



ECHO Idaho's Liver Disease & Viral Hepatitis Quality Improvement Cohort: Improving Hepatitis C Screening Rates

University of Idaho

Beginning Date

January 8, 2024

End date

September 30, 2024

Project Leader

Christopher Link, MD, Full Circle Health, Boise, Idaho.

Registration

Registration is free. [Click here](#) to register by January 15, 2024.

The extended registration deadline is March 15, 2024. This timeframe still allows for a cohort member to complete the minimum requirements and qualify for the MOC Part IV or AAPA Category 1 credit.

Clinical Gap

Hepatitis C infections have increased in the United States since 2013, primarily due to injection drug use.¹ According to the Centers for Disease Control and Prevention (CDC), chronic liver disease/cirrhosis is the 10th leading cause of death in Idaho.² Treatment for viral hepatitis and other liver disorders can be effectively delivered by primary care clinicians with appropriate training and guidance. By learning how to identify and treat these diseases, clinicians can help patients avoid complications and help prevent the spread of viral hepatitis. This activity will enhance clinicians' knowledge and competencies in best practices for screening, treating, and preventing hepatitis infections.

1. Centers for Disease Control and Prevention. [Reduce reported rate of new hepatitis C virus infections among persons who inject drugs by 25% or more](#). Published August 2023. Accessed October 2023.

2. Centers for Disease Control and Prevention. [National Center for Health Statistics – Idaho](#). Published September 2023. Accessed October 2023.



Initiative Overview

ECHO Idaho's Liver Disease & Viral Hepatitis program is based on an evidence-based approach to mentoring primary care providers to improve their self-efficacy with screening for chronic hepatitis.

The Liver Disease & Viral Hepatitis Quality Improvement Cohort will utilize a hub-and-spoke framework to build a community of practitioners through Zoom video conferencing and case-based learning. Additionally, participants in the quality improvement cohort will participate in asynchronous continuing education opportunities and will submit chart reviews that will track changes in practice at baseline, mid-, and post-intervention. Ultimately, participation in the cohort should achieve the following aims:

AIM 1: Increase the percentage of adults aged 18-79 screened for hepatitis C by participants by September 30, 2024.

AIM 2: Improve participant self-reported knowledge of hepatitis and liver care management by September 30, 2024.

AIM 3: Improve participant confidence level in managing care for patients with hepatitis by September 30, 2024.

Free MOC Part IV or AAPA Category 1 PI-CME and Continuing Medical Education Credits

The University of Idaho Office of Continuing Education is an approved [Portfolio Sponsor](#) through the American Board of Medical Specialties, which serves as a single-point system for 18 different medical specialty boards. Each medical board requires and certifies Quality Improvement activities for different amounts of credits. The [Portfolio Program Credit Translation handout](#) provides a list of all participating accreditation boards and explains how participating in a Portfolio program-sponsored activity translates for your accreditation board.

In support of improving patient care, the University of Idaho, WWAMI Medical Education Program is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

All participation in live or asynchronous material will be available for free continuing education credit. You can learn more about all credit types and offerings on the [ECHO Idaho website](#).



Requirements for Meaningful Participation

Meaningful participation is crucial to the success of the quality improvement project and will be certified by the project leader and program staff. Minimum requirements of meaningful participation are outlined in Table 2 (i.e., Page 5) and include the following:

- Complete the ECHO **pre-series survey**, due January 16, 2024.
- Participate in the first Community of Practice: Liver Disease & Viral Hepatitis (LDVH) session on Wednesday, January 17, 2024, in which we will review screening guidelines for hepatitis C, provide an overview of the Quality Improvement Cohort process, and review expectations for meaningful participation.
 - If this session is missed, then a recording will be available for partial credit. The asynchronous recording will not count towards the required live session participation.
- Participate in 5 of 8 **live, virtual** LDVH Community of Practice sessions. Live sessions are scheduled from 12:30 pm – 1:30 pm MT on 3rd Wednesdays from January – August 2024, except for the June session, which is scheduled on June 12th.
 - We highly encourage you to bring questions or cases to the live sessions.
 - Participants must sign into the event and complete the post-session feedback survey to receive credit for attendance and participation.
- Present at least 1 **patient case** during a live, virtual LDVH Community of Practice session.
- Complete 10 **asynchronous** LDVH sessions. Each asynchronous session will take about 30 – 40 minutes to complete.
 - We recommend the completion of at least 1-2 asynchronous sessions prior to each Community of Practice session. Questions and points of clarification can be brought to the live sessions.
- Complete and submit a 4-month **retrospective chart review** to program staff through an online form by 5:00 pm MT on January 16, May 14, and August 30, 2024.
 - Participants will be required to report the following on each chart review:
 - Number of adults aged 18-79 visits completed in the previous 4 months.
 - Number of adults aged 18-79 screened for hepatitis C in the previous 4 months.
- Complete the ECHO **post-series survey**, which will be available from September 1, 2024 to September 30, 2024.
- Complete the **attestation form** after the completion of the minimum requirements, but no later than September 30, 2024.

Disputes Regarding Meaningful Participation

Disputes arising from missing or incomplete attestations will be put through a formal review process with a group consisting of ECHO Idaho program staff, the Idaho WWAMI Office of Continuing Education, and the clinical advisor (i.e., Dr. Christopher Link) to determine remedial actions the physician or physician assistant must take to receive MOC Part IV or AAPA Category 1 PI-CME credit for participation in this performance improvement activity.



Table 1.

2024 Recommended Timeline and Checklist

Key
Chart Reviews and Surveys
Community of Practice Sessions (note: only need 5)
Recommended Asynchronous Session Schedule

Schedule	Activities	Completed
January 8 - 16	Complete the pre-series survey. Complete the 4-month retrospective Chart Review.	<input type="checkbox"/>
January 17	Join the live, virtual Community of Practice session. (1) Complete the post-session survey after the session.	<input type="checkbox"/>
January 18 – February 20	Complete 2 LDVH asynchronous sessions.	<input type="checkbox"/>
February 21	Join the live, virtual Community of Practice session. (2) Complete the post-session survey after the session.	<input type="checkbox"/>
February 22 – March 19	Complete 2 LDVH asynchronous sessions.	<input type="checkbox"/>
March 20	Join the live, virtual Community of Practice session. (3) Complete the post-session survey after the session.	<input type="checkbox"/>
March 21 – April 16	Complete 2 LDVH asynchronous sessions.	<input type="checkbox"/>
April 17	Join the live, virtual Community of Practice session. (4) Complete the post-session survey after the session.	<input type="checkbox"/>
April 18 – May 14	Complete 1 LDVH asynchronous sessions.	<input type="checkbox"/>
April 29 – May 14	Complete the 4-month retrospective Chart Review.	<input type="checkbox"/>
May 15	Join the live, virtual Community of Practice session. (5) Complete the post-session survey after the session.	<input type="checkbox"/>
May 16 – June 11	Complete 1 LDVH asynchronous sessions.	<input type="checkbox"/>
June 12	Join the live, virtual Community of Practice session. (6) Complete the post-session survey after the session.	<input type="checkbox"/>
June 13 – July 16	Complete 1 LDVH asynchronous sessions.	<input type="checkbox"/>
July 17	Join the live, virtual Community of Practice session. (7) Complete the post-session survey after the session.	<input type="checkbox"/>
July 18 – August 20	Complete 1 LDVH asynchronous sessions.	<input type="checkbox"/>
August 21	Join the live, virtual Community of Practice session. (8) Complete the post-session survey after the session.	<input type="checkbox"/>
August 22 – August 30	Complete the 4-month retrospective Chart Review.	<input type="checkbox"/>
September 2 – September 30	Complete post-series survey. Complete attestation form.	<input type="checkbox"/>



Table 2. Meaningful Participation Measures

Measure Name	Frequency	Tool	Verified By
Pre-Series Survey	Once at the start of participation; no later than January 16, 2024.	15-minute online survey	Program Staff*
Chart Review: Hepatitis C screening – last 4 months	Submit data by 8:00 pm MT on: <ul style="list-style-type: none"> January 16, 2024 May 14, 2024 August 30, 2024 	Chart Review / Electronic Health Records Participants to submit data points to online survey tool (link coming soon).	Program Lead
Participation in first LDVH Community of Practice session	January 17, 2024 @ 12:30 – 1:30 pm MT Recording will be available for partial credit, but will not count towards live session participation.	Participation and CME credit can be claimed after the completion of a post-session feedback survey.	Program Staff*
Participation in 5, live Community of Practice sessions	Participate in 5 out of 8 live sessions. Community of Practice sessions occur on 3 rd Wednesdays from January – August 2024 from 12:30 – 1:30 pm MT, except for the June session, scheduled on June 12 th .	Participation and CME credit can be claimed after the completion of a post-session feedback survey.	Program Staff*
Participation in 10 LDVH asynchronous sessions.	Recommended Schedule: Complete at least 1-2 asynchronous sessions prior to each LDVH Community of Practice session.	Asynchronous sessions can be accessed on the ECHO Idaho website (link coming soon) starting January 8, 2024.	Program Staff*
Patient Case Presentation	Once during a live, Community of Practice session.	Submission and presentation of a patient case .	Program Staff*
Post-Series Survey	Once between September 2, 2024 - September 30, 2024.	15-minute online survey A link to the post-series survey will be sent by Program Staff on September 1, 2024.	Program Staff*

***Program staff will compile data and present to Program Lead for final verification of participation and credit.**

