DGIM Project Summary

**Name of Project:** A Patient-Centered Intervention to Increase Screening of Hepatitis B and C among Asian Americans

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**Research question(s):** *The overall goals* are to improve quality of care for viral hepatitis and to advance understanding of how to use technology to improve the quality of healthcare being delivered to a diverse population. The *Aims* are to:

1) Develop a novel intervention consisting of an interactive patient education video (Video Doctor) and Provider Alert (PA) to increase screening of hepatitis B and C in Asian American patients;
2) Evaluate the efficacy of the Video Doctor (VD) and PA intervention combined with Provider Panel Notification (PPN) compared to PPN alone in increasing screening for hepatitis B and C among Asian Americans in 2 healthcare systems using a group (provider) randomized controlled trial.
3) Assess the quality of care for viral hepatitis using electronic medical record.

**Brief Background/Significance:** Chronic viral hepatitis is a significant health problem, and addressing viral hepatitis is a national priority. Effective prevention strategies include screening for HBV or HCV, vaccinating the uninfected but at-risk against HBV, and treating and monitoring those with chronic infection. A majority of the 2.2 million Americans with HBV is Asian. The liver cancer incidence rate among Asian Americans is 3 times higher than that of non-Hispanic whites. The disparity is worse among Chinese (4 times) and Vietnamese (8 times) Americans. HBV screening and treatment are cost-effective, but screening rates among Asian Americans as a whole are less than 60%. We found in a medical record review at UCSF that only 65% of Chinese patients had been screened. The CDC recommended that all persons born during 1945 to 1965 should be screened for HCV.

**Inclusion/exclusion criteria (list):**
Patients (Aim 1 focus groups and Aim 2 RCT): 1) identified as Asian, Chinese, or Vietnamese Americans; 2) age 18 or older; 3) male or female; 4) speak English, Chinese, or Vietnamese; and 5) is a patient at DGIM. For Aim 2, additionally, the patient does not have a documented HBV screening test.
Patients Aim 3 (medical record review only) eligibility criteria are: 1) age 18 or older and 2) has had a visit to a primary care practice at any of the clinical sites within the last 36 months.
Staff (for Aim 1 focus groups): age 18 or older and employed by DGIM as MA, AA, LVN, RN, or other clinic staff.
Providers (for Aim 1 focus groups and Aim 2 RCT): age 18 or older and employed by DGIM as MD or NP.

**Method of contact/recruitment:**
Aim 1 Interviews and Focus Groups: Patient to be recruited through flyers posted in the clinic, word of mouth, and other forms of social network recruitment. Staff and
Providers to be recruited by e-mail and flyer. Providers in Aim 2 RCT will be recruited by e-mail and/or letter. Once enrolled, provider will approve a patient list. Research staff will send a letter of refusal to patients. If the letter is not returned, research staff will call the patient to recruit.

**Benefits/burden for participants** (clearly identify potential for harm):

**Benefits:** All patient participants may become more aware of viral hepatitis and how to prevent harm from it. Patient participants in the intervention arm of the RCT will learn more about viral hepatitis and may get the screening tests. Comparison participants in the RCT may learn more about diet and physical activity.

**Burden:** The risks are minimal. The main risk is loss of privacy and confidentiality which will be safeguarded using standard approaches approved by the CHR. There may be some anxiety associated with learning about hepatitis which will be alleviated by learning more about what a patient can do to prevent it and its complications. Patients in Aim 1 spend only the time needed during focus groups and will be paid $40. Patients in Aim 2 spend about 45 minutes in the study (about 35 at the pre-clinic visit and 10 at a follow-up telephone call 3 months later) and will be paid $50 for research participation.

**Any benefits or burden to DGIM practitioners?**

For staff, we will recruit those who wish to participate in a focus group to a 1-hour lunch to answer questions about how to conduct research at DGIM in an appropriate manner and how best to teach diverse patients about health and health behavior. Participating staff members will be paid $40 for their time.

For MD and NP participating in individual interviews (about 45 minutes) for aim 1, they will answer questions about how to conduct research at DGIM in an appropriate manner and how best to teach diverse patients about health and health behavior. They will be paid $100 for their time.

For MD and NP in the RCT in aim 2, they will answer a brief pre- and post-intervention survey, which may be 6 months-18 months apart, depending on when their patients have been enrolled. They will review patient lists every 6 months while in the study to determine who should not be contacted. Participating providers will learn how they are doing in providing appropriate care. They will be paid $100 for research participation.

**Timeline for recruitment (projected start and stop dates):**

10/1/13-6/1/14 for Aim 1
6/1/14-5/30/16 for Aim 2

**Funding source:** Patient-Centered Outcomes Research Institute (PCORI)

**Potential for DGIM collaborators?** Yes, we already are working with Cindy Lai and Leslie Sheu on the third aim as part of Leslie’s RSP. We are open to others.

**Do you agree to notify us when recruitment is completed?** Yes

**Date form completed:** 9/20/13