Liver disease accounts for approximately 3.5% of all deaths worldwide due to the complications of cirrhosis, viral hepatitis, and hepatocellular carcinoma, making liver transplantation the second most common solid organ transplantation. Less than 10%, however, of global transplantation needs are met at current rates. Though these numbers are contradictory, they highlight an important opportunity to improve public health, as most causes of liver disease are related to lifestyle and dietary choices. Specifically, in pre-cirrhotic non-alcoholic fatty liver disease (NAFLD) and pre-cirrhotic alcohol-related liver disease (ARLD), simple changes in dietary and drinking choices have been shown to halt the progression of the disease to cirrhosis. Therefore, with careful monitoring of blood levels of triglycerides, glucose, and liver enzymes (AST and ALT), the potential for patients to improve is drastically increased. My research will attempt to assess whether point of care testing represents a viable treatment strategy for liver disease patients.