

Hepatitis C Virus (HCV) Infection

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Care Pattern

CP-I

9000005 Patient(s) 18 years and older that had an annual physician visit.

Patients with HCV should be seen at least every 12 months by a provider to assess HCV and general health status. The consensus opinion of experts was the primary source of our recommendation for a provider visit every 12 months at minimum since the frequency of assessment is dependent on the clinical status of the patient and is not clearly defined in the literature. Patients were excluded from this measure if they were younger than 18 years of age at the end of the report period.

CP-I

9000006 Patient(s) with indications that had gastroenterology consultation in last 12 reported months.

Patients with HCV infection and advanced liver disease may benefit from consultation with a gastroenterologist. Patients with advanced liver disease are at increased risk for complications such as decompensated cirrhosis and liver cancer (i.e., hepatocellular carcinoma). The AASLD practice guideline recommends that patients with decompensated cirrhosis be referred for consideration of liver transplantation (1). Given this guideline recommendations, this measure was developed using the EBM Connect consultant panel consensus process. Advanced liver disease was defined for this measure as evidence of cirrhosis or hepatic encephalopathy. This EBM measure identifies patients with cirrhosis or hepatic encephalopathy who had consultation with a gastroenterologist during the last 12 months of the report period through 90 days after the end of the report period. Given the limitation of claims data, it is otherwise difficult to identify patients who might benefit from consultation with a gastroenterologist.

1. Ghany MG, Strader DB, Thomas DL, Seeff LB. AASLD Practice Guidelines. Diagnosis, Management, and Treatment of Hepatitis C: An Update. *Hepatology* 2009;49(4):1335-74.

CP-I

9000008 Patient(s) with cirrhosis that had a liver imaging test in last 12 reported months.

Hepatocellular carcinoma (HCC) is a potential complication of HCV-related cirrhosis. After the development of cirrhosis, HCC develops at a rate of 0-3% per year. Despite clear lack of evidence regarding the best surveillance test and timeframe, screening for HCC every six months with a liver imaging test, typically liver ultrasound, is a common practice (1). Given this statement, this measure was developed using the EBM Connect consultant panel consensus process. This EBM measure identifies patients with HCV infection and a diagnosis for cirrhosis that had at least one liver imaging test (abdominal computed tomography (CT), magnetic resonance imaging (MRI), or ultrasound) during the last 12 months of the report period through 90 days after the end of the report period.

1. *Management of Chronic Hepatitis C. Summary, Evidence Report/Technology Assessment: Number 60. AHRQ Publication Number 02-E030, June 2002. Agency for Healthcare Research and Quality, Rockville, MD. Accessed May 17, 2010. URL: <http://www.ahrq.gov/clinic/epcs/sums/hepcsum.htm>*