

Advancing from Blood to Breath: BreathID[®] Customer Profiles

Practice Profile

Kevin W. McCurry, MD
Riffe Medical Center
Mossyrock, WA

2 Prescribers
~ 600 Patient Visits / Month

Previous H. pylori Tests:

- Blood Antibody Tests
- Rapid Antibody Tests

BreathID[®] Customer Since 2010

Dr. McCurry has been in practice for 17 years and at Riffe Medical Center for 15.

How often do you see patients with dyspepsia or upper GI complaints?
Quite frequently – multiple times a week, if not every day.

Before you started using the BreathID[®] System, how did you test for H. pylori?
For a while, I was sending out Blood Antibody Tests [to the lab] and then I started using the Rapid Antibody Tests.

What were some of the limitations of those tests?
If those tests were positive and the patient had symptoms, I would treat. I was getting a lot of positives with those tests, but couldn't be sure if they were active infections or older infections. I wasn't sure that a positive test was relevant to what was going on with the patient. Also, I couldn't test for eradication after therapy.

What prompted you to consider Urea Breath Testing?
I knew that the blood test wasn't all that useful. I also knew that breath testing was available. I just started Googling H. pylori because I wasn't happy with what I had.

Who runs the BreathID[®] tests in your office?
All 3 nurses are trained to use the system.

Are there features of the BreathID[®] System that stand out to you and your staff?
The tests are very easy to do and they don't take long. It's noninvasive. It gives you a good reading and you can see the graph developing in real time. The technology behind it is impressive. Patients like it because it's the latest, greatest, high-tech test. So what's not to like?

It's a great machine and we don't have to do anything to it except turn it on. It's low maintenance. It's easy to use. It's a great device.

What has been your experience with reimbursement?
It compares quite favorably versus the blood tests.

Has the BreathID[®] System impacted the way you treat H. pylori infections?
It helps me identify people with active H. pylori where, in the past, I treated because they had symptoms and a positive antibody test. Now, if they have symptoms but not a positive breath test, we won't prescribe triple therapy. I am also seeing fewer positives than before with the blood test.

Are there specific examples where patients have benefited from the BreathID[®] System?
I've had a couple dramatic patients. One is a patient I've seen for a while. She had bad symptoms for about four years and nobody could tell her what it was. Her BreathID[®] test was positive, I treated her and she feels great. I also have another patient like that.