



INDIAN + COUNTRY

ECHO

LEADING THE WAY 


When to refer your HCV patient?

March 12, 2024

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*Growing the Ability to Deliver Quality Healthcare to
American Indian and Alaska Native People.*

Things to Consider...

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- Local clinical support
 - Distance from secondary or tertiary facility
 - Provider experience
 - Transport availability
 - Access to appropriate specialist
 - ❖ Phone, text, email, teleconference
 - ❖ Minutes, hours, days
 - ❖ Mentoring opportunity, scheduled or ad hoc
 - Patient, family expectations and support

Specific to HCV: Consider consulting or referring your patient if...

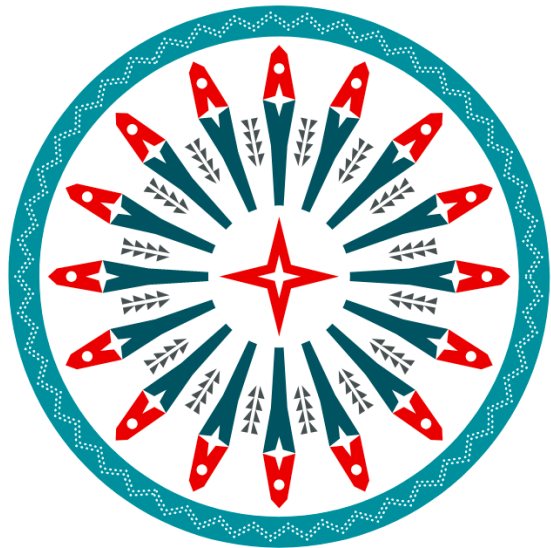
- History of or current HCV Treatment Failure
- Coinfection (HBV, HIV)
- Liver mass on imaging
- Elevated AFP and/or liver enzymes post SVR
- Suspicion of additional liver diagnoses (NASH, PBC, AIH, Hemochromatosis, ETOH Cirrhosis, others)
- Practice or organizational guideline (e.g. FIB-4>3.25, Fibroscan kPa>8, etc.)
- Decompensation (Ascites, GI Bleed, Encephalopathy, Edema)
- Candidate for or interest in liver transplant



When to contact liver transplant program

- MELD score= \geq 15
- Decompensation
- HCC
- Insurance coverage in place, program in network confirmed (program can confirm)
- Strong family or other support
- Realistic logistics
- Willingness to commit to cessation of ETOH and injection drug use. Willingness to address obesity.
- Co-morbidities optimized (diabetes, hypertension, CAD, cancers)
- Age up to early 70's OK, depending on overall health





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Visit: IndianCountryECHO.org

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