



COMPLETED GRANT SYNOPSIS

Point-of-Care Screening for Hepatitis C in Community Pharmacies

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Objectives	
To demonstrate the feasibility and sustainability of Point-of-Care Hepatitis C screening in community pharmacies, evaluate the capacity in the health care system for referral and follow-up care, and to assess community pharmacist knowledge regarding Hepatitis C.	
Methods	
Design	<ul style="list-style-type: none"> Develop pharmacist training material, both written and live session material, to ensure participating pharmacists have a baseline understanding of Hepatitis C, including a pre- and post- survey of knowledge, and an understanding of how to utilize the patient intake and study data collection forms. Develop the patient intake and study data collection forms. Collaborate with local and state health department officials to develop a referral network for pharmacists to utilize. Partner with a community pharmacy chain to select five study sites where the patient population includes those at higher risk of Hepatitis C (injectable drug users or birth cohort).
Study endpoints	<ul style="list-style-type: none"> Track implementation expenses, assess workflow impact, and utilization by patients to determine feasibility and sustainability. Document number of screened patients with a positive antibody test and compare to the number screened positive who receive follow-up care within 30-60 days. Goal to screen 1000 patients. Sub analysis of patient factors receiving screening that may relate to barriers to care: insurance status, having a primary care provider, and English as a second language as examples. Compare pre- and post-surveys assessing community pharmacists' knowledge regarding Hepatitis C.
Results	
<ul style="list-style-type: none"> Ten pharmacists participated in the pre- and post- training survey, which included five questions. On average, the ten pharmacists answered 50% of the questions correctly on the pre-survey. On the post survey, the average increased to 98%, which is a significant increase ($p=0.0054$ Wilcoxon signed-ranks two-tailed test) Only eight (8) patients agreed to screening by the pharmacist. Of those, zero resulted in a positive antibody result. Pharmacists reported out-of-pocket cost for the test as the main barrier to patient screening. Due to the low number of patients screened, a statistical analysis of feasibility and sustainability factors was not completed. Despite the lack of data for analysis, the pharmacists involved in the eight patients reported anecdotally they had no concerns with implementing screening into workflow. 	
Conclusion	
There are published studies that have shown feasibility implementing Hepatitis C screening into workflow at a community pharmacy. Those studies, however, had funding to cover the cost of the test, resulting in no out-of-pocket expense for the patient. In trying to show sustainability, the research design for this project included an out-of-pocket expense to cover the cost of the test and pharmacist labor, which showed to be inhibitive. Future studies in states allowing pharmacists to bill medical insurance for screening may be a key to understanding sustainability and transferability to other community pharmacies.	

For further information and/or materials on this grant, please visit

www.CommunityPharmacyFoundation.org and submit your inquiry through [Contact Us](#).