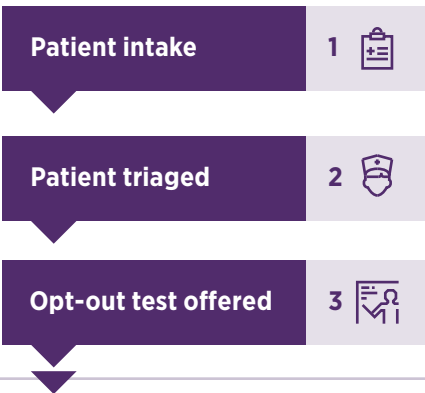


Community Health Center HCV Workflow Solutions

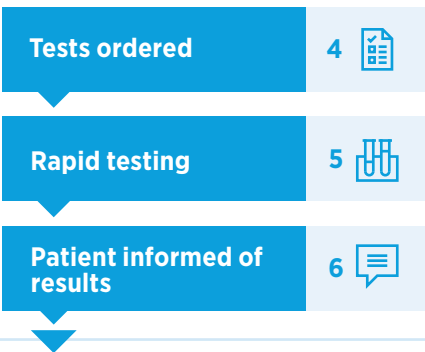
PRE-ROUTINE SCREENING Patient engagement and screening preparedness



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.

ROUTINE SCREENING Test performed and results communicated



OPPORTUNITIES TO OPTIMIZE

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

POSITIVE RESULT



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.