

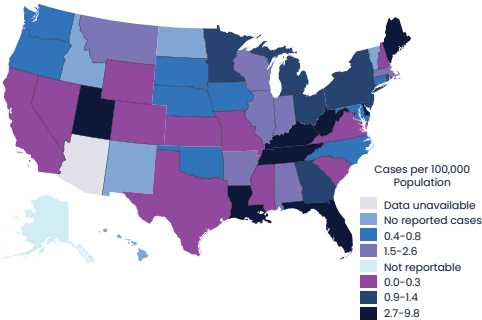
Introduction

The World Health Organization (WHO)¹ and U.S. national strategic² plan aim to achieve a 90% reduction in hepatitis C infection and increase hepatitis C (HCV) diagnoses by 90% by year 2030. However, the 2023 National Progress Report³ indicated acute hepatitis C infections have been steadily on the rise; a 60% and 7% increase from 2017 and 2022, respectively. A recent study shows 1 in 3 adults in the United States are not aware of their potentially life-threatening infection. At the time of diagnosis, around 20% of patients will already have serious liver damage, cirrhosis and/or end-stage liver disease. Results of a recent study highlighted the average national hepatitis C cure rate is 37%. This highlights the need for a comprehensive screening program for early diagnosis and linkage to care.

Objective

The purpose of this study is to evaluate the impact of pharmacist lead system wide Hepatitis C screening and linkage to care workflow in Rural Community Health Center.

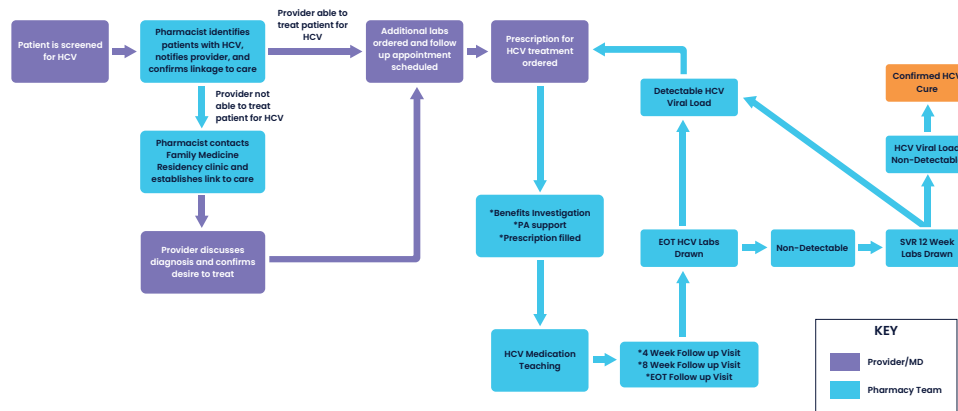
Rates* of reported cases¹ of acute hepatitis C virus infection, by state or jurisdiction — United States, 2021⁴



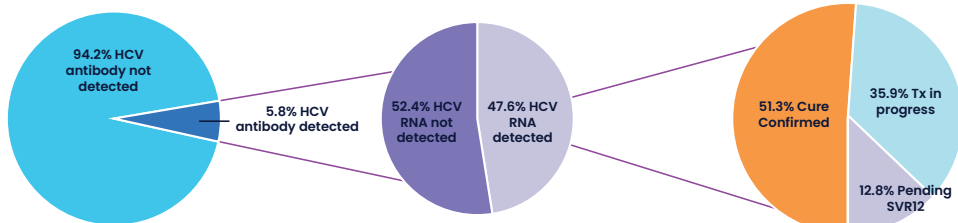
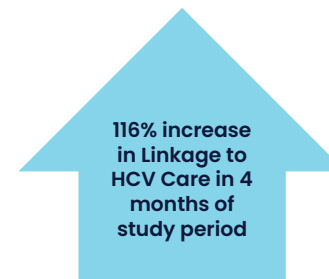
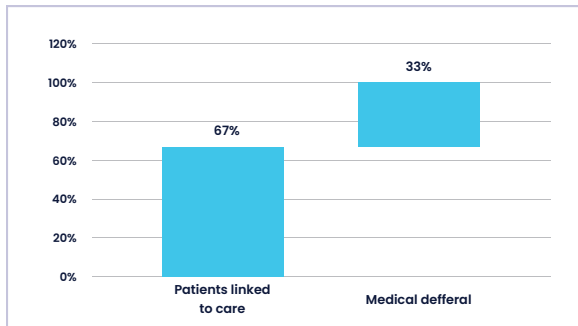
Methodology

- Study Design:** Retrospective observational descriptive study
- Data Source:** HCV lab data pulled from Vigilanz, the lab software at Comanche County Memorial Hospital (CCMH)
- Study Population:** Patients who had HCV tests conducted at the CCMH lab between April 1, 2023 and April 30, 2024.
- Exclusion:** Patients who were not tested at the CCMH lab, but receiving treatment for HCV were excluded from the study.
- Statistical Analysis:** Descriptive Statistics: Data presented as numbers and percentage.

Workflow



Results



Discussion

Significant attrition exists in the hepatitis C treatment cascade. To address this problem, we conceptualized a pharmacist-led system wide hepatitis C (HCV) screening and linkage to care program. The pharmacy department collaborated with the Family Medicine Residency Program at Lawton Community Health Center to create a linkage to care for patients with or without a primary care provider. In this pharmacist-led test-to-treat model, a pharmacist monitors the HCV screening lab results dashboard that is refreshed weekly. When an HCV-infected patient is identified, the pharmacist contacts the lab ordering provider to facilitate a discussion of the diagnosis with the patient, refer the patient to the HCV clinic and ensure linkage to care. Once treatment is started, the pharmacist follows up with patients at 4 weeks, 8 weeks, end-of-treatment (EOT), and ensures that EOT and 12-week SVR labs are completed.

During the 4 months of our study, our health system screened 1,416 patients. We identified 39 patients with detectable HCV RNA; out of which 67% were linked to HCV care and started treatment.

Compared with the preceding year (2023), the pharmacist-led test-to-treat model resulted in a 116% increase in the linkage to HCV care.

Overall, implementing a pharmacist-led, clinical dashboard supported, test-to-treat protocol helps to minimize attrition rate in the HCV treatment cascade and improves linkage to care, medication access and adherence.

References

- https://www.who.int/health-topics/hepatitis/elimination-of-hepatitis-by-2030#tab=tab_1
- <https://www.cdc.gov/hepatitis/statistics/surveillanceguidance/HepatitisC.htm>
- <https://www.hhs.gov/sites/default/files/Viral-Hepatitis-National-Strategic-Plan-2021-2025.pdf>
- <https://www.cdc.gov/hepatitis/policy/npr/2023/index.htm>
- <https://www.cdc.gov/hepatitis/statistics/2021surveillance/hepatitis-c/figure-3.3.htm>

Acknowledgments

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