

Illinois State Medical Society
Testimony before the Hepatitis C Task Force
July 9, 2014

Good morning – my name is Rashmi Chugh, and I am a board-certified family medicine physician currently serving as Medical Officer of the DuPage County Health Department. I am here today on behalf of the Illinois State Medical Society (ISMS), and I'm also part of the public health infrastructure that serves as a safety net for many of our State's patients in need.

We recognize the 'silent epidemic' that hepatitis C virus (HCV) infection poses to our State's and our nation's public health. The State Medical Society's Council on Medical Services has met twice to address this issue, and ISMS is now developing educational materials, accredited continuing medical education, and a communications plan to raise awareness about this disease among physicians. Our plan, in part, includes publicizing the current Centers for Disease Control & Prevention (CDC) and US Preventive Services Task Force (USPSTF) guidelines on hepatitis C screening, urging primary care physicians to adhere to these important guidelines, and to offer patients born from 1945 through 1965 such screening on a one-time basis, unless they choose to opt-out. We are committed to doing a better job at helping our primary care physicians and their patients to better understand this terrible disease – and this includes the need to screen

appropriate populations, to provide follow-up care, and to make referrals to specialists to discuss treatment options as necessary.

The State Medical Society would like to work with this Task Force and other stakeholders in the physician and patient communities to help you meet your stated goals of “developing strategies to improve hepatitis C education and awareness, and providing HCV-positive persons with greater access to various treatments and other therapeutic options that may be available.”

ISMS is in the process of developing materials to help educate our members about the Centers for Medicare & Medicaid Services’ (CMS) *National Coverage Determination for Screening for Hepatitis C Virus in Adults*, consistent with the recommendations of the USPSTF. That coverage determination was released on June 2, 2014, and indicates that CMS will cover screening for HCV “with the appropriate FDA approved/cleared laboratory tests, used consistent with FDA approved labeling and in compliance with the Clinical Laboratory Improvement Act regulations.”

We will also urge the Illinois Department of Healthcare and Family Services (DHFS) and the Illinois Department of Public Health (IDPH) to make every effort to publicize CMS’ new National Coverage Determination wherever possible, toward educating physicians

and patients. And we will advocate with commercial insurers here in Illinois to adopt similar coverage policies for hepatitis C screening.

It should also be noted that every patient entering the Medicare program for the next 16 years is included in the 'at-risk' cohort identified by the USPSTF – defined as those born between 1945-1965. With that in mind, ISMS also plans to work with other appropriate medical societies to advocate for the inclusion of hepatitis C screening as part of every new Medicare beneficiary's "Initial Preventive Physical Examination," more commonly known as the "Welcome to Medicare" visit.

As screening for hepatitis C improves, many questions remain about patient access to appropriate treatments. According to recent reports, a full regimen of new treatments for HCV infection runs upwards to \$90,000. Given the extremely high co-payments and co-insurance for branded medications, especially in many of the federally-qualified Affordable Care Act (ACA) health plans, being properly screened for hepatitis C may identify additional challenges for many patients who will not have access to the newer medications.

The escalating cost of treating patients with HCV will likely strain our state's very limited resources as well. Our state's Medicaid director, for example, has estimated that if only

50 percent of Illinois Medicaid beneficiaries with chronic HCV were treated with one of the newer, more effective agents – Sovaldi – the cost to the state would be a staggering \$300 million annually. This is an important issue that our Governor and state legislators will have to address.

Going forward, the Illinois State Medical Society remains opposed to legislation that mandates primary care physicians to screen certain population cohorts for hepatitis C, consistent with guidelines issued by the CDC and the USPSTF. A mandate not accompanied by mandatory coverage for the cost of the screening and the necessary follow-up for patients testing positive – not to mention the costs of the medication – merely creates another costly, burdensome, and unfunded mandate.

Additionally, it should be pointed out that mandating adherence to a given guideline is fraught with peril. Guidelines are guidelines – they are not designed to dictate or to mandate clinical decision-making. Their intent is to better inform clinical decisions. Guidelines are designed as decision-support tools rather than decision-control edicts. By some estimates, there are over 7,000 generally well-recognized clinical practice guidelines, and it would be impossible for physicians to follow each and every one, just as it would be improbable that a state legislature would regularly update statutes as guidelines were updated. Guidelines change regularly, and evolve over time.

Mandating adherence to any one guideline may prove more detrimental to appropriate patient care than to actually be beneficial or cost effective.

Case in point – you may have heard about the “Choosing Wisely” campaign, an initiative of the American Board of Internal Medicine Foundation. The intent of this initiative is to bring together national organizations representing medical specialists – as well as Consumer Reports and a number of other consumer-focused organizations – to help physicians, patients and other health care stakeholders to think and talk about overuse of health care resources. This is a very worthy goal, and an important effort.

With input from over 60 national medical specialty societies, this initiative has developed a long list – over 600 items – of clinical interventions that physicians and patients should question and discuss before pursuing. They include evidence-based recommendations to help physicians and patients make wise decisions about the most appropriate care, based on a patients’ individual situation.

But despite near universal praise for this clinical guidance, no one has suggested that this valuable information be legislated into statutes, requiring physicians to adhere to their recommendations. In fact, I would expect that all stakeholders in that process would be vehemently opposed to such a mandate, as these clinical recommendations

will change and evolve over time, as new evidence appears and as clinical practice progresses.

In conclusion, please know that ISMS would like to work with this Task Force, members of the General Assembly and the Governor to improve provider and patient education and awareness of this disease, and we have developed a plan with early implementation to target appropriate physician populations in this regard.

However, we in the medical community feel strongly that mandating a specific clinical practice of medicine – to address this disease or any other – sets a poor precedent and does not begin to address a comprehensive solution to the problems of patient access to appropriate care.

Thank you for the opportunity to share our plans to increase physician and patient education and awareness around hepatitis C screening and to improve screening rates for at-risk patients, and to also share our concerns with legislative attempts to ‘mandate’ the provision of such screening. I am happy to try to address any questions you may have.