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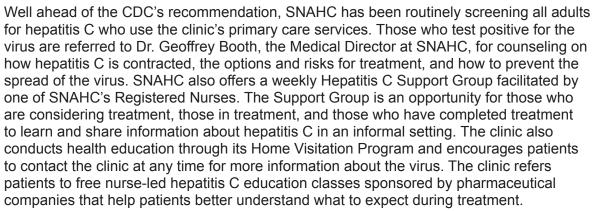
Sacramento Native American Indian Health Center's Hepatitis C Treatment Program

For more than three years, the <u>Sacramento Native American Health Center (SNAHC)</u> has been operating a Hepatitis C Treatment and Support Program as part of their primary care clinic to address the high incidence of viral hepatitis seen among American Indians and Alaska Natives (Al/ANs). According to the Centers for Disease Control and Prevention (CDC), Al/ANs are nearly three times more likely than Whites to develop acute cases of the hepatitis C virus.^{1,2} While most people infected with hepatitis C may not show symptoms or feel sick, they are at risk for chronic liver disease and can transmit the disease to others through high risk behaviors.³ These behaviors include intravenous drug use, smoking methamphetamines or crack, and improper tattoo procedures. A recent CDC guideline recommended that all adults born during 1945-1965 be tested for hepatitis C, overriding the traditional belief that only those who exhibit risk behaviors for the virus should be tested.⁴

"With proper planning and procedures, primary care clinics are absolutely capable of treating hepatitis C."

Dr. Geoffrey Booth, Medical Director and the supervisor of the hepatitis C Program at the Sacramento Native American Health Center.





The need for comprehensive hepatitis C screening at the primary care level was identified by SNAHC long beffore the CDC's recommendation, putting SNAHC well ahead of the curve. The program was started by the previous Medical Director, who came to the clinic with a passion for treating hepatitis C. She spoke with local heptologists about addressing hepatitis in a primary care setting. She and a physician's assistant then put together



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policies and procedures for establishing a treatment program, as well as the support group.

Dr. Booth believes SNAHC's Hepatitis C Treatment Program is effective because it is so well-coordinated and takes into account the individual needs of patients. The program provides a support group, facilitates treatment for patients with limited funds or who lack insurance, and offers culturally appropriate care for Al/ANs. For example, SNAHC will arrange for discounted laboratory testing and connect patients with pharmaceutical companies who provide free medication for hepatitis C treatment for those whose income falls below a certain level. According to Dr. Booth, the most successful component of their program is their weekly observation and consistent follow-up with their hepatitis C patients. SNAHC's hepatitis C patients receiving treatment come into the clinic every week to get their interferon shots. During these weekly visits, the patient and the physician discuss barriers to treatment, medication side effects, and how the clinic can support the patient to complete their treatment. This consistent follow-up ensures treatment completion and that patients receive the help they need.

Dr. Booth believes hepatitis C is an important health issue for providers caring for Al/AN patients. For those who are interested in starting their own hepatitis C treatment program, Dr. Booth urges, "With proper planning and procedures, primary care clinics are absolutely capable of treating hepatitis C." Dr. Booth stresses the importance of consulting with specialists who treat hepatitis C before clinics start a treatment program in a primary care setting. Dr. Booth recommends talking with health care providers who can be a resource such as hepatologists and gastroenterologists as well as staff at other medical clinics that have successful hepatitis C treatment programs. For more information on hepatitis C health professionals please see the CDC's website at: http://www.cdc.gov/hepatitis/index.htm.

References

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