

Background

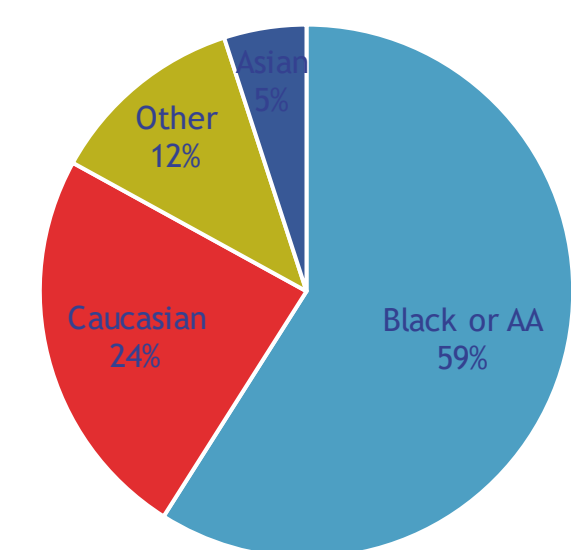
- **Problem Statement:** Hepatitis B is a serious viral infection affecting thousands of individuals in the US that can lead to liver damage, cancer, and death. The CDC has criteria for who should be screened for HBV, although it is difficult for providers to discern which patients do meet these within the time constraints of clinic visits.
- **Project AIM:** Perform retrospective chart review of JHAP patients within a two-week period to evaluate the number of patients who have been screened for HBV (with HbsAg, HbsAb, HbcAb) and propose interventions that could help improve screening rates

Baseline Metrics

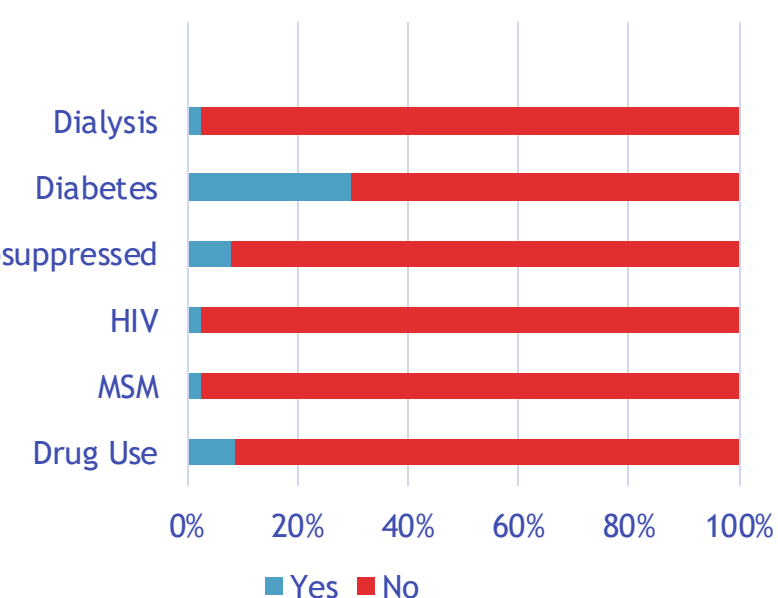
Patient Characteristics

- 58 % Female
- Average Age 51

Race

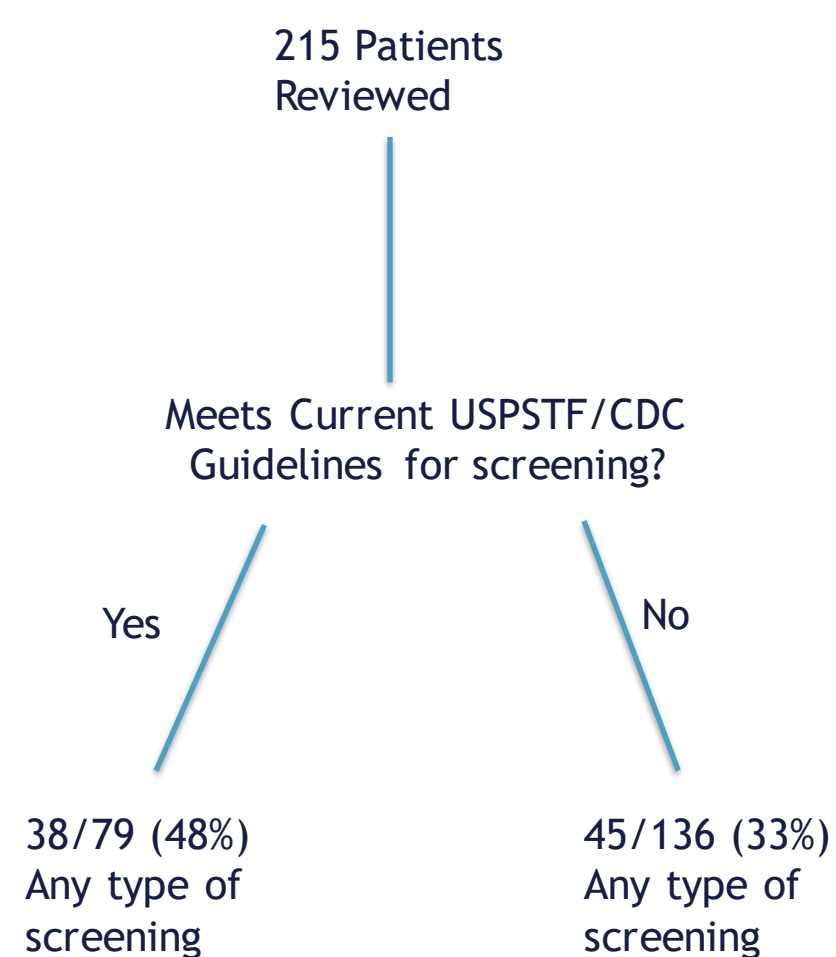


USPSTF/CDC Criteria for Hep B screening (n = 79/215)



Baseline Screening:

- 83/215 (38%) had any type of screening
- 37/215 (17%) patients had triple screening (HbsAg, HbsAb, HbcAb)
- 12/215 (5%) had a positive core antibody
- Race was not an independent risk factor for positive screening of any type

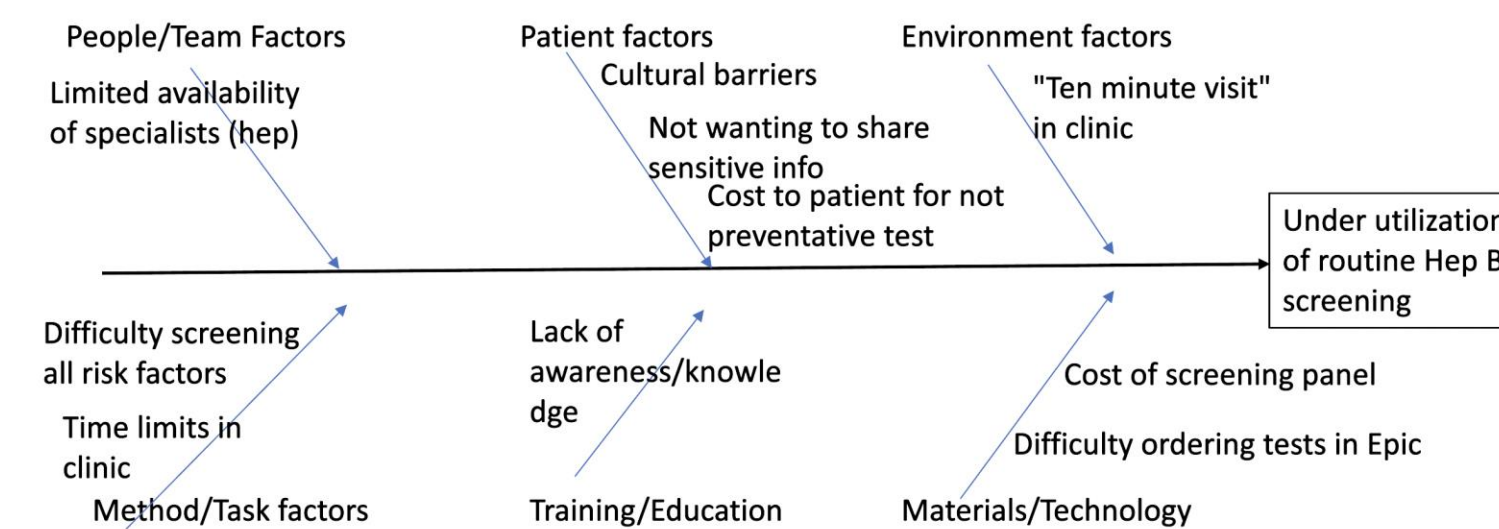


Interventions

Stakeholder Analysis: Universal HBV Screening

Stakeholders	Significantly Against	Moderately Against	Neutral	Moderately Supportive	Significantly Supportive
Patients			X → O		
Primary Providers			X → O		
Hepatologists					X
Specialty Pharmacies				X → O	
ISDA			X → O		
USPSTF				X → O	
Insurance Providers		X → O			
Medicine Associations			X → O		
Health Plan Beneficiaries			X → O		

Root Cause Analysis



Proposed interventions to improve screening:

- 1) Reminding primary care providers about HBV screening with flyers posted in clinic
- 2) Including 'Best Practice Advisory' for Care Gap in Epic for HBV screening
- 3) Advocate for universal screening, similar to HCV screening

Challenges and Lessons Learned

- Balancing the viewpoints of different stakeholders – i.e. wanting to include an Epic BPA or Care Gap, but also wanting to avoid provider "click fatigue"
- Difficulty finding which patients meet criteria while conducting chart review. PCPs face similar difficulties given multiple demands during "15 minute visit."

Future Directions

- Subgroup analysis of HBV risk factors and demographic factors to further delineate disparities in HBV screening
- Implementing intervention such as BPA or Care Gap and comparing pre- and post- rates in HBV screening

Linkage to Healthcare Disparities

- Hepatitis B, like other bloodborne viruses, is associated with lack of awareness and stigma among the general population. It is estimated by the CDC that 68% of individuals with chronic hepatitis B are unaware of their disease [1]. Additionally, given the mechanisms of transmission, individuals that may be at risk for and benefit from screening often fear discrimination [2]. Both factors may pose barriers to effective screening, leading to increased transmission of disease and inadequate hepatologist surveillance.

[1] Hepatitis B basic information. US Department of Health and Human Services. Published August 21, 2020. Accessed December 7, 2022. <https://www.hhs.gov/hepatitis/learn-about-viral-hepatitis/hepatitis-b-basics/index.html>

[2] Smith-Palmer J, Cerri K, Sbarigia U, Chan EKH, Pollock RF, Valentine WJ, Bonroy K. Impact of Stigma on People Living with Chronic Hepatitis B. Patient Relat Outcome Meas. 2020 Mar 9;11:95-107. doi: 10.2147/PROM.S226936. PMID: 32214859; PMCID: PMC7082540.