

Hepatitis C: The Basics Community informed education for hepatitis C care engagement



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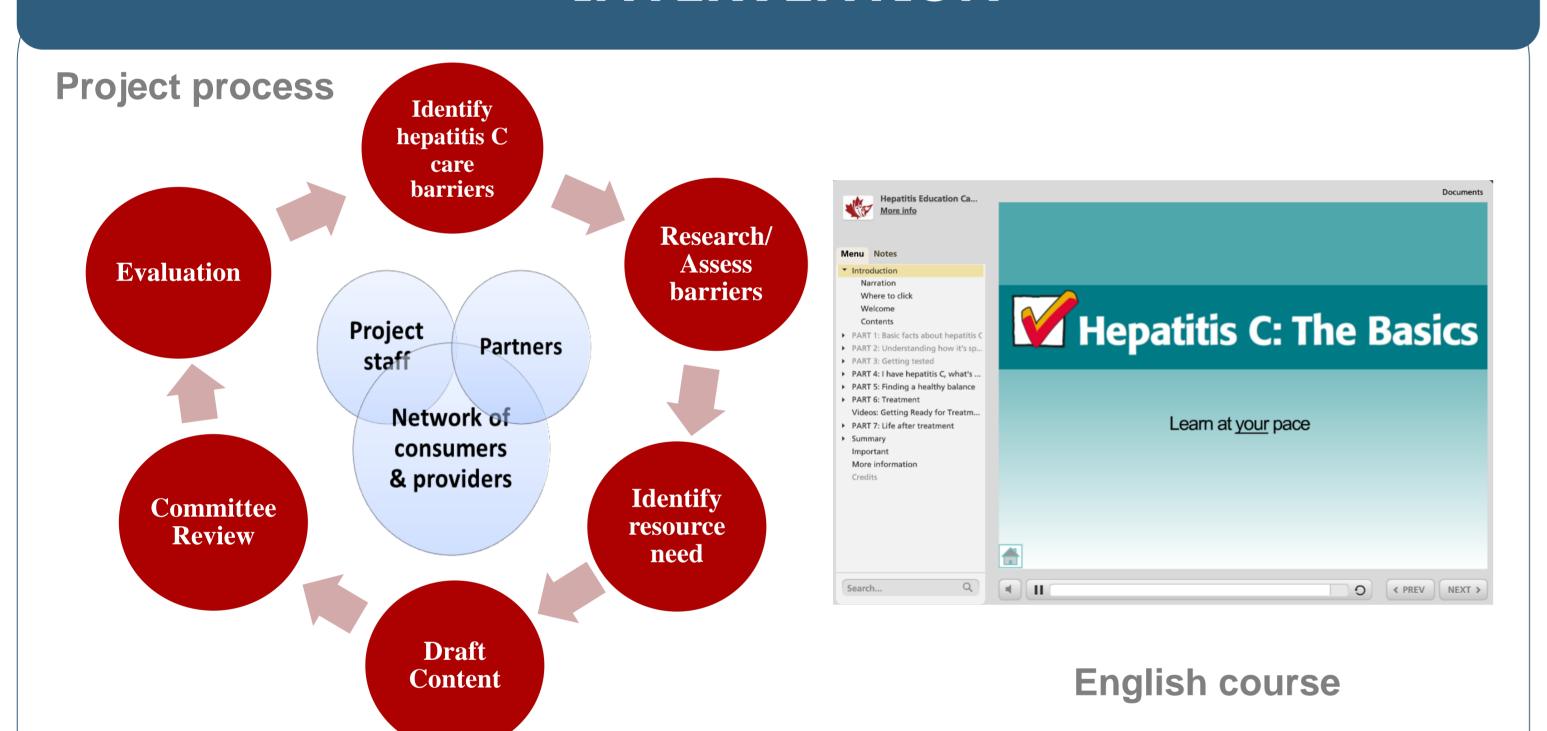
AIM

Address key hepatitis C patient & provider knowledge gaps across the illness and care journey to encourage care engagement.

BACKGOUND

- Hepatitis C is a curable chronic infectious disease & targeted for elimination by 2030 [1]
- Patient/provider knowledge gaps, poor communication & stigma discourage engagement with hepatitis C care, increase morbidity/mortality & present obstacles to elimination [2, 3]

INTERVENTION



A collaborative national project (including people affected by hepatitis C & service providers) created **Hepatitis C: The Basics** [4], an online course that addresses known knowledge gaps [2]. Partners required course to be:

- Accessible: narrated, easy to understand, non-stigmatizing
- Effective: Include pre & post-course tests, learning modules (e.g., basic facts, how it's spread, testing, treatment) & evaluation survey

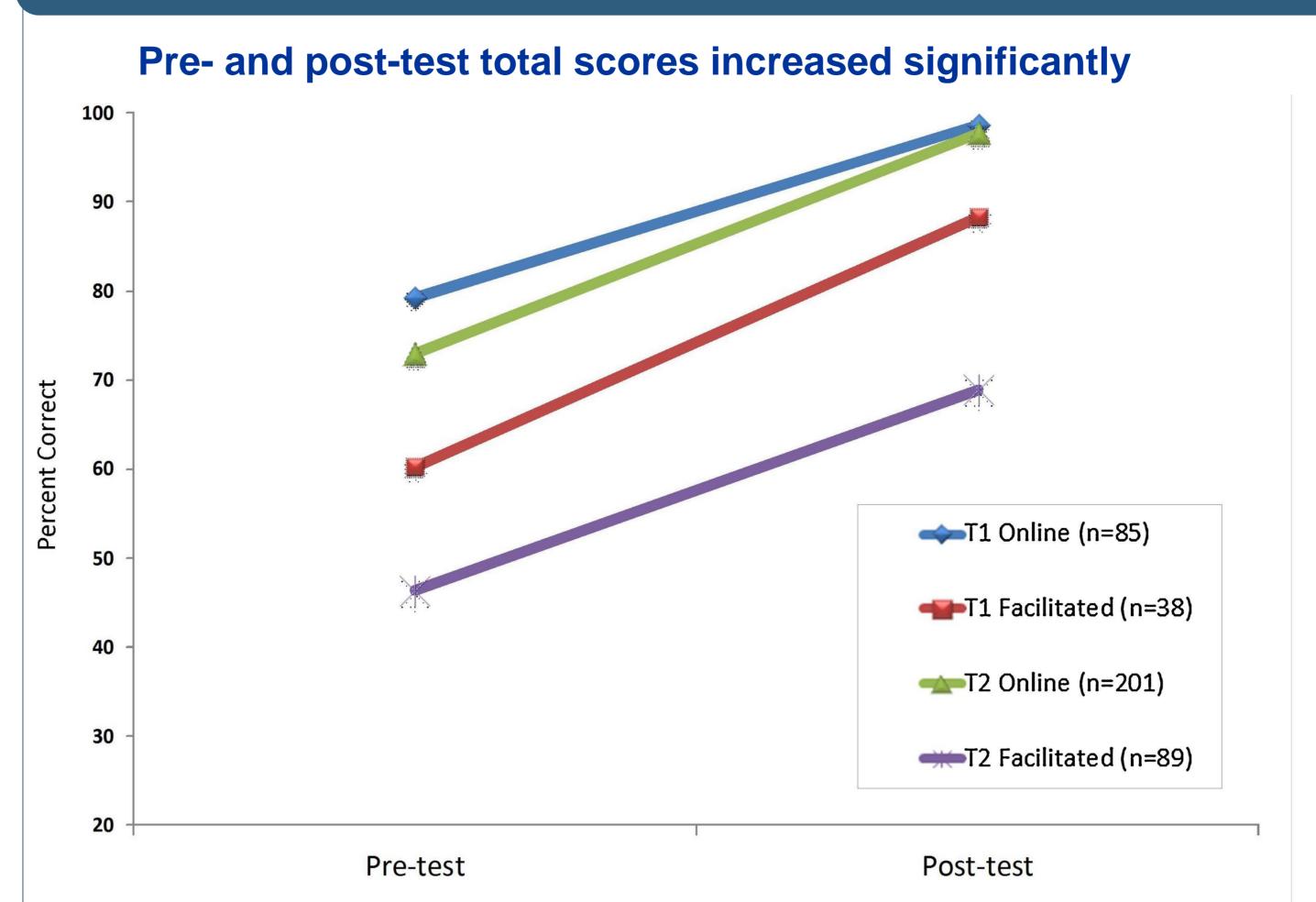
Two formats:

- 1) Online: individual, self-paced course completion without a facilitator
- 2) Facilitated Group: in-person course presentation & evaluation

Outcome measures:

- Actual knowledge gains (pre/post tests)
- perceived knowledge gains
- (provider only) self-reported capacity increase to educate clients & encourage engagement in hepatitis C care

RESULTS Continued



Largest knowledge gains by question – Online:

Time 1 Q3 – pre = 34.1%; post = 92.9%

Q3=What test tells if a person has a current hepatitis C infection? Time 2 Q10 – pre = 36.3%; post = 99.5%

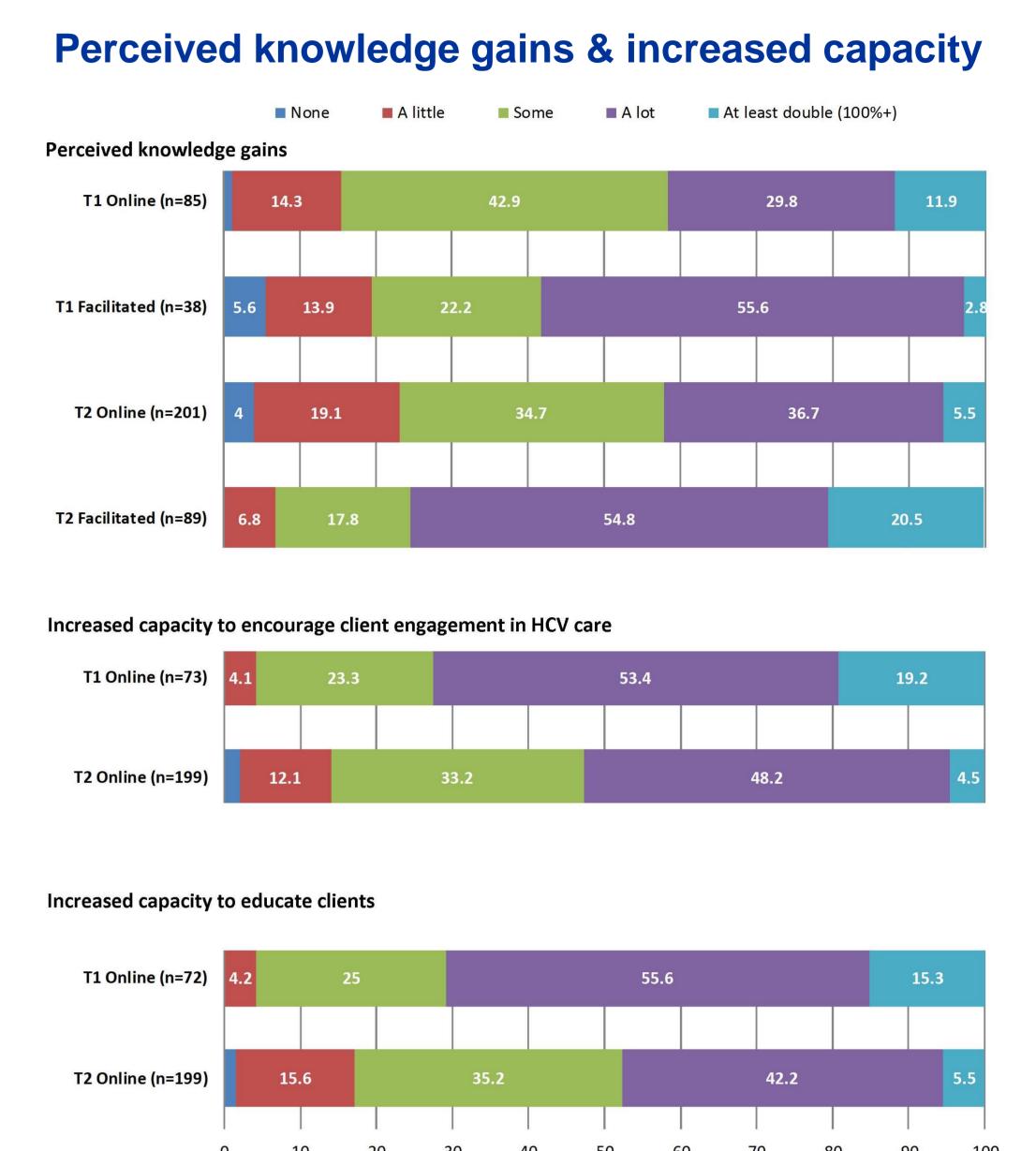
Q10=Which of the following could cause liver damage when taken alone or with prescribed medicine?

Largest knowledge gains by question – Facilitated:

Time 1 Q1 – Pre-test = 39.5%; Post-test = 86.8%

Q1=Is there a vaccine to prevent hepatitis C?

Time 2 Question 5 – Pre-test = 50.6%; Post-test = 92.1% Q5=If someone is living with hepatitis C, how often should they see a provider?



- Most reported perceived knowledge gains of "some" or greater (range: 77% to 93%)
- Most providers (Online) reported increased capacity to educate clients or to encourage client engagement in care by "some" or greater (range: 83% to 96%)

KEY FINDINGS

Hepatitis C: The Basics significantly increased:

- hepatitis C actual & perceived knowledge
- provider capacity to educate/engage clients

Main knowledge gaps:

- tests used to diagnose an active hepatitis C infection
- how often those living with hepatitis C should see their provider; if there is a vaccine

The course is a non-stigmatizing, acceptable, adaptable, cost-effective way to address key patient/provider knowledge gaps in both formats.

Future Directions:

Follow up surveys needed to assess longer term behavioural & practice impacts of course content & formats

RESULTS [5]

511 total course participants

413 matched on pre- and post-course data

- 286 from Online Group (mostly providers)
- 127 from Facilitated Group (mostly patients or those at-risk)

2 time periods

- Time 1 = 8/31/2014-5/5/2016 with 6 pre/post questions
- Time $2 = \frac{11}{5}/2016 \frac{12}{31}/2016 \cdot 10 \text{ pre/post (4 new questions)}$

Acknowledgements





a place of mind

Public Health Agency of Canada

References

- [1] WHO. Global health sector strategy on viral hepatitis 2016-2021. Geneva 2016 p. 1-56
- [2] Butt G, McGuinness L, Buller-Taylor T, Mitchell S. Reasons for Nonattendance across the Hepatitis C Disease Course. ISRN Nursing. Sep 2013, 10 pages.
- [3] Janjua, N.Z., et al., The Population Level Cascade of Care for Hepatitis C in British Columbia, Canada: The BC Hepatitis Testers Cohort (BC-HTC). EBioMedicine, Oct; 12, 2016: 189–195.
- [4] Access Hepatitis C:The Basics at hepatitiseducation.ca/resources or learninghub.phsa.ca/course/search
- [5] Buller-Taylor T, McGuinness L, Yan M, Janjua NZ. Reducing patient and provider knowledge gaps: An evaluation of a community informed hepatitis C online course. Patient Education and Counseling. (in press) 2018.