Developing a System for Recapture of Patients with HCV

**The Problem**
Patients with Hepatitis C virus (HCV) and their providers face challenges in sustaining continuous follow-up. Continuous follow-up is particularly important during this period of rapid advancement in HCV medications. New treatment options with higher cure rates and lower toxicity may be appropriate for patients for whom the costs of longstanding HCV medications previously outweighed the possible benefits.

**Aim/Goal**
- To identify and recall patients with HCV who were lost to follow up in order to reassess their treatment options, particularly in the context of advancements in HCV medications.
- To develop a system by which patients with HCV are tracked to improve future follow-up and allow more proactive response to the continuing evolution of HCV medications on a per-patient basis.

**The Team**
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**The Interventions**
- **Phase I:** Identification of patients with HCV in need of and eligible for recall
  - Query a CCC report for patients seen in the ID Division through FY 2014 – FY 2015 who were billed with an HCV ICD9 codes.
  - Developed algorithm to identify which patients should be recalled.
- **Phase II:** Recall of eligible patients with HCV
  - Track amount of effort involved in recalling and why patients decline appointments.
- **Phase III:** Develop standard workflow for tracking of patients with HCV

**The Results/Progress to Date**
Phase I has been complete. The 229 patients coded with HCV over two years were categorized as cured, in treatment, expired, or not treated. Within these categories, patients who were cured or not treated were most likely to not have a follow-up appointment schedule. Of the 101 patients not treated, 79 patients (or 78.2%) did not have follow-ups scheduled. With additional provider chart review, 40 of these patients were deemed eligible to recall with the goal to make an appointment to reassess potential HCV treatment options.

**Phase 1 Results:**

<table>
<thead>
<tr>
<th>Diagnosis-Based Query FY 2014 – FY 2015</th>
<th>CCC Report</th>
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<tbody>
<tr>
<td>229 patients billed with HCV diagnosis codes by ID Division</td>
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**Preliminary Chart Review**

<table>
<thead>
<tr>
<th># Patients</th>
<th>Percentage without ID follow scheduled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cured</td>
<td>85</td>
</tr>
<tr>
<td>In Treatment</td>
<td>41</td>
</tr>
<tr>
<td>Expired</td>
<td>2</td>
</tr>
<tr>
<td>Not treated</td>
<td>101</td>
</tr>
</tbody>
</table>

**Chart Review by Last Seen ID Provider**

- 40 eligible for recall
- 12 not yet known
- 27 ineligible for recall
  - 20 already engaged in care
  - 7 other (cured or unavailable)

**Lessons Learned**
Querying diagnosis-based reports to recapture patients lost to follow-up may be effective in appropriately recalling patients, but alternative measures to prevent loss to follow-up may be more efficient moving forward.

**Next Steps/What Should Happen Next**
- **Phase II:** Call the 40 eligible patients and schedule those patients willing to come in for reassessment. Track why patients decline reassessment.
- **Phase III:** Develop a standard workflow for tracking patients with HCV, incorporating physicians, nurses and staff in order to produce an efficient and sustainable system. This system should optimize care quality and reduce future loss to follow up.
- Utilize the lessons learned to consider similar models for other diseases in the ID Division.

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