QUALITY IMPROVEMENT IN HCV: ENHANCING PROVIDER PERFORMANCE; IMPROVING PATIENT CARE

Simi T. Hurst, PhD, Teresa S. Marshall, Barry Patel, PharmD, Catherine C. Capparella, CHCP
Medscape Education, New York, NY. Indegene Total Therapeutic Management, Kennesaw, GA

HEALTHCARE PROBLEM

- Hepatitis C virus (HCV) infection is the most common chronic blood-borne infection in the United States and a leading cause of liver-related morbidity and mortality.
- As "baby boomers" are identified and linked to care, more patients than ever before will require HCV treatment.
- Unfortunately, traditional HCV care models are inadequate.
- Advances in HCV treatment now make it possible to expand HCV care responsibilities to non-hepatologists and thereby increase patients' access to care.

EDUCATIONAL INTERVENTIONS AND OUTCOMES ASSESSMENT STRATEGY

HCV INTERVENTION—CLOSED SYSTEM

- The physician study cohort was drawn from 30 Aetna HCV practices and comprised 28 general gastroenterologists and 2 primary care providers who met the specified study inclusion/exclusion criteria (Figure 1).
- Gaps in training and competence were assessed using a multiple-choice survey instrument; gaps in performance were measured using baseline patient chart review (300 charts).
- Each physician was directed to 1 or more CME-certified educational activities (described below) based on individual gaps.
- Approximately 6 months after CME completion, each physician was re-assessed using patient chart review (300 charts), allowing for measurement of performance changes and patient impact.

HCV INTERVENTION—OPEN SYSTEM

- Four multimedia, CME-certified activities were developed and launched online between August 20, 2015, and August 24, 2015 (Figure 2).
- Two activities featured video-based discussions between 2 expert faculty that provided guidance on initial patient evaluation and provision of preventive care for patients entering, or re-entering, HCV care.
- Two activities featured interactive case-based learning that provided education on individualizing HCV management.
- Each HCP activity also included a link to the patient education intervention described below. Through links offered HCPs the opportunity to direct their patients to online activities as a follow-up to the clinical encounter or as preparation to the next clinical encounter.
- Each online activity measured practice changes via a case-based survey instrument administered immediately prior to and following the educational intervention. Change was measured at both aggregate and per-learner levels.

PATIENT ENGAGEMENT INTERVENTION

- Four multimedia patient education modules addressed the fundamentals of HCV infection and available treatment options (Figure 3).
- Each module included a linked prep- and post-activity question to measure changes in knowledge/attitudes.

CONCLUSIONS

- Baseline chart review and online survey data identified a variety of performance gaps in the care of patients with chronic HCV infection.
- This quality improvement initiative focused on expanding the HCV provider base as a means to increase patient access to HCV care.
- For HCPs, significant improvements were observed in both the open and closed systems.
- For patients and/or caregivers, significant improvements were observed on various aspects of HCV infection and its treatment.
- Through strategic partnerships, Medscape, LLC and Aetna developed and implemented a multipronged strategy that has helped close provider performance gaps, improve patient care, increase patient knowledge, and bring about meaningful change within this cohort of providers and patients.

FIGURE 1. Closed System Study Design

FIGURE 2. Alignment of Online Educational Activities with HCP Performance Measures

FIGURE 3. Patient Engagement

FIGURE 4. Increased Assessment of Liver Status

FIGURE 5. Increased Evaluation for Coinfection

FIGURE 6. Increased Evaluation for Comorbid Conditions

FIGURE 7. Increased Baseline Laboratory Evaluations

FIGURE 8. Increased Treatment for Chronic HCV Infection

FIGURE 9. Increased Comprehension Among Patient/Caregiver Learners

PATIENT-LEVEL OUTCOMES

- Patients were re-assessed using patient chart review (300 charts), allowing for measurement of performance changes and patient impact.

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Disclosures

The authors have nothing to disclose.