Abstract
The State of Connecticut Department of Public Health (DPH) and the Hartford Health and Human Services Health Department (HHS) partnered to develop a cross-departmental public health quality improvement learning collaborative (QILC) team approach to improve HCV testing in the HIV STD clinic and enhance treatment outcomes, linkage to care and treatments. From April 3, 2013 to August 31, 2013, the team engaged in the QILC approach and implemented the priorities identified in phase 1 of their identified priority phases.

Background
HCV is estimated that 2.4% of the US population are chronically infected with the hepatitis C virus (HCV). Most individuals infected with HCV do not know that they are at risk for liver disease. Persons with HCV can best be cared for when identified and diagnosed early.

HCV: It is estimated that 1.8% of the US population are chronically infected with HCV. Between 2005 and 2009, an estimated 56,500 people developed chronic HCV infection and 3500 people die of HCV-related complications each year. The Centers for Disease Control and Prevention (CDC) guidelines recommend HCV testing based on prevalence of HCV infections (3.5%). The CDC guidelines recommend HCV testing based on prevalence of HCV infections (3.5%).

The State of Connecticut Department of Public Health (DPH) and the Hartford Health and Human Services Health Department (HHS) partnered to develop a cross-departmental public health quality improvement learning collaborative (QILC) team approach to improve HCV testing in the HIV STD clinic and enhance treatment outcomes, linkage to care and treatments. From April 3, 2013 to August 31, 2013, the team engaged in the QILC approach and implemented the priorities identified in phase 1 of their identified priority phases.

AIM Statement
From April 3, 2013 to August 31, 2013, the HCV testing cross departmental team aims to develop, implement and evaluate a point-of-service integrated HCV testing model that will improve the identification of new HCV cases by increasing testing by 15 percent (from May 1 to Aug 31); and, to increase the response rate of a follow-up telephone survey of newly identified HCV persons by 27%. Target populations are consistent with the CDC guidelines and recommendations.