WELCOME TO AK LIVER DISEASE ECHO



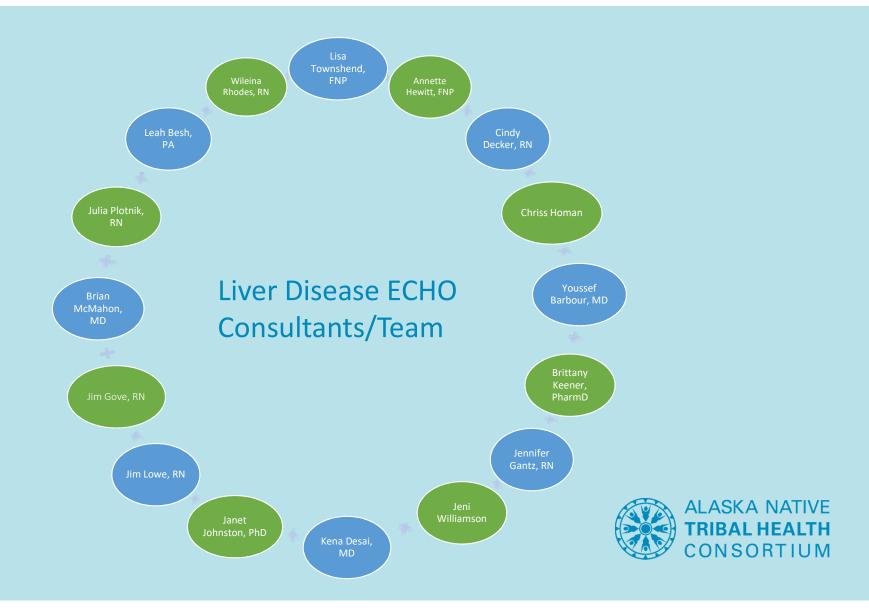


This project is supported by a grant from the Northwest Portland Area Indian Health Board and funding is provided from the HHS Secretary's Minority HIV/AIDS Fund.

What we do

- Provide education related to liver disease management
 - Didactic presentations
 - Patient case presentations and questions
 - Expert panelist case review
- 2023 Theme: How You Can Help Reduce Liver Disease Mortality and Morbidity
 - addressing challenges to HCV screening and linkage to care
 - screening for metabolic associated fatty liver disease
 - managing cirrhosis
 - safe medication prescribing, and
 - nutrition for liver health





Welcome to AK Liver Disease ECHO

Approved Provider Statements:



In support of improving patient care, Alaska Native Medical Center (ANMC) is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Contact Hours:

ANMC designates this activity for a maximum of 12 contact hours, including 3 total pharmacotherapeutics contact hours, commensurate with participation.

Financial Disclosures:

Youssef Barbour, MD & Lisa Townshend-Bulson, APRN / faculty for this educational event, are primary investigators in an ANTHC sponsored hepatitis C study funded in part by Gilead Sciences. All of the relevant financial relationships listed have been mitigated.

Requirements for Successful Completion:

To receive CE credit please make sure you have actively engaged in the entire activity, your attendance is recorded by the facilitator, and complete the course evaluation form found here: https://forms.gle/R8vibUZgMbRcoScw9.



For more information contact jlfielder@anthc.org or (907) 729-1387



Effective Strategies for Screening for Alcohol Use Disorder: Where, When and How to Screen

Brian J McMahon MD Liver Disease and Hepatitis Program Alaska Native Tribal Health Consortium

Question Number One: Pick the Correct Answer

- A. I'm a specialist, it's not my responsibility to screen for patients I see for alcohol
- B. I ask every person if they have an alcohol drinking problem that should be enough
- C. The Audit C test or equivalent rapid screening test for alcohol usage should be administered to all patients seen in every clinical setting with no exceptions
- D. Screening for alcohol usage is solely the responsibility of Mental Health Specialists
- E. I'm way to busy to spend 10 to 15 minutes screening patients for alcohol use

Question Number Two: Select the Correct Answer(s)

- A. Spending time screening patients for alcohol use disorder is a waste of time since nothing can be done until the patient decides to quit
- B. There is a lot of studies that show that early intervention identifying person who are drinking alcohol in excess and referring them to treatment programs can significantly reduce risk of liver damage and costs of care
- C. ANTHC and the Alaska Native Tribal Health Programs all have excellent programs for alcohol rehabilitation so I'm not needed to use my time to screen patients for alcohol usage.
- D. Studies from the VA and other Programs have shown that in fewer that in 25% of patient encounters is alcohol screening offered
- E. The best way to determine if a person has an alcohol problem is to smell their breath

Goals of Presentation

- Understanding the increase in overall alcohol use disorder in society and in the Alaska Native Population
- Understand the impact of alcohol use on morbidity mortality and costs of care
- Learn about rapid screening tests that do not interfere with time of patient encounters
- Understand purported safe amounts of alcohol
- Learn how to initiate a short discussion then offer referral to persons with high scores for alcohol usage

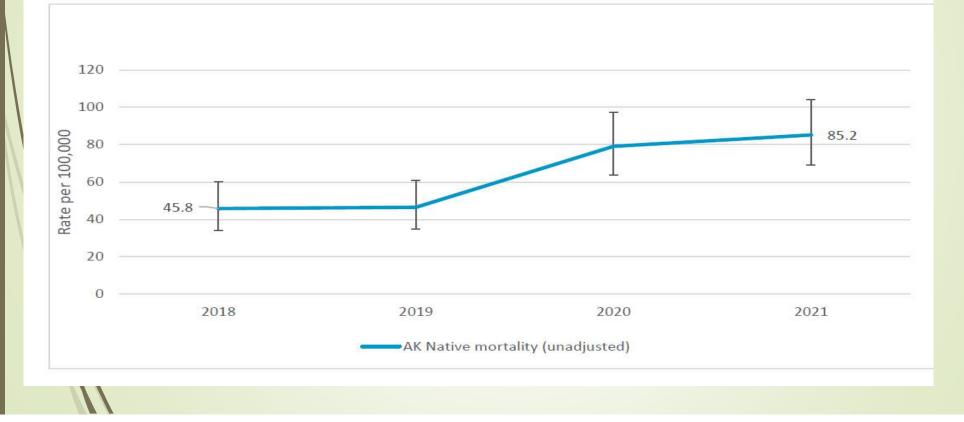
Unhealthy Alcohol Usage in US

- 2020 National survey on Drug Use and Health
 - 7.0% of adults reported heavy alcohol use in the past month
 - Only 4.2% of persons with alcohol use disorder received treatment

Increase in Hospitalizations for Liver Disease in Alaska: 2017-2021

- 58% increase in hospitalizations for liver disease
 - Causes:
 - Alcohol related hepatitis and cirrhosis resulting in liver failure
 - Hepatitis C related liver failure and hepatocellular carcinoma (HCC)
 - Non-Alcoholic Fatty Liver Disease leading to cirrhosis with liver failure and/or (HCC)
- In Alaska Native People, rate almost doubled and in 2021 was 4 times higher than in Alaska White persons.

Crude mortality rate (per 100,000), **alcoholic liver disease** (K70.0, K70.1, K70.2, K70.3, K70.4, K70.9)¹, Alaska statewide data (multiple cause of death), **Alaska Native people**², 2018, 2019, 2020, 2021 (provisional)



Alcoholic liver disease-related deaths and age-adjusted mortality rate (per 100,000), underlying cause of death, Alaska statewide data, Alaska Native and Alaska White (single race 6), by year, 2018 through 2021 (provisional)

Year	Race	No. deaths	Age Adjusted Rate	95% LCI	95% UCI	SE
2018	Alaska Native	38	38.4	26.9	53.2	6.4
	White	52	9	6.6	11.9	1.3
	AK year total	93	12	9.6	14.8	1.3
2019	Alaska Native	38	38.1	26.7	52.8	6.4
	White	39	7	4.9	9.7	1.2
	AK year total	84	11.2	8.9	13.9	1.3
2020	Alaska Native	67	68.1	52.5	87	8.5
	White	63	12.1	9.2	15.6	1.6
	AK year total	139	19	15.8	22.3	1.7
2021	Alaska Native	68	67.9	52.4	86.5	8.4
	White	80	14.5	11.4	18.2	1.7
	AK year total	157	20.5	17.2	23.8	1.7

State of Alaska Department of Health Statistics

Number of alcoholic liver disease-related hospital (inpatient) visits, by race, Alaska statewide

	2015	2016	2017	2018	2019	2020
White			527	560	544	618
Black			16	14	19	28
Alaska Native			461	484	535	546
Asian*			52	1953) 1	5	5
NHPI*			3.5		-	
Other			43	41	27	40
Unknown			22	24	26	33
Total			1080	1131	1160	1288

data, 2017-2020

ICD-10 Codes K70, K700, K701, K7011, K7030, K704, K7040, K7041, K709

Cost of Care: Hospitalizations for Alcohol Associated Hepatitis¹

- Patients admitted to hospital for Alcohol Associated Hepatitis are always in liver failure
- Mortality is 44%: hospitalization lasts one to three weeks (average 12 days)
- Cost for admission \$43,000
- Average yearly number admission 2017-2020 270 patients/year;
 - Yearly cost would have been 11.6 million dollars for inpatient admissions
- If admissions could be reduced by 20% savings would be \$2.3 million/year and 24 lives/year would be saved

¹Thompson et al. Alcohol 2018;17:57-63

Strategies to Reduce Morbidity, Mortality and Costs due to Liver Disease Associated with Alcohol Usage

- Universal screening for alcohol usage to all persons seen at Tribal Health Facilities at each inpatient and outpatient encounter using a rapid screening test such as AUDIT C Questionnaire or CAGE
- For all persons with heavy alcohol usage, offering counseling and or medication to decrease craving for alcohol at each visit.

AUDIT-C Questionnaire

1. Within the past year, how often did you have a drink of alcohol?

- a. Never
- □ b. Monthly (e.g. Special occasions/Rare)
- □ c. 2-4 times a month (e.g. 1x on weekend "Fridays only" or "every other Thursday")
- □ d. 2-3 times a week (e.g. weekends Friday-Saturday or Saturday-Sunday)
- □ e. 4 or more times a week (e.g. daily or most days/week)

2. Within the past year, how many standard drinks containing alcohol did you have on a typical day?

- □ a. 1 or 2
- □ b. 3 or 4
- 🗆 c. 5 or 6
- 🗆 d. 7 to 9
- e. 10 or more

3. Within the past year, how often did you have six or more drinks on one occasion?

- a. Never
- □ b. Less than monthly
- □ c. Monthly
- □ d. Weekly
- e. Daily or almost daily

AUDIT-C is available for use in the public domain.

Scoring

The AUDIT-C is scored on a scale of 0-12.

Each AUDIT-C question has 5 answer choices. Points allotted are:

- a = 0 points, b = 1 point, c = 2 points, d = 3 points, e = 4 points
- In men, a score of 4 or more is considered positive, optimal for identifying hazardous drinking or active alcohol use disorders.
- In women, a score of 3 or more is considered positive (same as above).
- However, when the points are all from Question #1 alone (#2 & #3 are zero), it can be assumed that the patient is drinking below recommended limits and it is suggested that the provider review the patient's alcohol intake over the past few months to confirm accuracy.³

Screening for Alcohol Use Disorder

- All adolescents and adults should be screened by providers for alcohol use disorder
- Best test is the Alcohol Use Disorders Inventory Test (AUDIT): Its abbreviated version AUDIT-C
 - This test is widely used, validated and also recommended by the US Health Services task Force (USHSTF)
 - AUDIT-C has only 3 questions and takes < 30 seconds to complete</p>
 - Scores of ≥3 in women and ≥4 in men may indicate harmful alcohol use
 - AUDIT-C performs better than CAGE or other tests
 - The LDHP program administers AUDIT-C to all patients we see in clinic

Alcohol Use Biomarkers

Acute Alcohol Biomarkers

	Marker	Description	Duration
	Ethanol	Most accurate determination of alcohol level	1-12 hours
/	Ethyl glucuronide (EtG) and Ethyl Sulfate (EtS)	Direct metabolites of ETOH	Up to 36 hours in blood; 5 days in urine

Chronic alcohol biomarkers

Marker	Description	Duration
Carbohydrate deficient transferrin	Indirect metabolite ethanol. Marker of long- term heavy use >40g/day up to 2 wks	2-3 weeks in serum or plasma
Phosphatidylethenol	Formed directly via enzyme phospholipase D	1-2 weeks or longer

AASLD Guidance Recommendations for Screening for Alcohol-Use Disorder

- All patients in any primary or specialty clinic, ED departments and inpatient should be screened for alcohol use using validated questionnaires. Audit C Best
- Persons who on the Audit C score ≥ 3 female, ≥ 4 male should take the full Audit questionnaire of 10 questions
- Brief intervention, pharmacotherapy, and referral to treatment should be offered to patients engaged in hazardous drinking(AUDIT-C ≥4, AUDIT >8, binge drinkers)
- Persons with elevated Audit C or full Audit should be considered for screening for LFTs to identify persons at risk for alcohol associated liver disease
 www.AASLD.org/practice guideline

AASLD Guidance 2019

- Referral to AUD treatment professionals is recommended for patients with advanced ALD and/or AUD in order to ensure access to the full range of AUD treatment options.
- Multidisciplinary, integrated management of ALD and AUD is recommended and improves rates of alcohol abstinence amongst ALD patients.

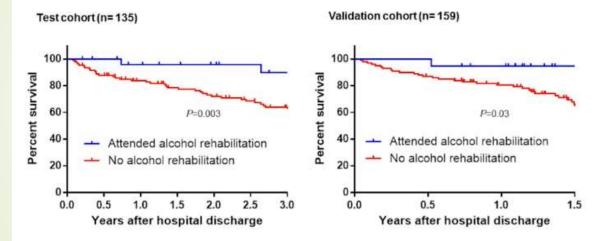
www.AASLD.org/practice guideline

Screening for Alcohol Usage and Intervention in Persons with Heavy Usage Saves Lives and Results in Revenue Savings

- Retrospective cohort study from VA in patients with cirrhosis and alcohol use: 35,682 patients of whom 5,088 received AUD treatment in the first 180 days after diagnosis.
 - 4,461 received behavioral therapy alone
 - 159 pharmacotherapy alone
 - 468 received both behavioral and pharmacotherapy
 - In adjusted analysis, behavioral and/or pharmacotherapy significantly reduced the incidence of hepatic decompensation (6.5% vs. 11.6% adjusted odds ratio (AOR) 0.63; 95% CI 0.52-0.76)
 - Extended beyond 180 days any AUD treatment significantly reduced mortality (AOR, 0.87, 95% CI 0.80-0.96)
 - Persons who received baclofen had significantly lower Audit C scores at last f/u
 - Audit-C scores were associated with death (AOR/point 1.06; 95%CI 1.04, 1.09)

Rogal et al. Hepatology 2020;71:2080-2092

Survival was better in patients who attended early alcohol rehabilitation



Conclusions

- Overall alcohol use has increased dramatically in all ethnic and racial groups in the USA
 - Binge drinking rates have increased in young people including those in high school and college
- Alcohol associated deaths have more than doubled in the past 2 decades
- Screening all teenagers and adults for alcohol use should be done at each visit in every clinical setting at Facilities
 - Audit-C test or equivalent is recommended
 - The Liver Disease and Hepatitis Program is developing a Strategic Initiative to present to Tribal and Clinical Leadership to make it a goal that Audit-C questionnaire be given to each patient at every visit
- Persons found to drink excessively should be referred for counseling and/or offered medications to decrease alcohol craving

Conclusions Continued: Screening for Alcohol Use Disorder: Where, When and How

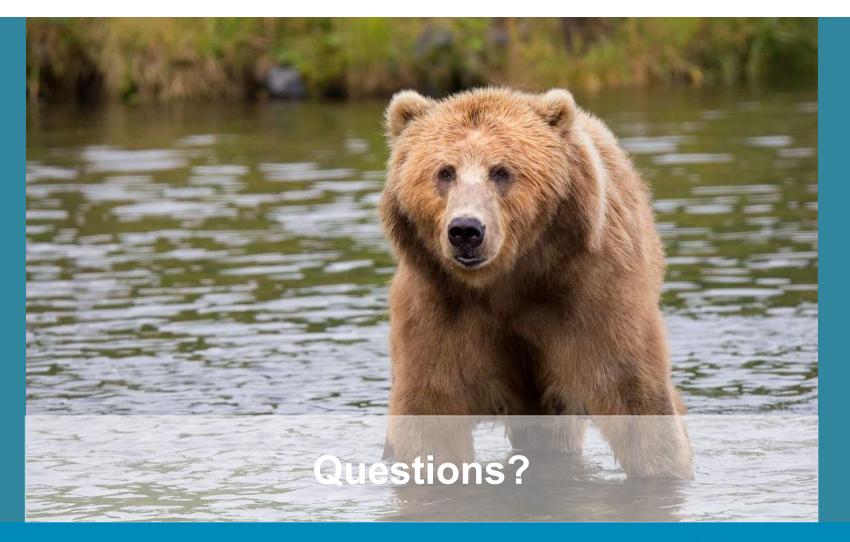
- Where: every clinic in every Alaska Native Tribal Health Facility
- When: Each medical visit
- How: Audit C or equivalent rapid screening test
 - For persons who score above slightly above the recommended "safe" amount of alcohol use, spend a few minutes telling them that the amount they are drinking is above the recommended limit and educate them about what that limit is.
 - For persons who score well above the recommended amount of alcohol use, inform they of your concern that the current amount they are drinking could be damaging their liver and lead to cirrhosis or liver cancer and ask them if they would like a referral to mental health clinic or provider who can offer medication to decrease alcohol craving

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- D. Screening for alcohol usage is solely the responsibility of Mental Health Specialists
- E. I'm way to busy to spend 10 to 15 minutes screening patients for alcohol use

Question Number Two: Select the Correct Answer(s)

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- B. There is a lot of studies that show that early intervention identifying person who are drinking alcohol in excess and referring them to treatment programs can significantly reduce risk of liver damage and costs of care Correct
- C. ANTHC and the Alaska Native Tribal Health Programs all have excellent programs for alcohol rehabilitation so I'm not needed to use my time to screen patients for alcohol usage.
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- E. The best way to determine if a person has an alcohol problem is to smell their breath









ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

AK Liver Disease ECHO

- Second Tuesday of every month from noon-1:00PM AKST
- 1CE/CME offered per session
- anthc.org/project-echo/alaska-liver-disease-echo
- 2023 Theme: Ways You Can Reduce Morbidity and Mortality From Liver Disease
 - July 20: Emphasizing Nutrition for Liver Health
 - August 17: Importance of diabetes management in NAFLD/NASH



Additional learning opportunities

- AK ID ECHO: HCV, HIV, PrEP, STIs
 - Second Tuesday of every month from noon-1:00PM AKST
 - 1CE/CME offered per session
 - anthc.org/ak-id-echo
- LiverConnect Webinar Program
 - Second Tuesday of every month 8:00-9:00AM AKST
 - Full hour didactic topics on Liver Disease and related topics 1CE/CME offered
 - anthc.org/what-we-do/clinical-and-research-services/hep/liverconnect



AK Liver Disease ECHO – Team Contacts

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Mahsi'! Quyanaq! 'Awa'achdah! Tsin'aen! Quyanaa! Háw'aa! Chin'an! Gunalchéesh! Igamsiqanaghhalek! Baasee! Dankoo! Qaĝaasakung! Dogidinh! Taikuu! Thank you!





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