

ISMS MEMBERS MAKING IT WORK: Increasing the rate of Hepatitis C screenings

Hepatitis C in Illinois

An estimated 157,000 Illinois residents are infected with the Hepatitis C virus (HCV). Experts have determined that baby boomers (people born between 1945 and 1965) are five times more likely than other adults to be infected. Approximately 75% of people diagnosed with chronic Hepatitis C in the United States are baby boomers.

It is likely that the majority of patients born between 1945 and 1965 who are infected with HCV contracted it in the 1970s and 1980s, when Hepatitis C rates were highest.

People who are infected with HCV can remain asymptomatic for years, and it is believed that the majority of people with Hepatitis C are undiagnosed. However, without diagnosis and treatment, Hepatitis C can have terrible consequences. It is the leading cause of liver cancer, and the number one cause of liver transplants. Annual mortality rates associated with Hepatitis C increased more than 50% from 1999 to 2007.



MAKING IT WORK:

Michael A. Hanak, MD, ISMS member since 2008

As a family physician, Mike Hanak, MD, has a lot of reminders built into his workflow. His

EMR system prompts him to perform all kinds of screenings on patients – breast cancer, colon cancer, and hypertension, to name a few – but nowhere is he prompted to screen his patients for Hepatitis C.

Value of Screening

“In the current environment, quality standards are generally incentivized, or we are penalized for not meeting them,” Dr. Hanak points out, “so these are the things that get included in the EMR. But we don’t need the EMR to tell us how to practice medicine. Hepatitis C screening is important, and I take the initiative to offer it to my patients.”

“Doctors are overwhelmed by performance measures and quality reporting requirements. Imagine what the practice environment would be like if the thousands of practice guidelines were all legislated,” he adds. “We don’t need more mandates; we need the autonomy to provide the right care in the first place. I do not need a mandate to ensure that I provide quality care to my patients.”

Of course, it’s not just about mandates and reporting – it’s about

good medicine. “Hepatitis C isn’t on the radar yet for quality reporting programs, but it is the right thing to do, so I make sure that I screen my patients consistent with the practice guidelines. The truth is, we will be saving patients from suffering while saving our health system money in the long run by avoiding more costly treatments associated with full-blown liver disease,” says Dr. Hanak.

Dr. Hanak knows time can get tight with patients, and that convincing a healthy baby boomer with little to no other risk factors for Hepatitis C that testing is necessary can be a challenge. “Often Hepatitis C testing is preventive. Like a lot of diseases or medical conditions, a patient’s current health status isn’t always a reliable indicator of the kind of care or treatment he or she might need.”

Importance of Early Detection

Dr. Hanak routinely tests his baby boomer patients for Hepatitis C. Two cases stand out in his mind. The first was a man who presented in poor health. Dr. Hanak didn’t immediately identify Hepatitis C as a potential cause, but routine screening led to a Hepatitis C diagnosis with early liver disease as the underlying problem. The patient was able to get started on treatment immediately, and saw a significant improvement in all of his symptoms and his overall health.

continued

For more information, please contact the ISMS Division of Health Policy Research and Advocacy 800-782-4767 ext. 1470 or hpresearch@isms.org.

Dr. Hanak's other recollection was a case that involved a completely healthy patient in his early-50s who was screened for Hepatitis C as part of a routine check-up. Even though the patient had absolutely no reason to suspect he might have Hepatitis C, testing revealed that he was infected. This allowed the patient to seek treatment before developing any symptoms, and his liver function remained completely normal.

When asked what motivates him to follow the clinical practice guidelines for Hepatitis C screening, Dr. Hanak replies that "Doctors need to trust the science and follow the science. How would I feel if I don't offer my patients the test and they return 20 years from now with cirrhosis that might have been prevented if they'd started treatment earlier? That doesn't need to happen."



Screening Guidelines

In response to this public health threat, the U.S. Centers for Disease Control and Prevention (CDC) and the U.S. Preventive Services Task Force (USPSTF) have issued practice guidelines regarding Hepatitis C screening, identifying several groups of patients who are at elevated risk.

In an attempt to quickly increase screening rates in Illinois, the Illinois General Assembly introduced legislation in 2015 that would have required health care professionals to offer Hepatitis C screening to persons born between 1945 and 1965. While the intention behind the bill is admirable, the legislation would have set a dangerous precedent by mandating adherence to particular practice guidelines. As a result, after months of aggressive advocacy by ISMS, Governor Rauner vetoed the bill. ISMS strongly supports the guidelines, but is vehemently opposed to inserting them into law.

Best Approach for Screening

ISMS believes a better way to increase Hepatitis C screening is to trust the professionalism of physicians. Once again, we strongly urge all primary care physicians to become familiar with the CDC's Hepatitis C screening guidelines and to offer screenings to populations at high risk of HCV infection, including patients born between 1945 and 1965.

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Start the Discussion

When discussing the importance of Hepatitis C screening with your patients, reassure them that treatments are available, many of which are likely to be covered by their health insurance. For those who are chronically infected, clinical preventive services including regular medical monitoring, Hepatitis A and B vaccinations, and behavior changes like alcohol reduction/cessation and achieving and maintaining a healthy BMI can improve health outcomes.

New therapies, including interferon-free regimens, can also halt disease progression and even cure most patients infected with HCV.

ISMS urges physicians to screen baby boomers and other high risk patients for Hepatitis C, consistent with the CDC and USPSTF guidelines. Medicare, Medicaid and private insurers cover this service.

Guidelines

Recommendations for the Identification of Chronic Hepatitis C Virus Infection Among Persons Born During 1945–1965 (MMWR 2012;61(RR04);1-18).

U.S. Preventive Services Task Force (USPSTF) - Screening for Hepatitis C Virus Infection
USPSTF recommends screening for Hepatitis C virus (HCV) infection in persons at high risk for infection and offering one-time screening for HCV infection to adults born during 1945-1965. Grade: B Recommendation.

CDC Recommendations for Prevention and Control of Hepatitis C Virus (HCV) Infection and HCV-Related Chronic Disease (MMWR 1998;47(RR19)).

Hepatitis C Screening Awareness Resources

ISMS has compiled a comprehensive online resource page as part of our campaign to raise awareness for Hepatitis C screening. Visit www.isms.org/HepC to access:

- A free on-demand CME course on Hepatitis C screening
- Links to screening guidelines and the latest clinical Hepatitis C information
- Patient materials that can be printed, shared and posted in your office
- Patient videos for posting on your practice web site or sharing via social media