

CPHCS PRIMARY CARE HCV QUALITY OF CARE REVIEW*

REVIEWER: _____ **DATE OF REVIEW:** _____
PATIENT NAME: _____ **CDCR #** _____ **DOB:** _____
PCP: _____ **DATE(S) OF VISIT(S):** _____

1) Is the overall history/problem list documentation for HCV adequate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> • Are there current complaints documented? Pertinent symptoms (i.e. fatigue, RUQ pain, abnormal bleeding, depression/suicidal thoughts if on treatment, etc) reviewed? • Is a review of medication documented? Is adherence to medications reviewed? • Is diagnosis of chronic HCV established, with + Antibody, + Viral Load and Genotype? • Is treatment history documented as one of following: <ul style="list-style-type: none"> A. Ineligible (if so, consistent with CPHCS HCV guidelines and ineligibility form signed?) B. Past Treatment Failure (Dates of treatment and Medications used, if known) C. Eligible but refusing combination therapy (refusal of treatment form signed?) D. Pre-treatment screening in progress E. Treatment in progress (list week of treatment) • Is a review of immune and vaccination history (HAV/HBV vaccines, Pneumovax given at least once, and Influenza Vaccine given/recommended < 1 yr) documented? 	
2) Is the overall focused clinical examination for HCV adequate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> • Are vital signs documented? Weight change noted? • Does physical examination include an abdominal examination? Does physical examination expand to encompass complaints in history (i.e. extremity exam for complaint of leg swelling, or skin exam for complaint of bruising or rash)? 	
3) Is the overall assessment for HCV adequate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> • Is diagnosis or diagnoses clearly documented? • Is HCV treatment eligibility indicated? If ineligible, is reason given? • Is HCV treatment status indicated (ie. Treatment naïve, active treatment, or post-treatment)? • Is response to therapy (i.e. EVR, SVR, etc) documented, if applicable? 	
4) Is the overall plan for HCV adequate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> • If ineligible for treatment, are appropriate surveillance labs ordered, per guidelines? • If pre-treatment screening is in process, <ul style="list-style-type: none"> A. Is patient's eligibility, in accordance with HCV guidelines, clearly documented? B. Is a completed and signed HCV treatment agreement in the UHR? • If currently on treatment, <ul style="list-style-type: none"> A. Are lab monitoring and patient encounters occurring in accordance with HCV guidelines? If not, is reason given? B. Is combination therapy discontinued, if patient's viral response is inadequate at approximately 12 weeks? C. Are appropriate dosage adjustments made, in accordance with HCV guidelines, as indicated (i.e. pegylated interferon dosage lowered or stopped, if Hb drops)? D. Are patient's side-effects being appropriately managed? • If post-treatment, <ul style="list-style-type: none"> A. Is a viral load checked 6 months after combination therapy completed? B. Are appropriate surveillance labs ordered, per guidelines? • If there is evidence of cirrhosis/ESLD** <ul style="list-style-type: none"> A. Are appropriate screening tests ordered/completed (i.e. AFP and Liver U/S for Hepatoma screening, and EGD for Esophageal Varices screening)? B. Is there documentation of end of life discussions and/or completed and signed copies of an Advanced Directive for Health Care and POLST found in the UHR? • Are appropriate vaccinations ordered, if indicated (i.e. HAV, HBV, Pneumovax, and Yearly Influenza)? • Is appropriate follow-up ordered, per guidelines? <ul style="list-style-type: none"> A. If all goals met over the last 2 encounters, follow-up within 180 days. B. If all goals not met, follow-up typically ≤ 90 days, as clinically indicated? C. If on treatment, is follow-up in accordance to HCV guidelines? 	
5) Is the overall education for HCV adequate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> • Instructions/counseling on lifestyle modifications: weight loss, dietary changes, exercise, etc. • Medication issues: adherence, side effects, etc. • Liver disease complication avoidance, risk reduction of transmitting HCV infection, hepatotoxin avoidance, cautioned about NSAID use, shared needles/tattooing avoidance, etc. 	

RECOMMENDATIONS/COMMENTS:

*All elements in each domain are suggestions for good documentation overall, not requirements. Some elements may be documented on the Problem List or in previous notes and are not expected to be present in each encounter
 ** See ESLD Quality of Care Review for further elements of cirrhosis management
 Overall adequacy for each domain should include a majority of the elements below. Use clinical judgment when reviewing the documentation
 Please consider the elements in this review tool when completing Access Measure Audit Tool.