

An Integrated HCV Testing Model as a Method to Improve Identification and Linkage to Care in a Network of Community Health Centers in Philadelphia, PA

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Abstract : Objective: As novel and better tolerated therapies become available, effective HCV testing and care models become increasingly necessary to not only identify individuals with active infection but also link them to HCV providers for medical evaluation and treatment. Our aim is to describe an effective HCV testing and linkage to care model piloted in a network of five community health centers located in Philadelphia, PA. Methods: In October 2012, National Nursing Centers Consortium piloted a routine opt-out HCV testing model in a network of community health centers, one of which treats HCV, HIV, and co-infected patients. Key aspects of the model were medical assistant initiated testing, the use of laboratory-based reflex test technology, and electronic medical record modifications to prompt, track, report and facilitate payment of test costs. Universal testing on all adult patients was implemented at health centers serving patients at high-risk for HCV. The other sites integrated high-risk based testing, where patients meeting one or more of the CDC testing recommendation risk factors or had a history of homelessness were eligible for HCV testing. Mid-course adjustments included the integration of dual HIV testing, development of a linkage to care coordinator position to facilitate the transition of HIV and/or HCV-positive patients from primary to specialist care, and the transition to universal HCV testing across all testing sites. Results: From October 2012 to June 2015, the health centers performed 7,730 HCV tests and identified 886 (11.5%) patients with a positive HCV-antibody test. Of those with positive HCV-antibody tests, 838 (94.6%) had an HCV-RNA confirmatory test and 590 (70.4%) progressed to current HCV infection (overall prevalence=7.6%); 524 (88.8%) received their RNA-positive test result; 429 (72.7%) were referred to an HCV care specialist and 271 (45.9%) were seen by the HCV care specialist. The best linkage to care results were seen at the test and treat the site, where of the 333 patients were current HCV infection, 175 (52.6%) were seen by an HCV care specialist. Of the patients with active HCV infection, 349 (59.2%) were unaware of their HCV-positive status at the time of diagnosis. Since the integration of dual HCV/HIV testing in September 2013, 9,506 HIV tests were performed, 85 (0.9%) patients had positive HIV tests, 81 (95.3%) received their confirmed HIV test result and 77 (90.6%) were linked to HIV care. Dual HCV/HIV testing increased the number of HCV tests performed by 362 between the 9 months preceding dual testing and first 9 months after dual testing integration, representing a 23.7% increment. Conclusion: Our HCV testing model shows that integrated routine testing and linkage to care is feasible and improved detection and linkage to care in a primary care setting. We found that prevalence of current HCV infection was higher than that seen in locally in Philadelphia and nationwide. Intensive linkage services can increase the number of patients who successfully navigate the HCV treatment cascade. The linkage to care coordinator position is an important position that acts as a trusted intermediary for patients being linked to care.

Keywords : HCV, routine testing, linkage to care, community health centers

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