

# HBV ECHO Case Recommendations



Session 12: November 14, 2022

**Case Recommendations and Considerations: 33 y/o Chinese woman with CHB found during pregnancy; uninsured, maybe uninsurable**

CATEGORY	RECOMMENDATIONS	Relevant Presentation Question or Concern	REFERENCES/ RESOURCE LINKS
History	•		
Physical Exam	•		
Diagnostic evaluation	•		
Medication Therapy & Adjustments	<ol style="list-style-type: none"> <li>1. Hepatitis B should be treated when               <ol style="list-style-type: none"> <li>a. Active infection (HBsAg+)</li> <li>b. Evidence of active viral replication (HBV DNA &gt; 2000 IU/cc, regardless of the HBeAg status)</li> <li>c. Presence of active inflammation or advanced disease                   <ol style="list-style-type: none"> <li>i. ALT &gt; ULN</li> <li>ii. Albumin &lt;=3.5, platelets &lt;=130K</li> </ol> </li> <li>d. Presence of risk factors for HCC                   <ol style="list-style-type: none"> <li>i. Age&gt;40</li> <li>ii. Male gender</li> <li>iii. Basal core promoter mutation (BCP)</li> <li>iv. HCC in 1<sup>st</sup> degree relative</li> </ol> </li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1. Should we wait for spontaneous clearance of e antigen or should we start antiviral therapy due to risk of HCC? At what age would you wait for clearance of e antigen?</li> </ol>	
Vaccination	<ul style="list-style-type: none"> <li>• Ensure family's vaccination status is current</li> </ul>		
Social Determinants of Health (SDOH)	<ol style="list-style-type: none"> <li>1. We recommend to check again if the patient may have become eligible for health insurance at this time. Immigrants may become eligible for Medicaid after</li> </ol>	<ol style="list-style-type: none"> <li>1. What are some ways we can provide monitoring of chronic disease in</li> </ol>	<a href="https://www.healthcare.gov/immigrants/lawfully-present-immigrants/">https://www.healthcare.gov/immigrants/lawfully-present-immigrants/</a>

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uninsured patients with low financial resources?

<https://www.healthcare.gov/see-plans/#/>

<https://www.legalaidhawaii.org/health-insurance.html>

<https://www.acponline.org/meetings-courses/focused-topics/point-of-care-ultrasound-pocus-for-internal-medicine/pocus-online-learning-activities>

**five years of residence in the country.** In the US, this is the easiest path for a person to effectively receive healthcare services. Undocumented immigrants are ineligible for health insurance, but may be seen at FQHCs, certain clinics, and may be treated in local emergency rooms. In some cases, legal immigrants (in Hawaii we used to see a lot of taxi drivers and small business owners) are uninsured even if they are working. Their income can be too high to qualify for public insurance (e.g., Quest), but purchasing insurance through the exchange is still too expensive (aka, private insurance on the Marketplace).

2. Most FQHCs have overworked **Eligibility Workers** who may be able to reach out to this patient to get them insured. Another resource may be through partnership with Legal Aid via a medical-legal team who can help immigrants with necessary documentation towards obtaining coverage in the future.
3. For **screening ultrasounds**, we recommend a total abdominal U/S. Both hospital and private radiology centers often have a “discounted” cash price for uninsured patients who need it. Some state money may exist to pay for some necessary U/S. A trend exists towards the use of point-of-care ultrasound (**POCUS**) but acquisition and interpretation of a screening liver ultrasound may be beyond the operator’s capacities without considerable training.

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Behavioral Health	•		
Screening	•		
Risk Reduction	•		
Other	<ol style="list-style-type: none"> <li>1. Address the <b>importance of routine follow-up at urgent care visits</b>. When the patient comes in for acute visits, bring up other pertinent health concerns that you would like to follow closely. Other healthcare workers such as case managers can help with improving patient outreach.</li> <li>2. Use of <b>Dashboards</b> and timed reminders can help the team responsible for long term continuity and population-based health.</li> <li>3. <b>Leveraging protocols and standing orders</b> built into the EHR can enable a team to carry out routine screenings and immunizations for patient panels. Using programmed logic, such as “IF (patient meets certain demographic and/or diagnostic criteria) THEN (execute the appropriate protocol or standing order)” can off-load population-based health care from the PCP. This approach improves the percentage of patients receiving indicated screenings and immunizations as well as the capacity for PCPs to effectively address patient specific diagnostic and therapeutic interventions. Ongoing, frequent outcomes report review and routine non-punitive evaluation and training helps ensure patient and process safety and efficacy.</li> </ol>	<ol style="list-style-type: none"> <li>1. Strategies to encourage routine follow up for patients with chronic disease who only show up for acute care needs</li> <li>2. How to leverage EHR resources to enable timely interventions and follow up</li> </ol>	<p><a href="#"><u>Electronic Health Record Optimization Strategies to Help Organizations Maximize Benefits and Minimize Burdens</u></a></p> <p><a href="#"><u>Leveraging Electronic Health Record EHR-Sourced Measures to Improve Care Communication and Coordination - Shortened Final Recommendations Report</u></a></p> <p><a href="#"><u>Implementing and Evaluating Electronic Standing Orders in Primary Care Practice: A PPRNet Study</u></a></p>

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***PLEASE NOTE that case consultations and recommendations for the HBV ECHO do not create or otherwise establish a provider-patient relationship between any participant, Hawaii Learning Groups, and/or any other clinician on the HBV ECHO faculty.***