

Physician / PA / NP

GREENLIGHT HEPATITIS C – BABY BOOMERS

HCV test for ALL patients born between 1945-1965¹

TEST → IDENTIFY → REFER → CURE

Hepatitis C (HCV) kills more Americans than all other infectious diseases combined,² but you can help save lives.

BE A CHAMPION:

- ✓ **GREENLIGHT HCV** let everyone know you prioritize HCV testing
- ✓ RECOGNIZE Age <u>IS</u> the risk factor
- ✓ INITIATE the CDC recommended 1-time HCV test with other "boomer" services, like colonoscopy
- ✓ **ASK** for what you need to make HCV testing ROUTINE in your practice

TEST:

- ✓ **ORDER** HCV testing for all Baby Boomers
 - No special consent needed can be combined with other blood-work
 - Consider REFLEX testing diagnostic (confirmatory) test will be automatic
 - No special requirement for pre-test or post-test counseling
 - Most insurance companies cover full cost of 1-time baby boomer HCV testing
- ✓ **CONFIRM** diagnosis with RNA/PCR/viral load test for patients with only an antibody positive test

FACILITATE:

- ✓ **REQUEST** changes in EMR to prompt point-of-care testing
- ✓ **DEVELOP referral** process for "warm hand-off" to specialist when appropriate
 - IDENTIFY local specialists with HCV treatment experience
 - SUMMARIZE patient tests (include genotype and medical history) for specialist
 - SUPPORT patients with visit summaries, printed information and making appointments
- IDENTIFY additional training to CURE patients at home in their PCP office

A few small steps can take your practice a long way toward preventing liver disease and liver cancer.

¹http://www.cdc.gov/nchhstp/newsroom/2016/hcv-press-release.html

 $^{2} http://www.cdc.gov/knowmorehepatitis/Media/PDFs/FactSheet-boomers.pdf$



The Greenlight Series was developed to help you make sure your HCV systems are set on GO!



SHAPE (Supporting Hepatitis Awareness through Program Enhancement) is a project of Caring Ambassadors Program, a nonprofit organization empowering people to be ambassadors for their own health since 1997. www.caringambassadors.org



GREENLIGHT HEPATITIS C – BABY BOOMERS

BABY BOOMER HCV TESTING ALGORITHM¹

Step 1: TEST

Hepatitis C Antibody Test (HCV Ab)

- Hepatitis C antibody, confirmatory test (with reflex) 86804 (if used skip step 2) or
- Hepatitis C antibody 86803
 - Remember- HCV antibody tests will always be positive for those exposed--even after clearing infection or cured!
 - ~ 25% of those with HCV Ab will NOT have current HCV infection

Step 2: DIAGNOSE Hepatitis C RNA, confirmatory test **HCV** antibody Hepatitis C, direct probe technique 87520 or Reactive Nonreactive Hepatitis C, amplified probe technique 87521 No HCV antibody detected **HCV RNA** Detected Not Detected STOP **Current HCV infection** No current HCV infection * For persons who might have been exposed to HCV within the past 6 months, testing for HCV RNA or followup testing for HCV antibody is Additional testing as appropriate[†] Link to care recommended.

+ To differentiate past, resolved HCV infection from biologic false positivity for HCV antibody, testing with another HCV antibody assay can be considered. Repeat HCV RNA testing if the person tested is suspected to have had HCV exposure within the past 6 months or has clinical evidence of HCV disease, or if there is concern regarding handling or storage of specimen.

Step 3: COUNSEL & TREAT or REFER

- ✓ **COUNSEL** patient to:
 - Avoid alcohol, eat a healthy, low fat diet
 - Avoid blood exposures- don't share razors, tweezers, needles, etc.
 - Be vaccinated against hepatitis A & B
 - Consider testing family members
- ASSESS if infection is acute or chronic (present more than 6 months)
- DISCUSS treatment- there is a CURE for HCV
 - The longer you live with HCV, the more likely you will develop serious, lifethreatening liver disease
 - Treatments are available that can cure HCV quickly with limited side effects
- CONSIDER these additional tests to facilitate treatment
 - Hepatitis C, quantification 87522
 - Hepatitis C, virus genotype 87902
 - Liver fibrosis and AFP

1. CDC. Testing for HCV infection: An update of guidance for clinicians and laboratorians. MMWR 2013;62(18).



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