Increasing Vaccination, Testing, and Treatment for Viral Hepatitis C in Underserved Populations

NATIONAL ASSOCIATION OF Community Health Centers®

PURPOSE

To advance the delivery of recommended testing, care, and treatment for Hepatitis C virus (HCV) and support implementation of the National Viral Hepatitis Action Plan (2017–2020) in health centers.

BACKGROUND

Populations who receive health care services at health centers are at a higher risk of HCV infection and its associated sequelae compared to the general population, increasing the urgency to identify and treat HCV infected health center patients. Optimizing delivery of recommended HCV testing, care, and treatment in large networks of health centers could help reduce the substantial burden of viral hepatitis in these populations, while controlling costs. Additionally, there is not sufficient data describing the HCV Care Cascade, especially for high-risk populations. Monitoring the HCV Care Cascade from a population perspective will assist in identifying gaps that can be addressed to bring more infected persons into care and treatment.

GOAL

Create an ideal candidate value set of the HCV Care Cascade Data Model through feasibility and validation testing within three health center controlled networks (HCCNs) and two health centers.

POPULATION OF FOCUS

Individuals at risk for HCV including persons born between 1945 and 1965, persons who inject drugs, formally incarcerated persons, and HIV-infected persons.

APPROACH

Using a collaborative model with the Centers for Disease Control and Prevention (CDC), health centers, HCCNs, and informatics experts, the project has two implementation phases:

PHASE 1: CANDIDATE VALUE SET

- Through feasibility testing and utilizing their electronic health record (EHR), three HCCNs and two health centers will determine the ideal candidate value set for the HCV Care Cascade Data Model.

PHASE 2: VALIDATION

- After feasibility testing is completed and the ideal candidate value set is created, the HCCNs and health centers will perform manual chart reviews to validate the data.

TIMELINE | 1/1/2019 – 7/31/2019

FUNDING | CDC

TYPE OF INTERVENTION
HIT-enabled Quality Improvement, Analytics and Reporting, Value-set Validation

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MEASURES

There are no active value sets; value sets will be developed, tested, and finalized during this project.

COLLABORATORS

CDC	Project management. Financial and technical support. Subject matter expertise.
NACHC	Maintain national leadership role around HCV for HCCNs and health centers. Project design, support, and management. Facilitate and accelerate learning among participating health centers through sharing of best practices, challenges, lessons learned, and metrics and tools.
Alliance Chicago	National HCCN leader serving 32 health centers in 19 states using a common electronic health record system with uniform data definitions and capture methods. Provide informatics expertise on HCV, value sets, metrics, data analysis, and informatics.
AAPCHO	National organization representing community health organizations that serve medically underserved Asian American, Native Hawaiian, and Pacific Islander populations. Provide expertise on social determinants of health and validation methodologies.
HCCN/ Health Centers	Perform feasibility testing utilizing pre-determined or discovered value sets related to the HCV Care Cascade Data Model with the ultimate goal of creating an ideal candidate value set for scale in the health center environment. Participate in validation testing through manual chart review to determine if the data collected in the candidate value set is accurate.