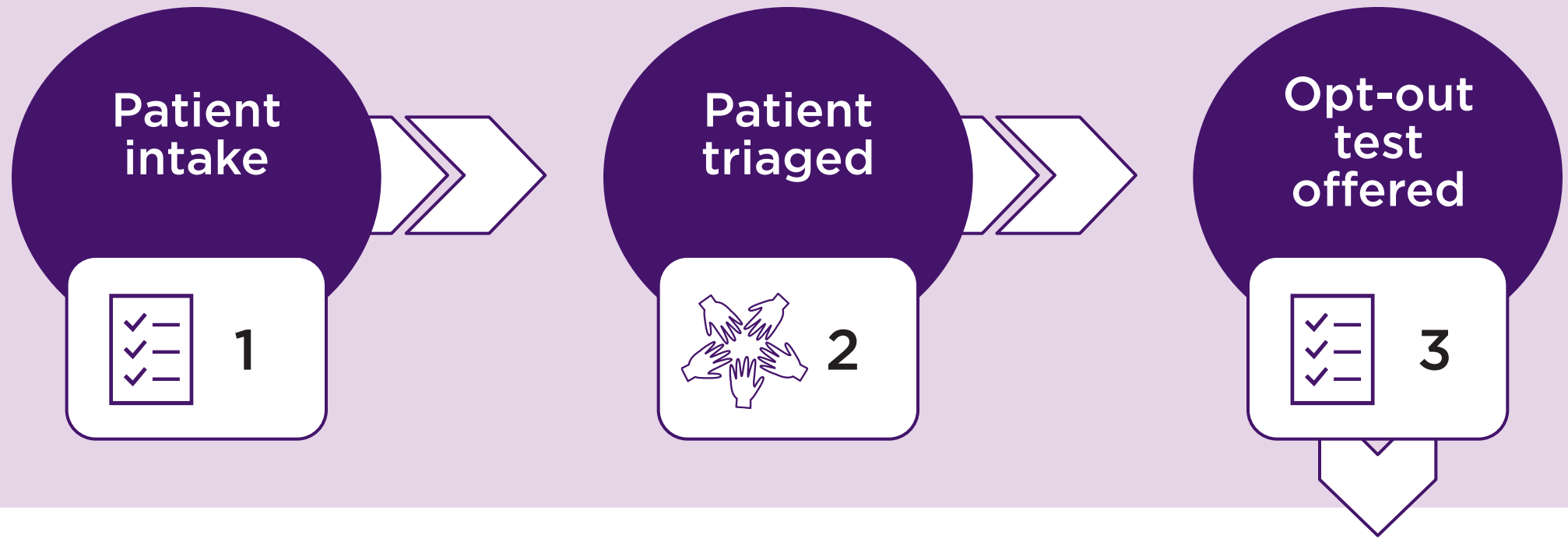


Community Health Clinic HCV Workflow Solutions

PRE-ROUTINE SCREENING: Patient engagement and screening preparedness

OPPORTUNITIES TO OPTIMIZE

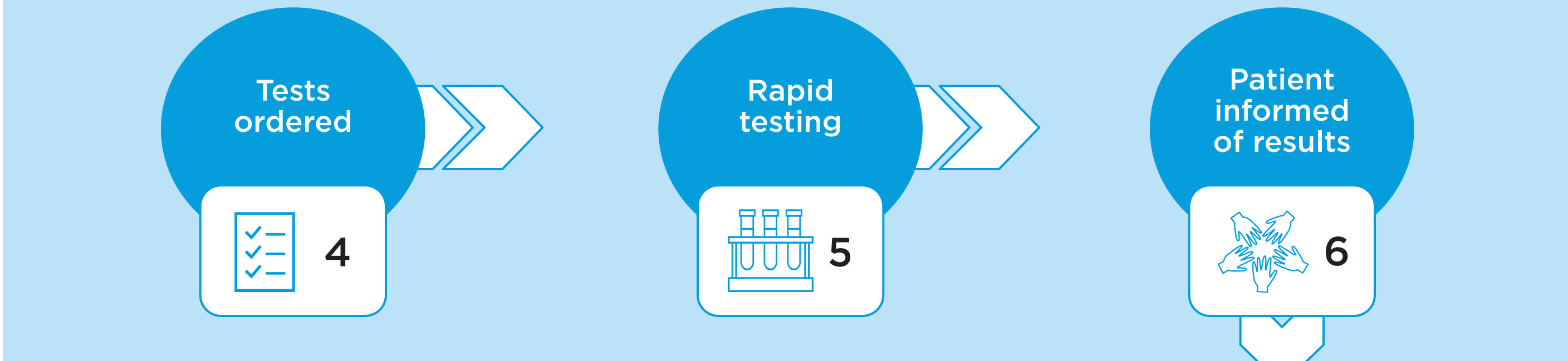


- 1. Include consent for HCV in the general consent for care** which patients sign upon initiating their visit. Opt-out consent can be performed at blood draw.
- 2. Employ EHR pop-up reminder to screen if patient meets the algorithm criteria** (age 18-79, no prior HCV test) during patient triage led by medical assistant or nurse.
- 3. Offer opt-out test** at which point the triage provider has to actively accept order placement. The EHR Opt-Out button can include opt-out language to relay to patient.

OPPORTUNITIES TO OPTIMIZE

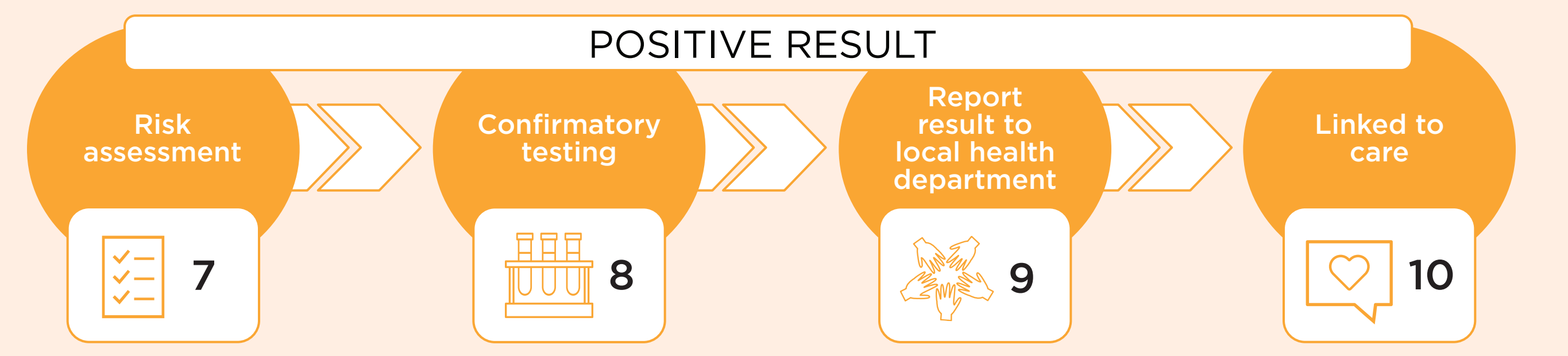
Routine Screening: Test performed and results communicated

- 4. Bundle tests at blood draw** depending on patient's needs. Relative to the clinic infrastructure, the provider may see the patient, accept the order, and send patient to in-house lab for a test.
- 5. Order rapid and confirmatory tests together** so patient does not need to have blood drawn twice, reducing burden on care team and patient.
- 6. Outline clear delineation of care team roles in delivering results.** Locations where providers lack time can have patient navigators take on this role.



FOLLOWING UP: Confirmatory testing and linkage to care, treatment and prevention

OPPORTUNITIES TO OPTIMIZE



- 7. Conduct risk assessment of clinical factors**, such as co-morbidities if patient tests positive.
- 8. Employ reflex RNA confirmatory tests** to help streamline the process; rapid and confirmatory testing can be done on single tube of blood if lab can conduct validation studies.
- 9. Report to local health department** if confirmatory test is positive.
- 10. Leverage Patient Navigators to help follow-up** on confirmatory testing, disclose confirmatory results, and link patients to specialty clinic for treatment.