



Alaska LiverConnect: Providing Remote Specialty Liver Disease Education

Jim Gove¹, Lisa Townshend-Bulson¹, Henry Cagle¹, Brenna Simons¹, Stephen Livingston¹, Chriss Homan¹, Brian McMahon^{1,2}

¹Liver Disease and Hepatitis Program, Community Health Services, Alaska Native Tribal Health Consortium, Anchorage, AK 99508 ²CDC, Arctic Investigations Program, Anchorage, AK 99508



Objectives:

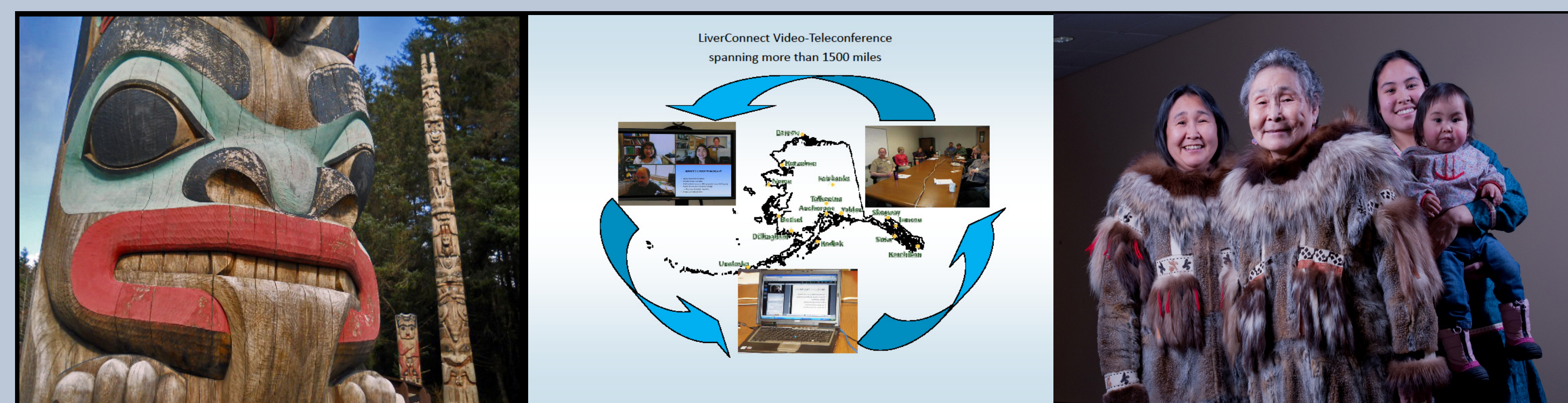
In Alaska, more than 3,000 Alaska Native/American Indian persons are infected with hepatitis B or C. These patients are at

increased risk of developing cirrhosis or hepatocellular carcinoma. Rural providers need guidance from specialists on management of patients with abnormal liver function tests, cirrhosis, or liver failure. Vast distances between roadless communities create significant obstacles to care. Providers are dependent on remote specialty care and consultation from Anchorage.

LiverConnect, a video teleconference we developed, provides a critical link between frontline rural providers and hepatology specialists, improving access and quality of care to underserved communities. This bi-monthly program featuring up-to-date specialty education and case reviews enhances coordination among levels of care and regions of the state. Providers exchange information and learn techniques to improve patient diagnosis, shorten delays in receiving appropriate care, and better manage treatment.

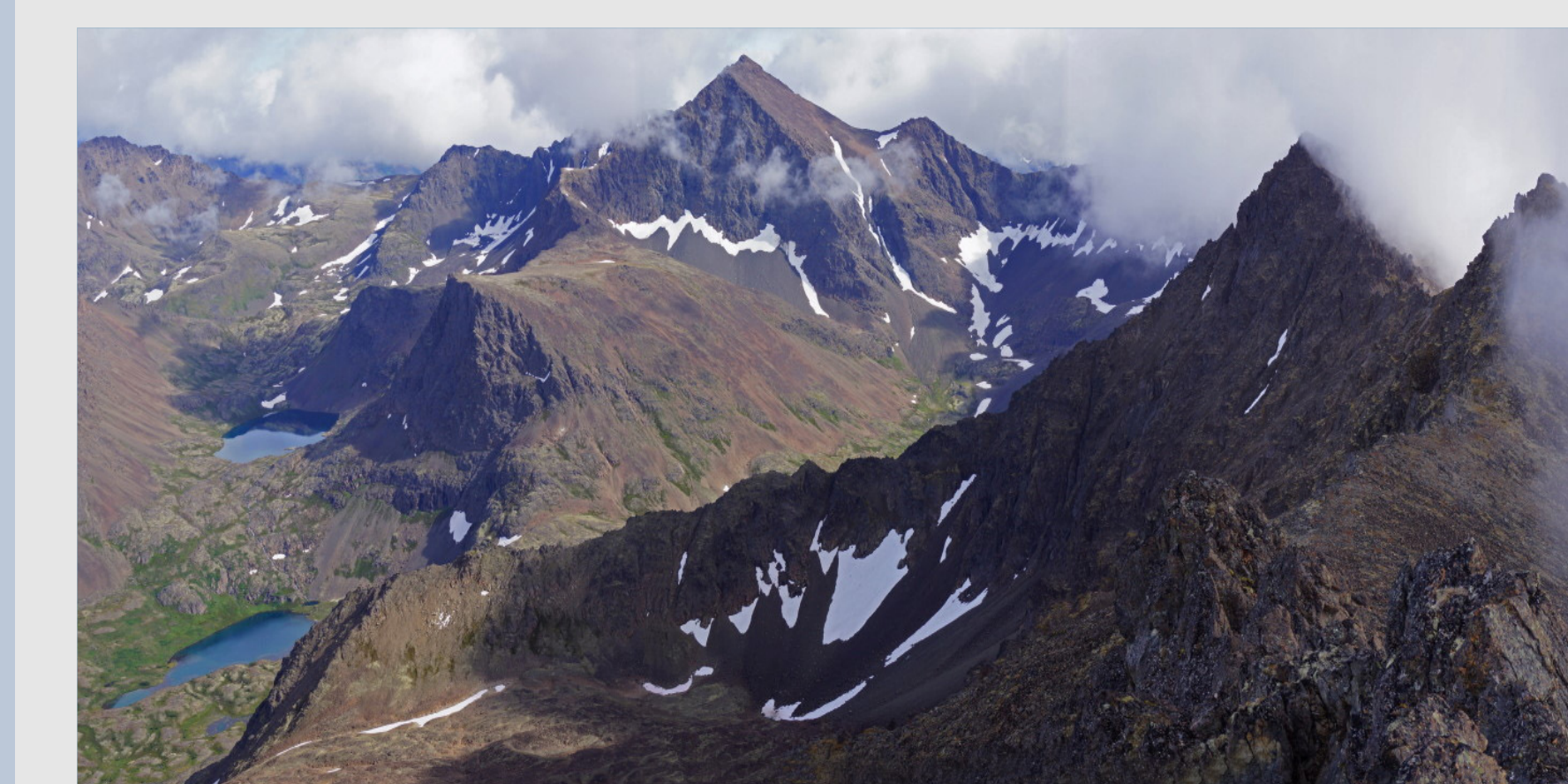
Methods:

Continuing education through LiverConnect is offered to providers, nurses, and community health aides. The bimonthly video-teleconference features liver disease, HIV, and behavioral health specialists offering guidance and training through didactic presentations and case discussions. Patient confidentiality is protected. PowerPoint presentations are emailed to participants prior to the scheduled event and are archived online, along with video recordings of each LiverConnect program. Participants are emailed evaluation forms for each session. Evaluations include 7 indicators ranked on a 5-point Likert scale from Strongly Agree to Strongly Disagree.



Results:

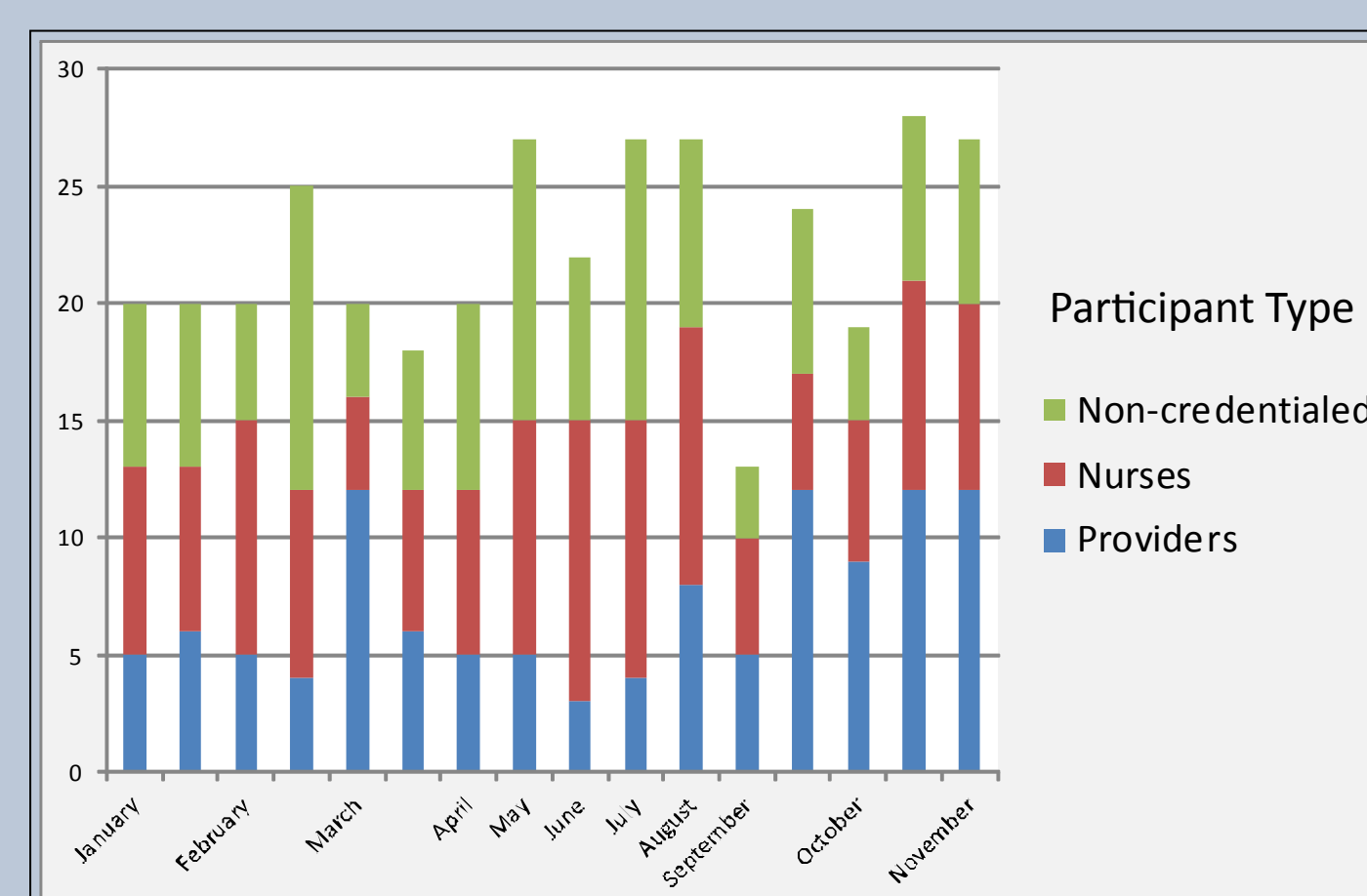
Since March 2011, a total of 32 LiverConnect programs have focused on liver disease with more than half of the topics highlighting viral hepatitis and HIV prevention, diagnosis, and treatment.



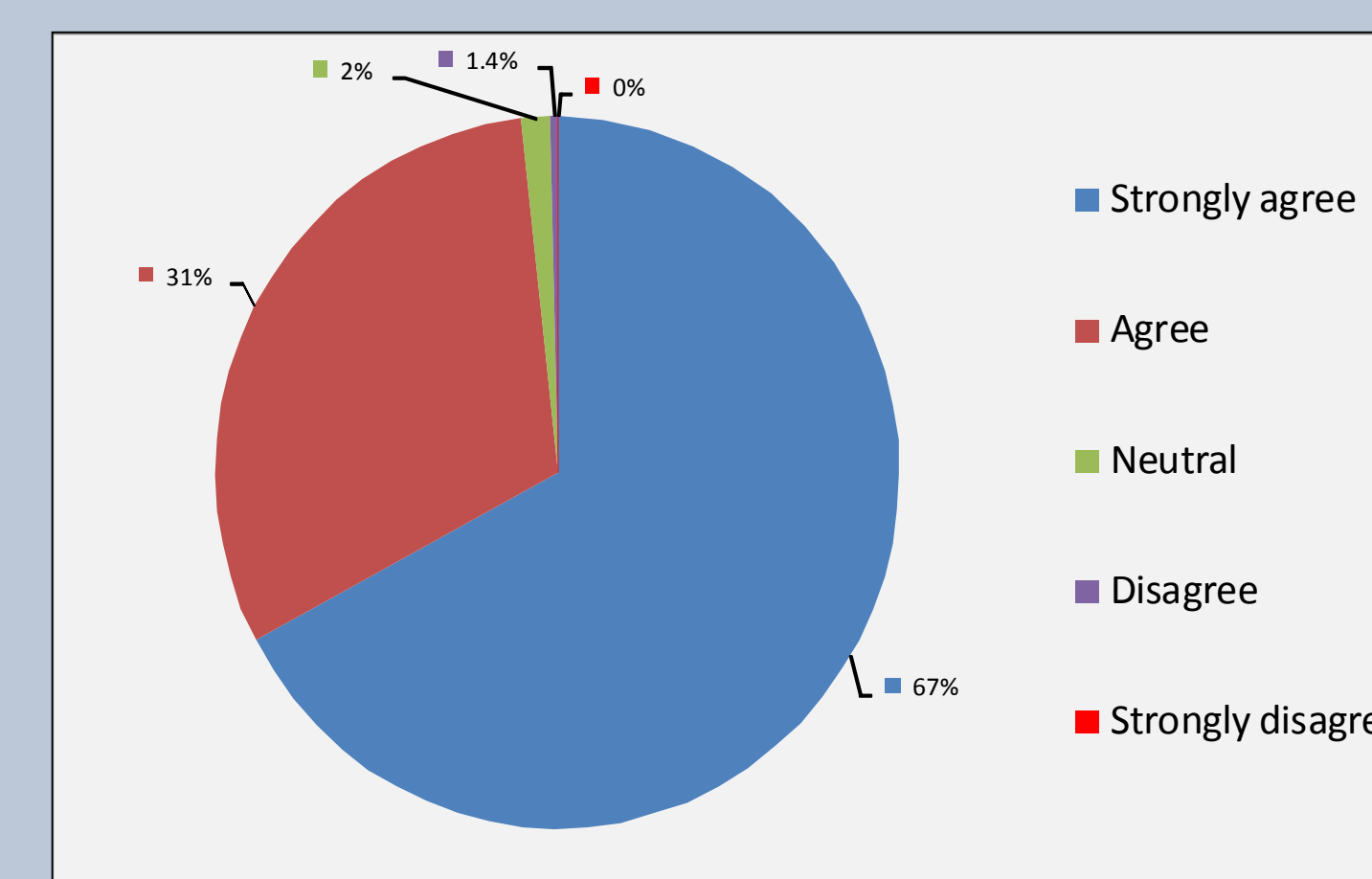
Participants have joined the network from as far as Atka on the Aleutian chain, to Kotzebue in the north and Sitka to the south, distances of over 1100 miles. In the first 9 months of 2012, 12 programs drew a total of 259 participants.

Sixty-eight CMEs were awarded to physicians and mid-level providers; 99 CEUs were awarded to nurses. Ninety-two participants did not request educational credit. Evaluation results indicated 67 percent of participants strongly agreed that LiverConnect objectives were met and the content was helpful to their practice.

LiverConnect Participation 2012



Objectives Met, Helpful to Practice



LiverConnect Topics

2011	· Workup of Liver Function Tests	· Hepatitis C Treatment	· Alcoholic Hepatitis	· Autoimmune Hepatitis	· Hepatitis C Update	· Hepatitis B Overview	· HIV Update	· Protease Inhibitors for Hepatitis C	· Telaprevir Treatment
	· CYP450 Drug Interactions	· Boceprevir Treatment	· NAFLD: Part 1	· NAFLD: Part 2	· Statins and Liver Disease	· Ascites Management	· Suicide Prevention	· Liver Transplantation Overview	
2012	· Hepatocellular Carcinoma	· Radio Frequency Ablation	· Depression and Liver Disease	· Hepatic Encephalopathy	· Rheumatologic Manifestations of HCV	· Liver Transplantation	· Co-morbid Substance Abuse & Liver Disease	· Hepatitis in Prison	· CDC's ACEs Study
	· HIV & Abnormal Liver Function Tests	· Hepatitis C Screening: New Recommendations	· Hepatitis B Screening & Management	· Elevated LFTs	· Primary Biliary Cirrhosis	· Health Literacy	· Limits of Urine Toxicology	· Alcoholic Liver Disease	· GI/Variceal Bleeding