

SYNCRONYS HIE CLINICAL PORTAL TRAINING

HEPATITIS C SUMMARY DOCUMENT
CLINICAL VIEW USERS, NM LEVELS 1, 2, 3



SYNCRONYS
BETTER DATA. BETTER HEALTH.

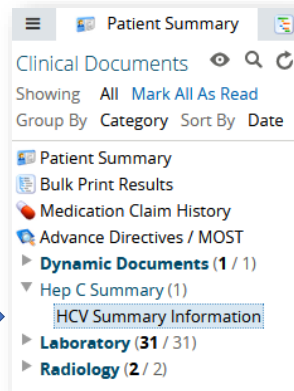
NAVIGATING THE PATIENT HEPATITIS C SUMMARY



This module will review the patient Hepatitis C Summary within the SYNCRONYS portal.

PATIENT SUMMARY TAB

- Hep C Summary
 - Hep C Summary Information
- Hep C Screen



If applicable to your patient, under the Patient Summary tab, there may be a Hep C Summary menu item. Expand it to see an HCV Summary for the patient in review.

HEP C SUMMARY DOCUMENT



Hep C Status

User clicks:
Pings another
API to render
HCV Summary
via HTML

Patient Summary

Clinical Documents

Showing **All** [Mark All As Read](#)

Group By **Category** Sort By **Date**

- Patient Summary
- Bulk Print Results
- Medication Claim History
- Advance Directives / MOST
- ▶ **Dynamic Documents (1 / 1)**
- ▼ **Hep C Summary (1)**
 - HCV Summary Information**
- ▶ **Laboratory (31 / 31)**
- ▶ **Radiology (2 / 2)**

Medications			
	Dosage	Fill Date	Refill Number
Results			
	Result	Date	Ref. Range
Intitiation	Reactive	11-11-2020	Nonreactive
Ordered Labs			
	Result	Date	Ref. Range
	22	11-11-2020	6-58
	43	11-11-2020	14-67
	1	11-11-2020	0.3-1.2
	1.4	04-06-2016	0.1-0.4
	3.9	11-11-2020	3.4-4.7
	189	11-11-2020	150-400
Platelet	1.31	05-19-2016	0.80-1.20
INR	14.5	11-11-2020	13.5-17.7
Hemoglobin	0.89	11-11-2020	0.62-1.66
Creatinine	60.1	06-21-2017	>60
eGFR			

Selecting the summary will render the Hepatitis C report via HTML, giving you relevant, up-to-date information about Hepatitis C.

UNIFORM NEW MEXICO HCV CHECKLIST SYNCRONYS BETTER DATA. BETTER HEALTH.

Uniform New Mexico HCV Checklist

HUMAN SERVICES
UNIVERSITY

PATIENT NAME: _____ DOB: _____

1. **DIAGNOSIS:** ☐ Chronic Hepatitis C Infection, Genotype _____ Subtype (if applicable) _____ (attach results), HCV RNA Level within the past 6 months: Level _____ Date: ____/____/____ (attach results)

2. **ADDITIONAL REQUIRED LABS (within 3 months of request- please attach results)**
☐ AST, ☐ ALT, ☐ Bilirubin, ☐ Albumin, ☐ INR, ☐ Platelet count, ☐ Hemoglobin, ☐ Creatinine.
 Also document ☐ HbsAg, ☐ anti-HBs, ☐ anti-HBc

3. **LIVER ASSESSMENT:** There are seven stages of liver changes in chronic HCV infection – no liver fibrosis (F0), increasing levels of fibrotic change (F1, F2 and F3), cirrhosis (F4), decompensated cirrhosis and hepatocellular carcinoma.

a. **FIBROSIS/CIRRHOSIS ASSESSMENT:** (provide information using at least one of the following methods)

Indirect markers:

AST (U/L) _____
 ALT (U/L) _____
 ALP (U/L) _____
 GGT (U/L) _____
 PT/INR _____
 Bilirubin (mg/dL) _____
 Platelet Count (10⁹/L) _____

APRI _____
 FIB-4 _____
 FIB-3 _____

Imaging study: Method Used: _____ Attach results _____

b. Does the patient have history, physical exam, laboratory, or radiographic imaging consistent with **decompensated cirrhosis** (i.e. ascites, encephalopathy, bleeding varices, etc.)?
 No ☐ Yes ☐ (attach relevant results and notes)

Child-Pugh Score (circle one): Class A (CTP 5-6) B (CTP 7-9) C (CTP 10-15) See table on page 2 for calculation method
 If patient has decompensated liver disease (Child-Pugh B or C), it is recommended that treatment be co-managed with a gastroenterologist, infectious disease specialist or hepatologist, and that referral for transplant be strongly considered.

4. **LIVER TRANSPLANT** No ☐ Yes ☐ (if yes, check one): ☐ Transplant date _____ ☐ Being considered for transplant

5. Is patient **TREATMENT EXPERIENCED?** No ☐ If no, go to 6. Yes ☐ If yes, complete a – c below. If treatment experienced with Direct Acting Antivirals (DAA), also complete question d.

a. List regimen(s) patient has received in past including year and duration of therapy: _____

b. Plot patient complete treatment regimen(s)? Unknown ☐ Yes ☐ No ☐ If "No" reason for discontinuation: _____

SYNCRONYS is a participant in the Hepatitis C elimination coalition. In 2023, Rhodes Group and SYNCRONYS launched the Hepatitis C Worklist in the HIE clinical portal. It was designed to help complete the Uniform New Mexico HCV Checklist, MAD Form 364. Although this form has recently been eliminated for approval of medications, having this information available in one easily accessible place in the context of a complete patient record is still extremely helpful.

Hepatitis C Summary

Relevant Medications ⓘ

Medication	Dosage	Fill Date	Refill Number
NONE			

Diagnosis of HCV

Test	Result	Date	Ref. Range
Antibody Screen	Reactive	11-11-2020	Nonreactive
Most Recent HCV Quantitation			
HCV Genotype			

Additional Required Labs ⓘ

Test	Result	Date	Ref. Range
AST	22	11-11-2020	6-58
ALT	43	11-11-2020	14-67
Bilirubin(Total)	1	11-11-2020	0.3-1.2
Bilirubin(Direct)	1.4	04-06-2016	0.1-0.4
Albumin	3.9	11-11-2020	3.4-4.7
Platelet	189	11-11-2020	150-400
INR	1.31	05-19-2016	0.80-1.20
Hemoglobin	14.5	11-11-2020	13.5-17.7
Creatinine	0.89	11-11-2020	0.62-1.66
eGFR	60.1	06-21-2017	>60

Liver Assessment ⓘ

Test	Result
APRI Score	00.29
FIB-4 Score	01.17

Risk Factors ⓘ

Risk	Test	Result	Result Date	Reference Range
NONE				



The Hepatitis C Summary provides a concise review of the patient's Hep C status. At the top of the summary, the patient's HCV medication status is displayed. HCV medication status is based on Medicaid claims data. The other sections of the Hepatitis C Summary display the most recent laboratory results related to HCV diagnosis and monitoring. Additionally, risk factors are listed at the bottom of the summary if they apply to the patient in review. Risk factors include renal insufficiency, fibrosis or cirrhosis, hepatitis B co-infection, and diabetes.

DIAGNOSIS



Uniform New Mexico HCV Checklist



PATIENT NAME: _____ DOB: _____
1. **DIAGNOSIS:** ☐ Chronic Hepatitis C Infection, Genotype _____ Subtype (if applicable) _____ (attach results), HCV RNA Level
within the past 6 months: Level: _____ Date: ____/____/____ (attach results)

Diagnosis of HCV

Test	Result	Date	Ref. Range
Antibody Screen	Reactive	11-3-2020	Nonreactive
Most Recent HCV Quantitation	114,560 IU/mL	11-21-2020	Undetectable
HCV Genotype	NONE		



The Diagnosis of HCV section of the Hepatitis C Summary lists the labs pertaining to the diagnosis status of Hep C along with the result, date and reference range. If there are no records of these tests being performed, the result will not be listed.

ADDITIONAL REQUIRED LABS



2. **ADDITIONAL REQUIRED LABS (within 3 months of request- please attach results)**

☐ AST, ☐ ALT, ☐ Bilirubin, ☐ Albumin, ☐ INR, ☐ Platelet count, ☐ Hemoglobin, ☐ Creatinine.
Also document ☐ HBsAg, ☐ anti-HBs, ☐ anti-HBc

Additional Required Labs ⓘ

Test	Result	Date	Ref. Range
AST	13 U/L	12-1-2021	6-58
ALT	40 U/L	12-1-2021	14-67
Bilirubin	0.7 mg/dL	12-1-2021	0.3-1.2
Albumin	4.4 gm/dL	12-1-2021	3.4-4.7
Platelet	193x10E3/uL	8-2-2020	150-400
INR	NONE	8-2-2020	
Hemoglobin	14.4 gm/dL	12-1-2021	13.5-17.7
Creatinine	1.01 mg/dL	12-1-2021	0.50-1.40

The Additional Required Labs section of the Hepatitis C Summary shows the most recent documented outpatient Hep C baseline labs, result, result date, and reference range. Hepatitis B serology tests will be listed under the Risk Factor section of the Hepatitis C Summary if the patient's serologies are indicative of a Hepatitis B co-infection.

LIVER ASSESSMENT



3. **LIVER ASSESSMENT:** There are seven stages of liver changes in chronic HCV infection – no liver fibrosis (F0), increasing levels of fibrotic change (F1, F2 and F3), cirrhosis (F4), decompensated cirrhosis and hepatocellular carcinoma.

a. **FIBROSIS/CIRRHOSIS ASSESSMENT:** (provide information using at least one of the following methods)

Indirect markers:

APRI _____

FIB-4 _____

$$\text{APRI} = \frac{\frac{\text{AST Level}}{\text{AST Upper Limit of Normal}}}{\text{Platelet Count (10}^9\text{/L)}} \times 100$$
$$\text{FIB-4} = \frac{\text{Age (years)} \times \text{AST (U/L)}}{\text{Platelet Count (10}^9\text{/L)} \times \sqrt{\text{ALT (U/L)}}}$$

Liver Assessment

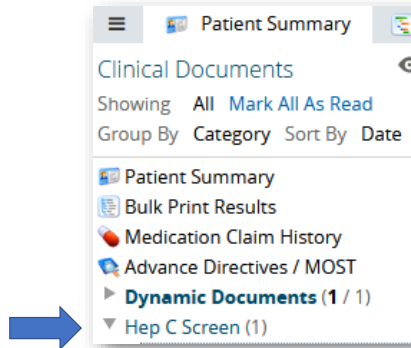
Test	Result
APRI	0.168
FIB-4	0.39



The Liver Assessment section of the Hepatitis C Summary displays the calculated values for APRI and FIB-4 score based on the most recent outpatient labs.

PATIENT SUMMARY TAB

- Hep C Screen



Under the Patient Summary tab, you may find a Hep C Screen drop down instead of a HCV Summary Information drop down, if applicable to the patient in review. If the patient in review does not have a history of an HCV viral load confirming diagnosis of HCV or a reactive HCV antibody screening test, the HCV Summary Information drop down will not be triggered under the Patient Summary tab. However, if the patient in review has a documented HCV antibody screening test that was negative, the results and date will populate under the Hep C Screen drop down.

HCV SCREENING



Menu: Patient Summary

Clinical Documents

Showing: All Mark All As Read

Group By: Category Sort By: Date

- Patient Summary
- Bulk Print Results
- Medication Claim History
- Advance Directives / MOST
- Dynamic Documents (1 / 1)
 - Hep C Screen (1)

HCV Screening

Test	Result	Date	Ref. Range
Antibody Screen	Nonreactive	06-08-2021	Nonreactive



Selecting the Hep C Screen will render the Hep C Screen results via HTML.