Complete Summary

TITLE

Hepatitis C: percent of patients screened for high risk factors for hepatitis C (primary care cohort).

SOURCE(S)

Office of Quality and Performance (10Q). FY2002 VHA performance measurement system. Technical Manual. Washington (DC): Veterans Health Administration (VHA); 2002 Mar 8. 137 p.

Brief Abstract

DESCRIPTION

This measure assesses the percentage of primary care patients screened for high risk factors for hepatitis C.

RATIONALE

Hepatitis C is a major public health problem. The Centers for Disease Control (CDC) estimates nearly 4 million Americans are infected. Many people are unaware they have been exposed. From a patient and public health perspective, all patients should be screened for high risk factors. If patients are at high risk for being exposed to Hepatitis C, then they should be tested and evaluated for possible drug therapy. Regardless of whether they elect to initiate drug therapy or are candidates for current treatments, they need to receive information about disease transmission, the benefits of avoiding hepatotoxins such as alcohol, and the current recommendations regarding vaccination against other types of viral hepatitis.

There is a collective concern among many Veterans Health Administration (VHA) stakeholders that hepatitis C is more prevalent among veterans than would be expected based on prevalence in the larger population. There is some data to support this concern, but final answers are not yet available. In the absence of firm evidence, which may take years to generate, prudent decisions must be made on best judgment and similar experience in analogous situations e.g., early human immunodeficiency virus (HIV) findings in the 1980´s. VHA stakeholders, including veterans groups as well as Congressional committees have strongly endorsed the approach of universal screening with testing of those who have identified risk factors.

PRIMARY CLINICAL COMPONENT

Hepatitis C infection; screening for high-risk factors

DENOMINATOR DESCRIPTION

The number of randomly selected individuals who are seen at least once by a physician (MD or DO), physician assistant (PA), or nurse practitioner (NP) for a primary care visit at a specified clinic during a 12 month period. Patients who have a life expectancy that does not lend itself to prevention screening are excluded.

NUMERATOR DESCRIPTION

The number of patients from the denominator screened for hepatitis C risk factors

Evidence Supporting the Measure

PRIMARY MEASURE DOMAIN

Process

SECONDARY MEASURE DOMAIN

Not applicable

EVIDENCE SUPPORTING THE MEASURE

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Wide variation in quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Office of Quality and Performance (10Q). FY2002 VHA performance measurement system. Technical Manual. Washington (DC): Veterans Health Administration (VHA); 2002 Mar 8. 137 p.

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

External oversight/Veterans Health Administration
Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Physician Assistants
Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Unspecified

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

From the â ˜eligible patients´ universe, certain patient cohorts, including women, are randomly selected.

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

The Centers for Disease Control (CDC) estimates nearly 4 million Americans are infected with hepatitis C.

EVIDENCE FOR INCIDENCE/PREVALENCE

Hepatitis C testing and prevention counseling guidelines for VA health care practitioners. Washington (DC): Department of Veterans Affairs; 2001 Jun 12. 25 p.

ASSOCIATION WITH VULNERABLE POPULATIONS

There is a collective concern among many Veterans Health Administration (VHA) stakeholders that hepatitis C is more prevalent among veterans than would be

expected based on prevalence in the larger population. There is some data to support this concern, but final answers are not yet available.

EVIDENCE FOR ASSOCIATION WITH VULNERABLE POPULATIONS

Hepatitis C testing and prevention counseling guidelines for VA health care practitioners. Washington (DC): Department of Veterans Affairs; 2001 Jun 12. 25 p.

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All individuals not already reviewed during the 12-month period who visited one of a specified list of outpatient clinics for primary care

DENOMINATOR (INDEX) EVENT

Encounter

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Outpatient visit happened at least once in Veterans Health Administration (VHA) [not necessarily at the Veterans Affairs Medical Center (VAMC) where the current year visit occurred] in any clinic, during the second fiscal year prior to the current year (for 2002 current fiscal year, the second year back is fiscal year 2000), AND

Seen at least once during the current fiscal year in any one of the following 8 clinics:

- Primary Care
- General Medicine
- Cardiology
- Endocrinology/Metabolism
- Diabetes
- Hypertension Pulmonary/Chest
- Women´s Clinic

All patients seen in one of the above clinics and seen by a:

- Physician (MD or DO),
- Physician Assistant (PA), or
- Nurse Practitioner (NP)

All patients having a life expectancy that lends itself to prevention screening

Exclusions

Visits at a tertiary facility for a specialty consult only (no other primary care or general medicine visit at the tertiary center)

Preventive care screening questions are not applied to certain designated groups of patients included in other samples (see original measure documentation for details).

Any of the following exclude the patient from screening for this prevention measure:

- Documented diagnosis of cancer of the esophagus, liver, or pancreas
- Enrolled in a Veterans Healthcare Administration (VHA) or community-based Hospice program
- Documented in the Medical Record a life expectancy less than 6 months

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Screened: Documentation in the Medical Record indicating a systematic review of the patient´s risk for hepatitis C as referenced in Veterans Health Administration (VHA) Directive 2001-009, February 27, 2001, National Hepatitis Program.

Hepatitis C Risk Factors:

- Transfusion of blood or blood products prior to 1992 (any, include tissue transplant)
- Injection illicit drug use, any injections, skin or intravenous (IV)
- Unequivocal blood exposure on or through skin or mucous membrane, medical worker, combat casualty care, needle stick injury
- Multiple sexual partners, past or present (greater than 10 in lifetime)
- Hemodialysis, ever
- Tattoo or repeated body piercing
- Intranasal cocaine use, past or present
- Unexplained abnormal alanine aminotransferase (ALT) value
- Clinician documentation of unexplained liver disease
- Intemperate alcohol use (greater than 50 g of alcohol per day for 10 or more years [roughly 10-14 g of alcohol in one beer])

Exclusions
Unspecified

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison
Prescriptive standard

PRESCRIPTIVE STANDARD

Fiscal year (FY) 2002 target for hepatitis C screening component:

- Fully successful: 60%
- Exceptional: 73%

EVIDENCE FOR PRESCRIPTIVE STANDARD

Office of Quality and Performance (10Q). FY2002 VHA performance measurement system. Technical Manual. Washington (DC): Veterans Health Administration (VHA); 2002 Mar 8. 137 p.

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Hepatitis C-screening (primary care).

MEASURE COLLECTION

Fiscal Year (FY) 2002: Veterans Health Administration (VHA) Performance Measurement System

MEASURE SET NAME

Preventive Care

DEVELOPER

Veterans Health Administration

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2001 Nov

REVISION DATE

2002 Mar

MEASURE STATUS

Please note: This measure has been updated. The National Quality Measures Clearinghouse is working to update this summary.

SOURCE(S)

Office of Quality and Performance (10Q). FY2002 VHA performance measurement system. Technical Manual. Washington (DC): Veterans Health Administration (VHA); 2002 Mar 8. 137 p.

MEASURE AVAILABILITY

The individual measure, "Hepatitis C-Screening (Primary Care)," is published in "FY 2002 VHA Performance Measurement System: Technical Manual."

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NQMC STATUS

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