Chronic Viral Hepatitis Prevention Principles for Sound Health Care Reform

Hepatitis Prevention

Acute and chronic diseases are the leading causes of death and disability in the United States and account for the vast majority of health care spending in primary, acute/emergency, and specialty care. The most common chronic diseases include hepatitis B and C, asthma, cancer, diabetes, injuries, substance use disorders, and heart disease which affect the quality of life for all Americans, are responsible for more than seven out of every 10 deaths in the U.S., and kill more than 2 million Americans every year. Lifestyle and behavior choices are the leading causes of these diseases which are also the primary driver of health care costs and account for more than 75 cents of every dollar we spend on health care in this country. For these reasons, it is clear that disease prevention, health protection, and health promotion are the critical foundation of effective health care reform.

Prevention efforts can address both acute and chronic conditions and are generally categorized as primary, secondary, and tertiary. The goal of primary hepatitis prevention is to avert development of the disease, including identifying and addressing the precursor conditions and behaviors that result in chronic viral hepatitis. Primary prevention activities focus on modifiable factors, primarily through the promotion of healthy behaviors, healthy environments, early screening, and specific disease prevention activities in clinical and community/public health settings. Examples in viral hepatitis include, but are by no means limited to, hepatitis A and B immunization, screening/counseling to encourage individual behavior change, use of universal precautions in health care settings, safety standards for foods, water, and waste disposal, and health education including patient education.

Secondary prevention aims to detect disease in its earliest stages so as to prevent progression and the development of symptoms. Hepatitis B and C screening programs fall into this category. In these cases, early detection allows for earlier treatments that limit progression, may cure chronic hepatitis or prevent complications and/or resultant disability. Early hepatitis detection and treatment can also limit the spread of new infections and protect the public, co-workers and family members.

Tertiary hepatitis prevention targets individuals with chronic hepatitis, focusing on effective treatment of disease symptoms and limiting disease progression, complications, and disabilities, including the management of lifestyle behaviors that may contribute to the worsening of the disease. Because it involves actual care and/or treatment, tertiary prevention efforts are generally administered by health care practitioners, rather than public health officials. Appropriate counseling of those patients with chronic hepatitis infection to change behavior can limit progression of the disease, thereby reducing the cost of management to society. It is important to recognize that many primary and secondary prevention activities (such as those targeting healthy eating, physical activity, not smoking, limiting alcohol, immunizations, etc.) are particularly beneficial to those already suffering from chronic viral hepatitis and other chronic diseases. For example, for persons with chronic hepatitis C infection,
immunizations with hepatitis A and B vaccines will not only reduce mortality and morbidity, but will also provide substantial cost savings to the health care system.

Prevention and wellness will play a key role in the reform of health care in the US. Currently, prevention accounts for only 2% to 3% of health care expenditures, despite its proven track record of improving community health and lowering the prevalence of chronic, costly diseases. Unfortunately, most of the risk factors that result in the leading causes of death, disease, and disability are not addressed in health care until their full blown consequences are finally recognized in clinical settings. This delay in addressing prevention and wellness increases avoidable health care costs. Additionally, the current approach to prevention is fragmented across the healthcare system and community and public health settings. Available interventions often address only one risk factor or behavior of prevention and wellness (eg, smoking cessation) and there is no direction or support to integrate multiple interventions into a patient’s disease management. Therefore, it is imperative that prevention and wellness interventions and initiatives be coordinated across the health care system and involve individual clinical services, public health services, community services, and include self management support for patients. The health of patients and of the public require that ALL health care professionals work closely with government and public health, as well as others in community such as industry (those that sell goods and services to consumers), worksites, community and faith based organizations, schools, and individuals. Schools in particular provide an opportunity to provide preventive education to a majority of our nations’ children and are key in primary prevention initiatives and should be funded in partnership with state and local agencies.

Our current healthcare system has inadvertently separated clinical practice from public health such that healthcare professionals are not focusing on the preventive interventions that have been demonstrated to reduce morbidity and mortality and result in cost savings to the healthcare system. Clinicians must be engaged in a proactive prevention agenda in order to address this problem in collaboration with public health and an informed community, to address the needs of individual patients, their families and the communities in which they live. Health care reform requires that we change the way we do business in health care and now is a critical time to ensure that we get the best value for the health care dollar which requires that we improve our nation’s prevention and wellness interventions.