultural navigators to ensure effective patient communication
- Understanding of the barriers patients face when accessing medical care & establishing a referral system for other services

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CONFLICTS OF INTEREST

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