Adherence to HCV Birth Cohort Screening Guidelines by Primary Care and Subspecialty Physicians in an Integrated Healthcare System

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Abstract Body Purpose:
Despite the 2012 CDC and 2013 USPSTF recommendations that patients born between 1945 and 1965 should receive one-time HCV antibody testing, the majority of US baby boomers have not been screened to date, indicating gaps in the implementation of the guidelines. The primary aim of this study was to compare HCV screening rates between primary care and subspecialty clinic patients in an integrated healthcare system comprising over 250,000 baby boomers.

Methods:
We identified all baby boomers presenting for at least one outpatient visit to internal or family medicine, gynecology, or other subspecialty clinics at NorthShore University Health System in July 2015. Patients' electronic medical records (EMR) were searched for HCV antibody test results dating back to 2003. The frequency of HCV antibody testing was stratified by age, gender, prior history of HCV infection, and provider specialty. The influence of patient and physician characteristics on the frequency of testing was analyzed using multivariate logistic regression.

Results:
12,344 patients met the HCV screening criteria during the one-month sampling period. Of these, 1882 (15%) had undergone HCV antibody testing. Ninety (4.8%) screened patients were HCV antibody-positive, and 84 of 90 patients (93%) underwent follow-up HCV RNA testing. HCV-RNA was detectable in 61 of 84 antibody-positive patients (73%). HCV testing was slightly less common in men (14%) than women (16%), and significantly more common in patients who were younger vs. older than age 65 (16% vs. 12%, respectively). The highest HCV screening rates were observed in gynecology clinic patients (17%), followed by internal medicine (16%), family medicine (13%), and other subspecialties including gastroenterology (10%). In the multivariate analysis all these characteristics, except gender, exerted an independent and statistically significant influence on HCV antibody testing. Among patients with a positive HCV antibody test result, the rates of HCV RNA testing were not affected by physician specialty or patient characteristics.

Conclusion:
Overall, we observed a low adherence to HCV birth cohort screening guidelines among different outpatient settings in an integrated healthcare system, as EMR-documented HCV antibody test results were found in only 15% of all eligible patients. Patients younger than age 65 were more likely to be tested than older patients, and there was significant variability between different specialty clinics, with screening rates varying from 10% to 17%. Our study identifies opportunities for increased HCV antibody screening efforts that could incorporate age- and clinic-specific practice patterns.