

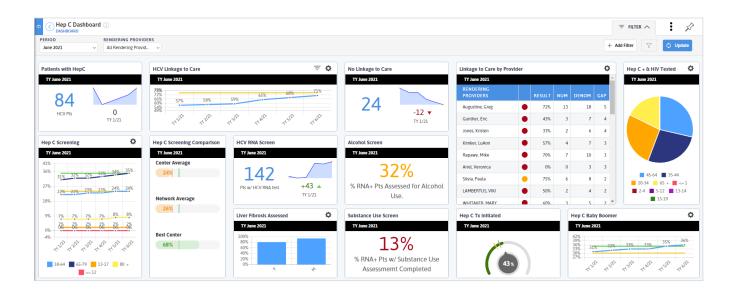
# **HEP-C Module**

### SUPPORTING TEAM-BASED CARE WITH DATA TOOLS

Hepatitis-C virus (HCV) is the most common blood-borne infection in the United States—yet the CDC estimates that about half of people living with the virus don't know they are infected.¹ Exanded treatment options with significantly fewer side effects can now be as short at 8-12 weeks with patients experiencing sustained virologic response to treatment that can be considered a cure.² Similar to HIV care, these changes to treatment make it possible to begin to integrate Hepatitis-C care into primary care practice, making it much more accessible to those in need.

#### What is the value of the HEP-C Module?

The HEP-C Module in DRVS provides a set of measures, a registry and dashboards to support improved screening, identification and treatment management of patients with Hepatitis-C. In addition to HEP-C prevalence, you will be able to manage the 'cascade of care'—from initial screen, HCV RNA testing, to genotyping, treatment initiation, and cure. The care team will be able to access relevant clinical information to support team meetings, conduct and evaluate outreach efforts, improve preventive screening efforts and ease the burden of reporting. Dashboards will allow you to quickly understand the status of various aspects of your program.



<sup>1</sup>Sony Salzman, Contributing Writer, MedPage Today, November 09, 2018.



<sup>&</sup>lt;sup>2</sup> https://www.webmd.com/hepatitis/features/hep-c-cure#2. Accessed 11/30/18.

#### **Measures**

Measure Name	Description
HCV Screening*	Patients age 15 and older with HCV screening at least once in lifetime.
HCV Diagnosis	HCV Ab+ patients who received an HCV RNA assay.
HIV Screening	HCV infected patients who were screened and tested for HIV.
Linkage to Care	HCV infected patients who were linked to HCV care.
Adherence Assessment - Barriers Discussion	HCV infected patients who had an assessment of their ability to successfully complete HCV treatment and were counseled accordingly
Alcohol Use Assessment	% of HCV RNA+ patients who were assessed for alcohol use.
Alcohol Use Counseling	% of HCV infected patients identified as a consumer of alcohol, who were educated/counseled regarding alcohol use.
Substance (Drug) Use Status	% of HCV infected patients who have a substance (drug) use status documented.
Substance (Drug) Use Assessment - Current User	HCV infected patients who have a substance (drug) use status documented as past user.
Substance (Drug) Use Assessment - Past User	HCV infected patients who have a substance (drug) use status documented as never used.
Substance (Drug) Use Assessment - Never Used	HCV infected patients who have a substance (drug) use status documented as never used.
Genotype Testing Prior to Treatment	HCV infected patients who received a HCV Genotype Test prior to treatment initiation.
Assessed for Liver Fibrosis	% of HCV infected patients who were assessed for liver fibrosis.
Treatment Initiation	HCV infected patients who initiate HCV treatment.
Adherence Assessment During Treatment	HCV infected patients who received adherence assessment while on HCV therapy.
Sustained Virologic Response (SVR) Assessment After treatment	HCV infected patients who have completed a full course of treatment and have a final RNA test performed.
Sustained Virologic Response (SVR) - Negative After treatment	HCV infected patients who have completed treatment, had a final RNA test performed and have undetectable HCV RNA.

<sup>\*</sup>Available as a core measure in DRVS

## Registries

- Monitor all patients enrolled in a HEP-C Treatment program.
- Monitor HEP-C screening in general and high-risk populations.

The DRVS HEP-C module can support the work you are doing with your substance use and HIV populations which have overlapping screening and treatment needs.

