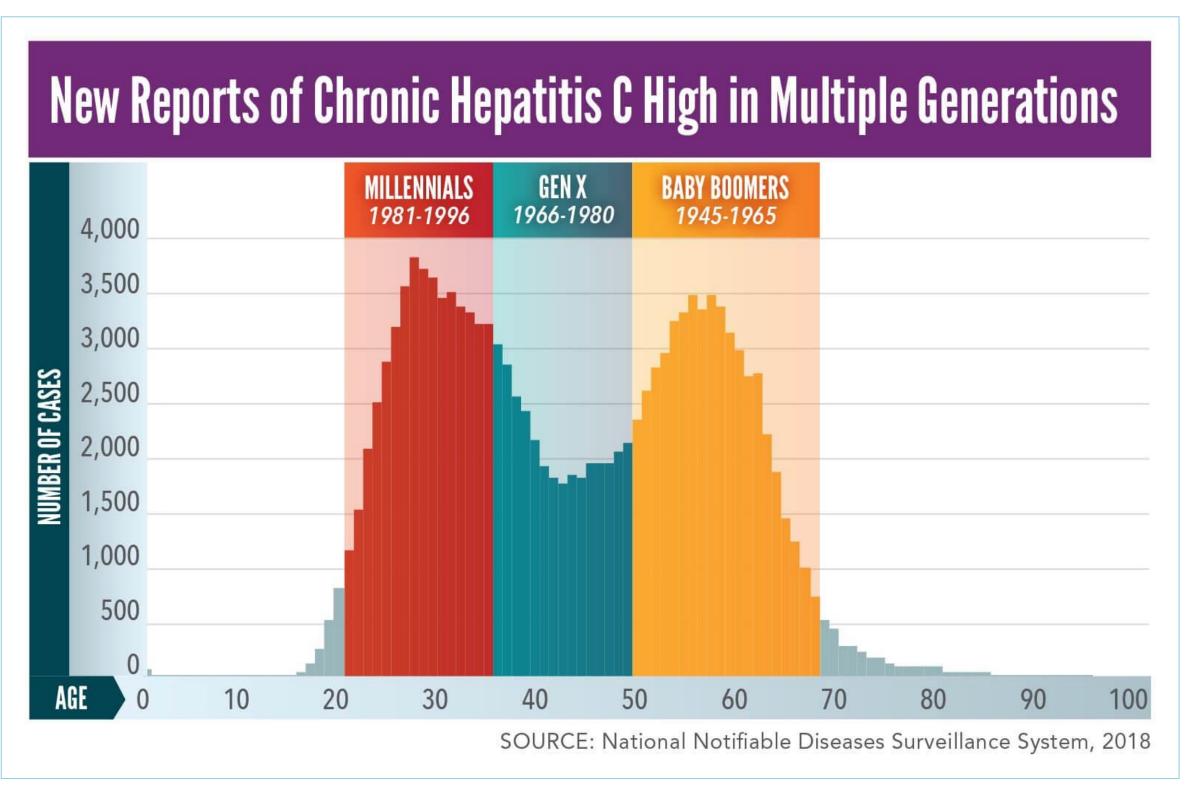
Implementing a Prospective Surveillance and Early Intervention Model of Care for Hepatitis C Virus in the Baby Boomer Population into Clinical Practice: Application of the RE-AIM Framework

Erin L. Forrey, DNP, APRN, FNP-C, AGPCNP-C

PROBLEM STATEMENT

In the United States, Hepatitis C Virus (HCV):

- Is the most common blood borne infection
- 4.1 million people are chronically infected
- 45,000 new cases develop annually
- 75% of all cases are among those born between 1945-1965
- Baby Boomers have the highest prevalence of all cases



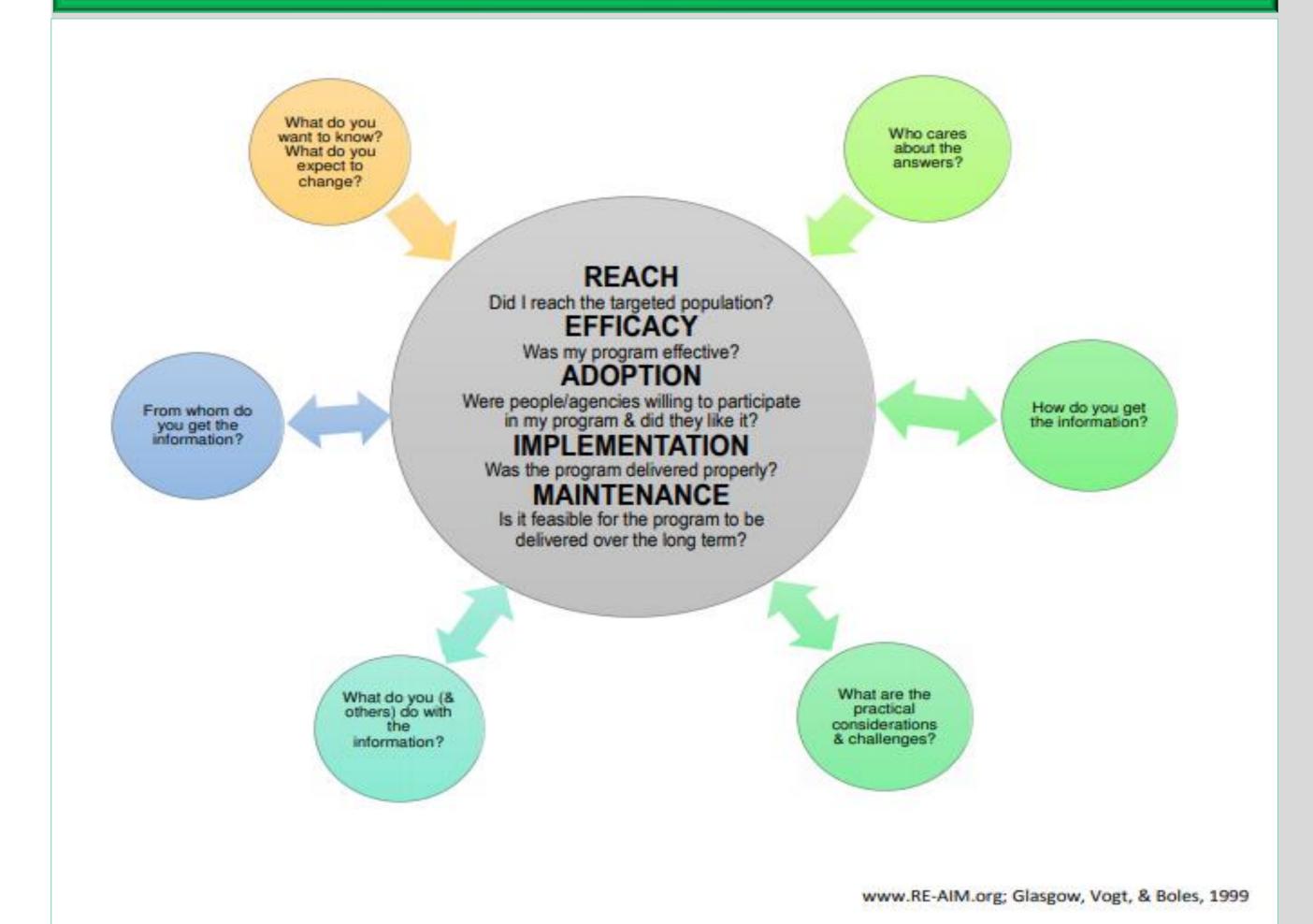
Globally 71 million people are infected with HCV

- HCV is the silent killer
- Symptoms may not appear for decades. Patients are unaware of being infected, until liver cirrhosis / liver cancer / death occurs
- Prior to 1992, transmission occurred through blood transfusion/organ transplants, because testing had not yet been developed
- HCV is now curable with treatment

PROJECT PURPOSE

- Purpose: To determine if early screening for HCV would lead to early referral to treatment and prevention of liver disease sequela
- Aim: To Increase routine screening rates and referral to treatment of the baby boomer cohort in the primary care clinic from 20% to 75%
- Clinical Question: In the baby boomer cohort of a primary care practice, does the intervention of screening for HCV lead to early intervention and referral to treatment, and prevention of associated comorbidities compared to current practice?

NURSING THEORY/EBP MODEL



METHODS

Participants

- Convenience sample of 100 patients born between 1944-1964
- Inclusion criteria: Asymptomatic at time of testing, both genders, born in targeted birth cohort
- Exclusion criteria: Previous diagnosis of HCV, symptomatic

Setting

 Geriatric primary care clinic residing in a small beach town, located on the west coast of Florida

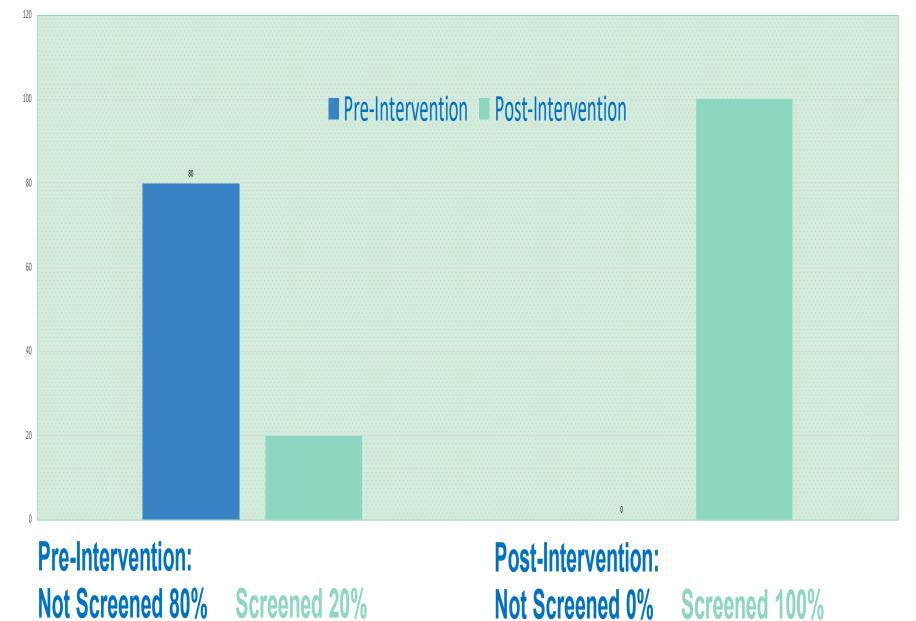
Instruments / Tools

- CDC Guidelines as the Standard Operating Procedure
- Serum HCV antibody test to determine positivity

Intervention / Data Collection

- Patients with (+) HCV antibody results were then tested for RNA viral loads
- Patients with elevated viral loads were referred to gastroenterologist for HVC treatment

Pre-Intervention Symptomatic / Screening post-symptomatology = 20 HCV (+) found after symptom development = 20 Not screened preemptively HCV = 80 Results Post-Intervention Asymptomatic / Early HCV Screening = 100 HCV (-) results on early screening = 20 HCV (-) results early screening = 98



DISCUSSION

- 2:100 asymptomatic patients tested positive for HCV, both had a history of injecting drugs
- Lack of diversity in the convenience sample may be a confounding factor contributing the low number of positive results
- All 100 patients live in a small radius from the primary care clinic, this may also represent confounding factors in the results
- Repeating this intervention in different demographic areas may yield an increase in positive HCV results

IMPLICATIONS FOR ADVANCED PRACTICE NURSING

- HCV is curable
- Early screening saves lives
- Reduces the overall burden of disease both economically and ethically
- Screen all patients 18 years of age and older

SUSTAINABILITY

- The World Health Organization's goal is to reduce the overall burden of disease from HCV by 65 % by the year 2030
- The CDC recommends testing everyone over age 18 regardless of risk factors at least once to reduce the transmission of HCV
- Those with risk factors, such as people who inject drugs, need HCV testing at least yearly

REFERENCES

Why it is Important
Baby Boomers Get Tested
for Hepatitis C Now



EARLY SCREENING FOR HEPATITIS C VIRUS SAVES LIVES.
HEPATITIS C VIRUS IS CURABLE & PREVENTABLE.

