



A Qualitative Evaluation of a Novel Universal Hepatitis B Screening Reminder Tool at Stanford Primary Care

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Background

Background:

- 862,000 to 2.4 million people in the United States have chronic hepatitis B infection (CHB)¹
- Recent California and draft CDC mandates for a transition from risk-based screening to universal screening for hepatitis B²
- Stanford Primary Care has implemented a novel Health Maintenance (HM) Due hepatitis B reminder system to prompt providers to discuss hepatitis B screening with patients.

Objective

- To seek the perspectives of relevant stakeholders at Stanford and University Health Alliance on the barriers and facilitators of the implementation of the HM Due universal hepatitis B screening reminder system.



Methods

Stanford MEDICINE
17 Stanford general Primary Care and University Healthcare Alliance clinics



Physicians/
Nurse Practitioners/
Physician assistant



Allied Health
Professionals

Qualtrics Surveys

PCPs (n=125)

Semi-Structured
Interviews

PCPs (n=8)
MAs (n=3)

Survey
Results

NVIVO

Thematic Analysis

Findings

92%

of providers reported that universal screening is MORE straightforward



Under-screening of at-risk groups prior to HM Due implementation

“Prior to implementation, I did not screen patients routinely for hep B, only certain populations such as Asian - but I did not follow the at-risk definition to the T.”

One-click ordering feature convenience

“I would love to see the one click added to other HM Dues. It is super easy to use and saves time.”



Only 1

provider disagreed with the statement, “The hepatitis B screening one-click order is easy to use.”

Only 14%

of providers disagreed with the statement “My practice’s process for responding to the hepatitis B HM Due is straightforward.”



Seamless Integration to Existing Workflow

“My staff was able to adapt well to the change - it did not require much training.”

Patients’ Compliance with Universal Screening

“Conversations with patients about screening takes less than 4 minutes, if even that.”



75%

of providers reported spending ≤1 minute discussing hepatitis B screening with patients

Discussion

Facilitators to Implementation of HM Due Reminder for Universal Hepatitis B Screening



The HM Due Reminder has increased hepatitis B screening by more than seven-fold per month.



The HM Due reminder has been easily integrated into provider workflows and has made hep B screening more efficient.



The HM Due reminder has helped providers identify those with hepatitis B that a risk-based screening approach would have overlooked.

Barriers to Implementation of HM Due Reminder for Universal Hepatitis B Screening



The majority of providers prefer the risk-based model of screening for hepatitis B.



The need for “risky lifestyle” coding for hep B positive Medicare patients discourages providers to adopt universal hepatitis B screening.



It is unclear whether the purpose of the HM Due reminder is to start conversations about hepatitis B or improve screening rates.

Limitations

- Generalizability
 - Novel reminder tool
 - Single academic medical centers
- Social desirability bias in respondents

Next Steps

- Processing data into NVIVO
- Interviewing MAs and more Stanford and UHA Faculty
- Obtain clinical behavior and test ordering practice at Stanford and UHA clinics



Abstract
&
References



Stanford CARE
Center for Asian
Healthcare Research
and Education