REPORT FROM THE HEPATITIS C MEDICAL REVIEW PANEL
March 21, 2007

The panel was sent copies of 23 charts in mid January 2007 by Oregon DOC. Each member of the Panel reviewed each case independently and met twice (March 8 and 14, 2007). Each case was discussed and a consensus arrived at. A summary table for all cases is provided below. A consensus was arrived at regarding overall impressions. Recommendations are made with what the panel believes are reasonable community practices in mind.

Overall the panel found 20 of the 23 cases to show Hepatitis C care generally consistent with the guidelines with a number of suggestions made. The Panel did not review care prior to 2006 for timeliness issues since this issue was addressed in the prior review. Our anecdotal impressions of present cases that were in DOC prior to 2006 however confirmed our previous review impressions.

It appears that since the MRP revised guidelines have been distributed that there is more attention to timeliness of evaluation and treatment. There is some very good care of Hepatitis C occurring in DOC.

While timeliness and overall care appear to have improved there are some areas DOC needs to focus on. Improving care is a constant process and these improvements should be seen as the next step in a continual process. The panel suggests:

- Documentation overall is fair to poor. Despite the importance and prevalence of Hepatitis C there is not a single source of documentation in the medical record regarding Hep C care that includes present status, past status, and decision making. Correct decisions appear to be made but it is difficult to be certain that decisions were made for the correct reason. The current Hepatitis C information sheet needs to be improved to provide this type of information. The TLC summaries provide no information about the reason for decisions being made. The community practice for documentation is highly variable and it is likely that many community practices have similar issues with documentation. These patients however are the most risky DOC patients in many respects and their documentation should be a priority,
- There is a lack of documented hepatology consultation especially in complex cases. In some of these cases consultation may have resulted in no treatment or anticipation of complications. There appears to be less consultation in DOC with hepatologists than there is in the community. Examples of cases needing hepatology consultation include:
  - Early cirrhosis
  - Simultaneous Hepatitis B
  - Treatment strategies especially in patients needing growth factors
  - Patients with seizure disorders
- Throughout the care of patients and medical record documentation, DOC needs to emphasize the importance of decision making. The disease takes many years to evolve. Diagnostic and treatment approaches are changing. It is very important that future clinical decision makers and patients understand why a decision was made.

Three problem cases were identified. 2 cases (L,W) were complex cases. These patients should have had hepatology consultation. Case O had no apparent plan or documentation related to Hep C issues.

The panel is happy to meet to further discuss in general or specific cases.

REVIEW TABLE

Case = Letter assigned by DOC to a chart

Summary = Panel overall impression. OK means that the overall care and decision making was acceptable. Suggestions however are made in several of these cases

Comments = most important factors in a case

Suggestions = More detail regarding how care could be improved in a case or other issues of note

Case	Summary	Comments	Suggestions
A	OK	Genotype 3	Does not need biopsy given he is a 3.
B	OK		Better documentation needed
C	OK	Treated	Not clear why 2 year interval until treatment. Decision making documentation suggested
D	OK	Entered on treatment	Some delay in transition interrupting treatment
E	OK	?Reinfection	
F	OK	Good case	Good documentation
G	OK	Psoriatic arthritis	Documentation not adequate. Did he need a biopsy??
H	OK	End stage liver disease	Not appropriate for therapy. Was patient seen at some point by hepatologist?
I	OK	Substance abuse	NA/AA should be engaged but WU does not need to be delayed until completed
J	OK	Vasculitis	Very good care in complex case
K	OK	Behavioral issues	Decision making documentation could be better
L	Problem	Seizure disorder ascites, encephalopathy. ?appropriate treatment	Very complex case. Should have been seen by a hepatologist
M	OK	Not treated	Poor documentation especially related to decision making
N	OK	Pt stopped TX	
O	Problem	No plan	No plan, documentation, documentation of decision making
P	OK	OK	Not clear need biopsy because of documentation. What genotype is he?
Q	OK	Not treated	No decision making documentation
R	OK	Substance abuse	Looks fine but decision making documentation would help.
S	OK	Substance abuse Complex case	Complex treatment—low counts, growth factors—should have hepatology consult/backup. Completion of NA/AA not necessary to start treatment
T	OK	Mental health issues	Poor documentation especially related to decision making. No treatment reasonable but need to document why.
U	OK	Decreasing LFTs Refuses substance abuse	Poor documentation, reasoning appears driven by decreasing liver chemistries, should be driven by refusal of substance abuse treatment
W	Problem	Also has Hep B	Complex case. Should have been treated for Hep B first with nucleoside/tide and then Hep C after, when HBV suppressed.
X	OK	Also has Hep B	Decision making documentation needed