



Hepatitis C: The Basics – An online course to address patient and provider knowledge gaps

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Background

- Increasing linkage and retention in care along the HCV Illness and Care Journey (HCV ICJ) can decrease HCV-related morbidity and mortality^[1]
- Existing knowledge gaps/barriers, which contribute to low HCV ICJ engagement, may be compounded by emerging knowledge gaps arising from rapid changes in HCV care (e.g., new drugs, evolving screening guidelines, laboratory testing and primary care involvement)^[2]
- Efficient, timely and easy-to-implement/update courses are needed to address gaps/barriers and to foster engagement along the HCV ICJ**

Methods

Hepatitis C: The Basics - free online course for patients/providers^[3]:

- Narrated, non-stigmatizing, low literacy
- Pre-test, learning modules (e.g., basic facts about hepatitis C, how it is spread/not spread, testing, treatment), post-test, evaluation



English version



Adaptation for Indigenous Audiences

Table 1: Four Evaluation Groups

	Course Type	
	Online	Facilitated
Time of evaluation		
T1 Aug 2014-Mar 2016	N=85	N=38
T2 May 2016-Dec 2016	N=201	N=89

Evaluation groups & participants:

- 4 groups: 2 **Online** (individual, online access, no facilitation) & 2 **Facilitated** (in-person, group presentations); 2 time periods (T1 and T2; see Table 1)
- Online groups were mainly providers (85% of T1 & 99% of T2); Facilitated Groups, mainly public/at-risk of HCV (63% of T1 & 62% of T2)
- Independent of our project, 58% of T2 online participants received 1 hour of in-clinic HCV training from their organization before taking the course.

Outcome measures:

- Actual knowledge gains (pre & post-course tests); perceived knowledge gains; self-reported increased capacity of providers to educate clients about HCV and encourage engagement in HCV care

Results

- Total** correct pre- and post-test scores increased significantly for all studies ($p < .001$, see Table 2), but varied by question (see Figures 1-4)

- Self-reported knowledge increased 'some' or 'a lot' or 'double' for 85% of T1-Online, 81% of T1-Facilitated, 77% of T2-Online and 91% of T2-Facilitated participants

- Provider capacity to educate clients increased 'A lot' or 'Double' for 80% of T1- and 48% of T2-Online providers

- Provider capacity to engage clients in HCV-care increased 'A lot' or 'Double' for 71% of T1- and 53% of T2-Online providers

Table 2: Total Pre-Post Test Scores (mean percent correct)

Evaluation	Pre-test (%)	Post-test (%)
T1 Online	79	99
T1 Facilitated	60	88
T2 Online	73	98
T2 Facilitated	46	69

Results cont'd: Actual knowledge gains (pre- and post test scores)

*** $p < .001$; ** $p < .01$; * $p < .05$

Fig 1: T1 Online Group (n=85)

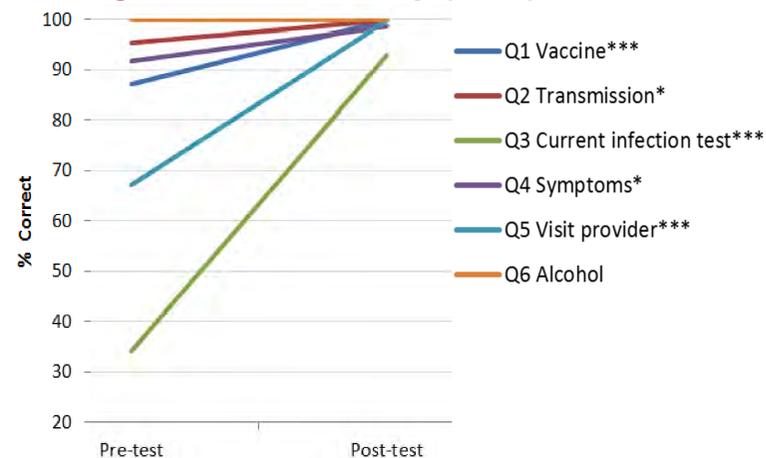


Fig 2: T1 Facilitated Group (n=38, except Q3 n=18[§])

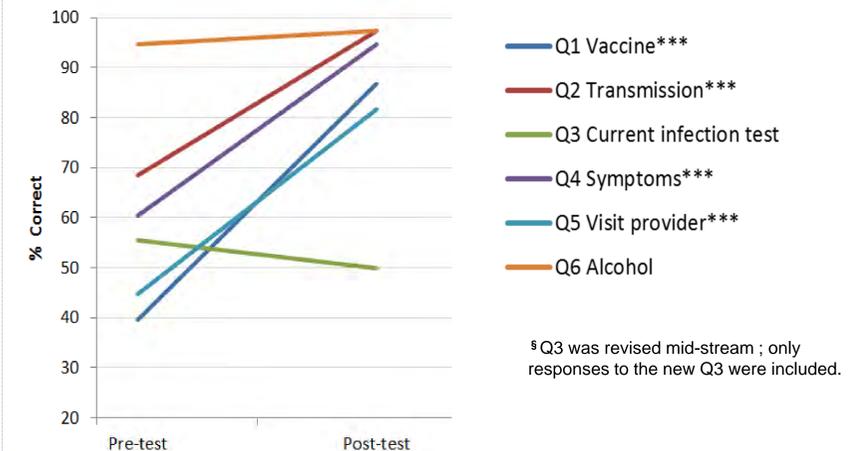


Fig 3: T2 Online Group (n=201)

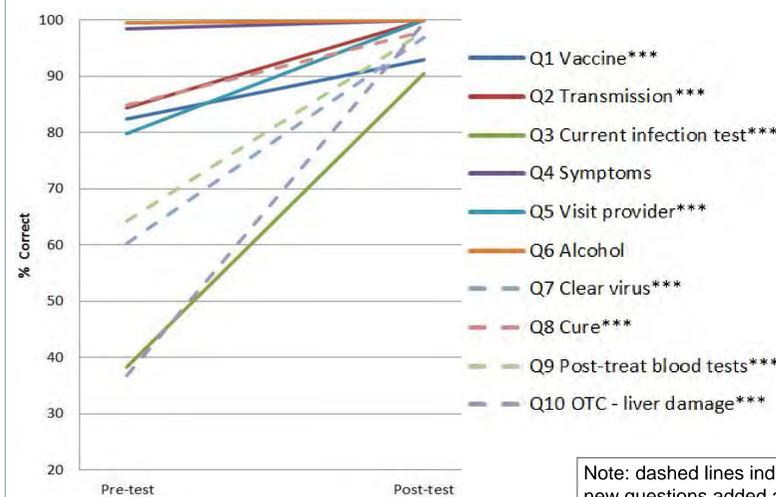
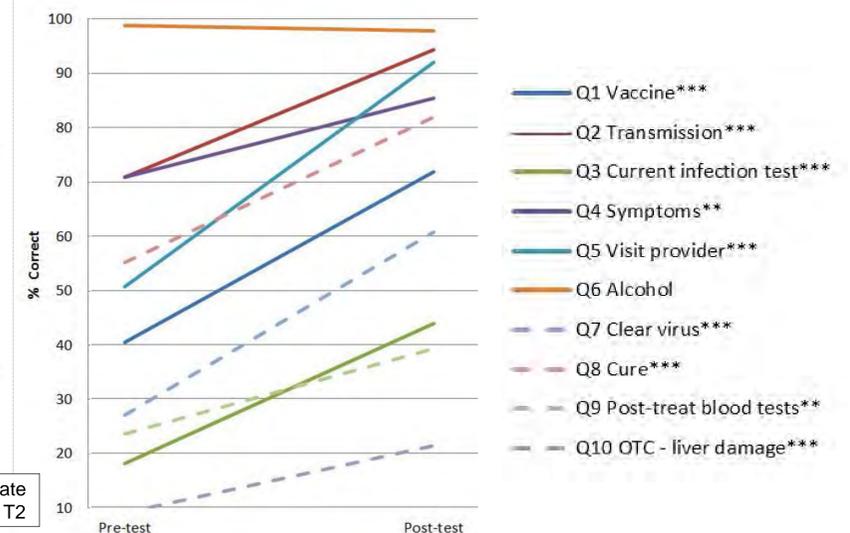


Fig 4: T2 Facilitated Group (n=89)



Key Findings

- Hepatitis C: The Basics** significantly increased actual HCV knowledge for T1/T2 Online (mainly providers) and T1/T2 facilitated groups (mainly public).
- Even though 58% of T2 Online participants received one hour of HCV education prior to taking our course, knowledge gains for this sub-group were significant ($< p .01$) for 7 of the 10 pre/post-test questions.
- Key knowledge gaps (two lowest pre-test scores) for both groups included: tests used to diagnose a current infection and which over-the-counter drugs (OTC) or supplements can cause liver damage.

Acknowledgements



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a place of mind



Public Health Agency of Canada

References

- 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*, 2016 Oct;12:189-195.
- The Health Technology Assessment Unit, U of C, Hepatitis C Screening in Alberta: A Health Technology Assessment, 2016, University of Calgary.
- Visit: hepatitiseducation.ca/resources for more info or scan →

