

Subject: September 2006 HepTalk Listserv
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Conversation: September 2006 HepTalk Listserv

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Welcome to all new members of the HepTalk Listserv!

For those of you just joining, be sure to check the Listserv Archives at <http://www.migrantclinician.org/excellence/hepatitis/listservarchive>, or email the listserv moderator, Kath Anderson, at dempander@earthlink.net to have a previous edition e-mailed directly to you. The following is a list of the monthly topics in 2006:

- **January 2006:** Updated Advisory Committee on Immunization Practices (ACIP) of the US Centers for Disease Control and Prevention (CDC) comprehensive guidelines for the eradication of hepatitis B virus (HBV) in the United States.
 - **February 2006:** Update on Hepatitis C.
 - **March/April 2006:** Cross cultural communication.
 - **April 2006:** Hepatitis A and prevention, with guest editor Amy Liebman, MPA.
 - **May 2006:** two successful adult immunization programs, one in Pennsylvania and one in New York. Each involves cooperation between state and local health departments and community clinics in order to provide immunizations, including Hepatitis A and B, to migrant seasonal farmworkers. The Pennsylvania program works with a HepTalk clinic participant.
 - **June /July 2006:** Cultural Competency and Hepatitis, with guest editor Dr. Jennie McLauren
 - **July 2006 Hepatitis B Updates**
 - **August 2006 Liver Cancer and Hepatitis B and C**
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Our concentration for this month (September) and next month (October) is **Resources for Effective Risk Assessment**. This is a primary focus of the HepTalk project, and one on which we are continuously scouting out new resources. Some of the literature and research about effective risk assessment focuses on HIV and/or gay and populations, but is also relevant for hepatitis and for a broader population.

1. **"Hepatitis In Primary Care: What Physician Assistants Can Do To Help Save Million Of Lives."** The role of PAs in promoting hepatitis risk assessment and screening.

2. **"Awkward moments in patient-physician communication about HIV risk."** Researchers found that, "in 73% of the encounters [actual physician-patient visits, videotaped by researchers], physicians did not elicit enough information to characterize patients' HIV risk status." Remedies discussed include "providing a rationale for discussion, effectively negotiating awkward moments, repairing problematic language, persevering with the topic, eliciting the patient's perspective, responding to fears and expectations, and being empathic." One of the members of this research team was Kathryn Anderson, a member of the HepTalk team, who brought some of these ideas and experiences to the HepTalk project.

3. **"Clinical Prevention Guidance" from Sexually Transmitted Diseases Treatment Guidelines, 2006**. Discussion of five major strategies for the prevention and control of STDs (including hepatitis). With suggestions for specific questions.

1. ***"Hepatitis In Primary Care: What Physician Assistants Can Do To Help Save Million Of Lives."*** Thomas J. Lemley, Anne Burke, Owen Simwale: The Internet Journal of Academic Physician Assistants. 2006. Volume 5 Number 1. TM ISSN: 1092-4078 This article is made available by [hbv_research](#), an on-line listserv. The full text of the article is available at http://archive.mail-list.com/hbv_research/msg09953.html
To subscribe, send a blank e-mail message to mailto:HBV_Research-on@mail-list.com

As millions of infected patients, friends and families commemorate May as hepatitis awareness month, we invite Physician Assistants to reflect on their role as frontline custodians for the health millions of people currently infected or likely to be infected by the seemingly silent epidemic of hepatitis C. Approximately 1 in 50 people in the general population are positive for HCV antibodies¹, and about 1 in 20 patients seen in primary care may have acute or chronic hepatitis C ^{2, 3, 4}. How often do we screen patients with this debilitating chronic disease? **For every diagnosis of hepatitis B or C missed, several others will be infected from the index**

case, many others will rapidly progress to liver disease, opportunities to start therapy early will be missed, thousands will need over \$200, 000 each year for liver transplant, the waiting time for liver transplant will increase beyond the current average of 300 days, and more will die from liver cancer every day 3 , 4 . Thus identifying these patients so that they may receive the optimum treatment and education is of paramount importance. [Bolding added by HepTalk]

2. *Awkward moments in patient-physician communication about HIV risk.*

Epstein RM, Morse DS, Frankel RM, Frarey L, Anderson K, Beckman HB. Ann Intern Med. 1998 Mar 15;128(6):435-42. See full text of article at <http://www.annals.org/cgi/content/full/128/6/435>

BACKGROUND: Physicians frequently encounter patients who are at risk for HIV infection, but they often evaluate risk behaviors ineffectively. OBJECTIVE: To describe the barriers to and facilitators of comprehensive HIV risk evaluation in primary care office visits. DESIGN: Qualitative thematic and sequential analysis of videotaped patient-physician discussions about HIV risk. Tapes were reviewed independently by physician and patient and were coded by the research team. SETTING: Physicians' offices. PARTICIPANTS: Convenience sample of 17 family physicians and general internists. Twenty-six consenting patients 18 to 45 years of age who indicated concern about or risks for HIV infection on a 10-item questionnaire administered before the physician visit were included. MEASUREMENTS: A thematic coding scheme and a five-level description of the depth of HIV-related discussion. RESULTS: In 73% of the encounters, physicians did not elicit enough information to characterize patients' HIV risk status. The outcome of HIV-related discussions was substantially influenced by the manner in which the physician introduced the topic, handled awkward moments, and dealt with problematic language and the extent to which the physician sought the patient's perspective. Feelings of ineffectiveness and strong emotions interfered with some physicians' ability to assess HIV risk. Physicians easily recognized problematic communication during reviews of their own videotapes. CONCLUSIONS: Comprehensive HIV risk discussions included providing a rationale for discussion, effectively negotiating awkward moments, repairing problematic language, persevering with the topic, eliciting the patient's perspective, responding to fears and expectations, and being empathic. Educational programs should use videotape review and should concentrate on physicians' personal reactions to discussing emotionally charged topics.

3. *From "Sexually Transmitted Diseases Treatment Guidelines, 2006"* Morbidity & Mortality Weekly Report Posted 09/01/2006

<http://www.medscape.com/viewarticle/543426>

Kimberly A. Workowski, MD; Stuart M. Berman, MD

From Clinical Prevention Guidance

The prevention and control of STDs are based on the following five major strategies: 1) education and counseling of persons at risk on ways to avoid STDs through changes in sexual behaviors; 2) identification of asymptotically infected persons and of symptomatic persons unlikely to seek diagnostic and treatment services; 3) effective diagnosis and treatment of infected persons; 4) evaluation, treatment, and counseling of sex partners of persons who are infected with an STD; and 5) preexposure vaccination of persons at risk for vaccine-preventable STD.

Primary prevention of STD begins with changing the sexual behaviors that place persons at risk for infection. Health-care providers have a unique opportunity to provide education and counseling to their patients. **As part of the clinical interview, health-care providers should routinely and regularly obtain sexual histories from their patients and address management of risk reduction** [text bolded by the HepTalk Project] as indicated in this report.

Guidance in obtaining a sexual history is available in *Contraceptive Technology, 18th edition*[5] and in the curriculum provided by CDC's STD/HIV Prevention Training Centers_

<http://www.stdhivpreventiontraining.org>). Counseling skills, characterized by respect, compassion, and a nonjudgmental attitude toward all patients, are essential to obtaining a thorough sexual history and to delivering prevention messages effectively. Key techniques that can be effective in facilitating rapport with patients include the use of 1) open-ended questions (e.g., "Tell me about any new sex partners you've had since your last visit" and "what's your experience with using condoms been like?"), 2) understandable language ("have you ever had a sore or scab on your penis?"), and 3) normalizing language ("some of my patients have difficulty using a condom with every sex act. How is it for you?"). One approach to eliciting information concerning five key areas of interest has been summarized.

The Five Ps: Partners, Prevention of Pregnancy, Protection from STDs, Practices, Past History of STDs

1. Partners

"Do you have sex with men, women, or both?"

"In the past 2 months, how many partners have you had sex with?"

"In the past 12 months, how many partners have you had sex with?"

2. Prevention of pregnancy

"Are you or your partner trying to get pregnant?" If no, "What are you doing to prevent pregnancy?"

3. Protection from STDs

"What do you do to protect yourself from STDs and HIV?"

4. Practices

"To understand your risks for STDs, I need to understand the kind of sex you have had recently."

"Have you had vaginal sex, meaning `penis in vagina sex'?"

If yes, "Do you use condoms: never, sometimes, or always?"

"Have you had anal sex, meaning `penis in rectum/anus sex'?"

If yes, "Do you use condoms: never, sometimes, or always?"

"Have you had oral sex, meaning `mouth on penis/vagina'?" For condom answers

If "never:" "Why don't you use condoms?"

If "sometimes": "In what situations or with whom, do you not use condoms?"

5. Past history of STDs

"Have you ever had an STD?"

"Have any of your partners had an STD?" Additional questions to identify HIV and hepatitis risk

"Have you or any of your partners ever injected drugs?"

"Have any of your partners exchanged money or drugs for sex?"

"Is there anything else about your sexual practices that I need to know about?" Patients should be reassured that treatment will be provided regardless of individual circumstances (e.g., ability to pay, citizenship or immigration status, language spoken, or specific sex practices). Many

patients seeking treatment or screening for a particular STD should be evaluated for all common STDs; even so, all patients should be informed concerning all the STDs for which they are being tested and if testing for a common STD (e.g., genital herpes) is not being performed.

HepTalk is a project of the Migrant Clinicians Network and Community Health Education Concepts. HepTalk is funded by the Centers for Disease Control and Prevention. The goal of HepTalk is to help clinicians serving migrants and recent immigrants engage in productive discussions about hepatitis risks with their clients and help them make prevention plans. The HepTalk listserv is a support service for clinics participating in the project. This is a post-only listserv and postings will come from HepTalk staff about once a month. If others at your clinic would like to be on the listserv, or if you have questions about the listserv or resources listed here, or if you would like to add something to the posts, please contact Kathryn Anderson, HepTalk training and education coordinator and listserv administrator, at dempander@earthlink.net. You can also contact the listserv administrator if you would like to unsubscribe from the list.