NATIONAL VIRAL HEPATITIS PROGRAM

1. PURPOSE: This Veterans Health Administration (VHA) Directive defines authority and policy for the VHA National Viral Hepatitis Program. AUTHORITY: Title 38 United States Code §7301.

2. SUMMARY OF CHANGES: This VHA Directive gives this Program, within the Office of Public Health/Clinical Public Health (OPH/CPH), the responsibility to provide primary guidance and advice to the Under Secretary for Health on VHA policy and services related to viral hepatitis, and the lead coordination of quality improvement activities using population-based approaches for prevention, diagnosis, and care of viral hepatitis across the system.

3. RELATED ISSUES: None.

4. RESPONSIBLE OFFICE: The Director, National Viral Hepatitis Program, is responsible for the contents of this Directive. Questions may be addressed at 202-461-1040 or by email at: publichealth@va.gov.


6. RECERTIFICATION: This VHA Directive is scheduled for recertification on or before the last working day of February 2018.

Robert A. Petzel, M.D.
Under Secretary for Health

DISTRIBUTION: E-mailed to the VHA Publications Distribution List 2/25/2013
NATIONAL VIRAL HEPATITIS PROGRAM

1. PURPOSE: This Veterans Health Administration (VHA) Directive defines policy regarding the VHA National Viral Hepatitis Program. This Directive gives this Program, within the Office of Public Health/Clinical Public Health (OPH/CPH), the responsibility to provide primary guidance and advice to the Under Secretary for Health on VHA policy and services related to viral hepatitis, and lead the coordination of quality improvement activities using population-based approaches for prevention, diagnosis, and care of viral hepatitis across the system.

2. BACKGROUND

a. Chronic viral hepatitis is a major public health problem in both VHA and the United States (U.S.) as a whole because of the number of chronically infected individuals and the potential for progression to cirrhosis, hepatocellular carcinoma (HCC), and other life threatening conditions. Although hepatitis C virus (HCV) and hepatitis B virus (HBV) are the major causes of chronic viral hepatitis in the U.S., newer pathogens, such as hepatitis E virus (HEV), are emerging as epidemiologically important etiologies of this class of disorders.

b. In January 2010, the U.S. Institute of Medicine (IOM) released a report identifying viral hepatitis as an underappreciated health concern for the Nation, outlining multiple barriers to prevention of viral hepatitis transmission and disease, and recommending specific actions to improve disease surveillance, knowledge and awareness of viral hepatitis among the public and providers, and delivery of viral hepatitis prevention and care services (see subpar 5a).

c. In response to the IOM report, in May 2011, the U.S. Department of Health and Human Services (HHS) released the National Viral Hepatitis Action Plan (see subpar 5b). VHA has been identified as a partnering government agency for collaboration. This Action Plan addresses the IOM’s recommendations for viral hepatitis prevention, care, and treatment; sets forth actions to improve viral hepatitis prevention; ensures that infected persons are identified and provided care and treatment; improve coordination of all viral-hepatitis-related activities; and promote collaborations across government agencies and non-governmental organizations.

d. VHA is the single largest HCV care provider in the U.S., with a seroprevalence rate of 5.4 percent (three times that of the general U.S. population, see subpar. 5c), and over 170,000 Veterans in VHA care with confirmed chronic HCV (see subpar. 5d). Veterans who served in the Vietnam War era, those with alcohol or substance use disorders, and those with psychiatric conditions or homelessness are particularly likely to be affected. The gradual progression of HCV in affected Veterans over a period of decades has led to increasing numbers of patients with cirrhosis, end-stage liver disease, and HCC. Over the past 10 years, the number of HCV-infected Veterans in care diagnosed with cirrhosis has tripled to over 25,000, while over the same time period the cumulative number of HCV-infected Veterans diagnosed with HCC has increased by ten-fold.

e. Since its establishment in 2001, the VHA National Hepatitis C Program, within the Office of Public Health, addresses the health care needs of Veterans with HCV. The Program emphasizes access to high-quality clinical care and prevention through testing, counseling, patient and provider education, and evidence based quality improvement. Program
accomplishments include extensive screening of at-risk Veterans, early and broad access to antiviral therapy, such as HCV protease inhibitors, and improvements in the management of comorbidities such as depression, alcohol misuse and other substance use disorders (see subpar 5d).

f. Veterans are at higher risk for exposure to other forms of viral hepatitis. Veterans are more likely to have been exposed to HBV than the general U.S. population (see subpar. 5e). Chronic HBV infection is associated with cirrhosis, HCC, and other life threatening conditions. Military service may increase the risk of exposure to HEV and other emerging viral hepatitis (see subpar. 5f).

g. The growing caseload of viral hepatitis among Veterans requires a nationally coordinated program to improve access to and quality of viral hepatitis care and its complications. Extending the population health approach used for care of HCV-infected Veterans (see subpar. 2e) to other causes of chronic viral hepatitis would meet this need and facilitate VHA’s responsibilities as a participant in the National Viral Hepatitis Action Plan.

3. POLICY: It is VHA policy that Veterans with viral hepatitis are identified and provided high quality care and appropriate treatment.

4. ACTION

a. The Director, National Viral Hepatitis Program is responsible for:

   (1) Advising the Under Secretary for Health on matters of VHA policy and services related to HCV, HBV, and other forms of viral hepatitis.

   (2) Collaborating with the National Center for Health Promotion and Disease Prevention on prevention policy and services (i.e., screening, immunization, health behavior counseling) related to HCV, HBV, and other forms of viral hepatitis.

   (3) Developing and communicating national VHA policy on viral hepatitis to ensure state-of-the-art patient-centered therapy and timely access to diagnosis and care for HCV, HBV, and other forms of viral hepatitis.

   (4) Working with VHA Viral Hepatitis Lead Clinicians (HLC) (see subpar. 4c) collectively and at individual facilities to support field-based initiatives to improve care for HCV, HBV, and other forms of viral hepatitis.

   (5) Developing informational and other resources to support VHA facility clinicians providing care for patients living with HCV, HBV, or other forms of viral hepatitis.

   (6) Providing assistance in the development of local or Veterans Integrated Service Network (VISN) plans designed to aid Viral HLCs in monitoring and caring for local populations.

   (7) Working with OPH/Population Health, other VHA program offices, and VISNs to create and disseminate local demographic and quality indicator reports on Veterans with HCV, HBV, or other forms of viral hepatitis for local facility use. **NOTE: Clinical Case Registry (CCR)**
reports are available on the VHA Hepatitis Web site at: http://vaww.hepatitis.va.gov. This is an internal VA Web site and is not available to the public.

(8) Working with the National Center for Health Promotion and Disease Prevention, Pharmacy Benefits Management, the National Pathology and Laboratory Medicine Service, the National Infectious Diseases Service, the National Gastroenterology Program, Women’s Health Services and other VHA offices within the offices of the Principal Deputy Under Secretary for Health (10A), Deputy Under Secretary for Health Operations and Maintenance (10N), and Deputy Under Secretary for Health Policy and Services (10P), VISN leaders, and senior OPH/CPH leadership to:

(a) Ensure appropriate access to and use of anti-viral therapies.

(b) Develop mechanisms for early identification of patients with HCV or HBV infection, or other forms of viral hepatitis.

(c) Assist in developing integrated models of care for patients living with chronic HCV or HBV infection, including integrated mental health and substance abuse treatment, that meet the care and prevention needs of these patients with these co-morbidities.

(9) Assembling, coordinating, and obtaining input on national policy issues involving HCV, HBV, and other forms of viral hepatitis from a multidisciplinary Technical Advisory Group, the Veterans’ Hepatitis Community Advisory Board, ad hoc meetings of VHA viral hepatitis providers, and VHA facility clinicians and administrative staff.

(10) Collaborating with the Employee Education System to conduct national educational programs on HCV, HBV, and other viral hepatitis.

(11) Collaborating with the Office of Academic Affiliations on fellowship programs and other initiatives to train Department of Veterans Affairs (VA) providers in disciplines relevant to care of HCV, HBV, and other forms of viral hepatitis.

(12) Collaborating with HHS, other government agencies, and non-governmental organizations to create cross-agency collaborations.

(13) Ensuring the accuracy, completeness, and currency of information on the VHA Viral Hepatitis Web site at: www.hepatitis.va.gov and the corresponding internal VHA Web site at: vaww.hepatitis.va.gov. NOTE: The latter Web site is an internal VA Web site and is not available to the public.

(14) Collaborating with Quality Enhancement and Research Initiative (QUERI) Centers within VHA Health Services Research and Development, such as the HIV/Hepatitis QUERI, on research to improve the identification and care of Veterans with HCV, HBV, or other forms of viral hepatitis.
b. **Facility Director.** The facility Director is responsible for:

(1) Identifying a Viral HLC to be the principal point-of-contact for all viral hepatitis program information and reporting between the facility, VISN, and the National Viral Hepatitis Program office.

(2) Responding to an annual request for updating the contact information for the Viral HLC at their facility.

c. **Facility Viral HLC.** The Viral HLC is responsible for:

(1) Committing to excellence in the diagnosis and care of Veterans with HCV, HBV, and other forms of viral hepatitis.

(2) Serving as an advocate for excellence in patient-centered diagnosis and care of Veterans with chronic infection due to HCV, HBV, and other viral hepatitis diseases, and being knowledgeable about VHA Clinical Preventive Services Guidance Statements related to hepatitis screening and immunizations, which are available at: [http://vaww.prevention.va.gov/Guidance_on_Clinical_Preventive_Services.asp](http://vaww.prevention.va.gov/Guidance_on_Clinical_Preventive_Services.asp). **NOTE:** This is an internal VA Web site and is not available to the public.

(3) Serving as a point-of-contact for communications to and from the VHA’s National Viral Hepatitis Program regarding training and quality improvement opportunities, policy and operational issues concerning viral hepatitis, and programs and initiatives related to viral hepatitis care in VHA.

(4) Working with the local CCR Coordinator for the Hepatitis C CCR to optimize the use of local population management tools and for reporting to department and facility leadership.


5. REFERENCES


d. Veterans Health Administration. *The State of Care for Veterans with Hepatitis C*. 
