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

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**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 B\(^2\)
- 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**
- 17 Stanford general Primary Care and University Healthcare Alliance clinics
- Semi-structured interviews
- PCs (n=125)
- MAs (n=3)
- Qualtrics Surveys
- NVIVO
- Thematic Analysis

**Findings**

**Background:**

- 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.”

**Findings:**

- **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.”

- **Patients’ Compliance with Universal Screening**
  - “Conversations with patients about screening takes less than 4 minutes, if even that.”

- Only 1 provider disagreed with the statement, “The hepatitis B screening one-click order is easy to use.”

- **Seamless Integration to Existing Workflow**
  - “My staff was able to adapt well to the change - it did not require much training.”

- Only 14% of providers disagreed with the statement, “My practice’s process for responding to the hepatitis B HM Due is straightforward.”

- **Under-screening of at-risk groups prior to HM Due implementation**
  - “I wish one click exists for most other procedures too.”

- **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-risk per month.

- **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

- **Survey Results**

- **Discussion**

- **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 HM Due reminder has been easily integrated into provider workflows and has made hep B screening more efficient.
  - The need for “risk-based” coding for hep B positive Medicare patients discourages providers to adopt universal hepatitis B screening.

- **75%** of providers reported spending ≤1 minute discussing hepatitis B screening with patients.