1. Leverage an automated EHR algorithm which can identify patients who qualify for routine screening, eliminating the need for clinicians to remember to conduct risk assessment.

2. Bundle test orders. The EHR alert can automatically populate an order, such as bundling with HIV or other recommended tests, for a physician to accept order if patient is getting blood drawn.

4. Conduct opt-out testing with verbal notification. Led by the triage nurse at point of blood draw, opt out testing alleviates stigma-related barriers and reduces the counseling burden.

5. Explore rapid testing order sets for HCV that include a single tube of blood for rapid antibody and reflex RNA testing. Two-tube storage can be a barrier at many health settings. To overcome this, labs can conduct validation studies to see if antibody testing and Reflex RNA testing can be done on the same tube. This will save storage space and time so that the patient does not return for a second blood draw.

6. Disclose rapid test results before patient leaves setting to minimize loss in follow-up. Patient navigators can be trained to disclose results at bedside.

7. Conduct risk stratification. Further assessment of clinical risk factors can be done once the patient tests positive.

8. Link confirmatory Reflex RNA testing automatically to rapid positive results via the EHR, saving time for the clinician.

10. Leverage patient navigators to review patient records, make sure confirmatory test is being done in timely manner, disclose confirmatory tests to patients within 2 weeks, share educational materials and work with community clinic partner as liaison to get client into care.

Visit ama-assn.org/RoutineScreeningToolkit