



Hep B United Strategic Plan 2014-2016

Strategic Priority Areas:

- Educating Providers and Communities to Reduce Health Disparities
- Improving Testing and Linkage to Care to Prevent Hepatitis B-related Liver Disease and Cancer
- Eliminate Perinatal Transmission
- Strengthen Surveillance to Detect Viral Hepatitis Transmission and Disease

PROPOSED MEASURABLE OBJECTIVES

STRATEGIC PRIORITY AREA 1: Educating Providers and Communities to Reduce Health Disparities

Goal 1.1: (Community Education) Increase the number of people who know their HBV status in foreign-born communities, particularly Asian American, Native Hawaiian and Other Pacific Islander (AA&NHOP) communities

Objective	Activities	Measures
1. Increase community knowledge of HBV (LCL) 2. Increase community knowledge of benefits to testing and treatment (LCL) 3. Increase community knowledge of HBV and liver cancer (LCL) 4. Increase community knowledge of vaccination as a key prevention strategy (LCL) 5. Increase consumer demand for HBV testing; increase local leadership support for HBV testing policy (LCL) 6. Decrease community stigma associated with hepatitis B (LCL)	1. Assess current educational materials and develop educational tools/resources available for communities to use. <ul style="list-style-type: none"> a. HBU toolkit b. Translated CDC risk assessment tool c. CDC risk assessment app d. Standardized forms for screening, in multiple languages e. Directory of resources: CDC (Know Hepatitis B campaign), NPIN, HBU 2. Provide best practices models in educating	1. a. In May 2015, assess the number of community education sessions conducted by HBU partners, and the number of individuals reached. b. In May 2015, assess the number of printable available resources, as well as the number of languages available; evaluate languages missing. 2. By May 2015, select at least three (3) HBU partners to serve as models for education, and include them as speakers in trainings and activities. 3. In May 2015, assess how many HBU partners work with their local immigrant, refugee resettlement, and other non-traditional

<p>7. Increase number of HBU members/partners using social media to raise awareness about HBV (LCL/HBU)</p>	<p>AA&NHOPI communities about HBV</p> <p>3. Identify and reach out to immigrants/refugee groups and nontraditional organizations, to plan and implement community education sessions.</p> <p>4. Identify local CHCs that have high numbers of HBV-infected patients, then increase training and outreach for those centers.</p> <p>5. Work with local immunization coalitions to plan and implement educational sessions for communities</p> <p>6. Conduct targeted community awareness efforts.</p> <p>a. Reach out to policymakers/local officials and promote the “B Activated” toolkit and other resources on outreach to policymakers.</p> <p>b. Create targeted and specific community awareness campaigns with pro-testing messages.</p> <p>c. Help to raise awareness of Hepatitis Awareness Month (May), National Viral Hepatitis Testing Day (5/19), and World Hepatitis Day (7/28).</p> <p>7. Improve community awareness about HBV with specific messaging regarding debunking myths (transmission, treatment, outcomes); host HBU webinar on stigma and HBV.</p> <p>8. Develop social media messaging through Facebook, Twitter, etc.</p> <p>a. Attend social media technical assistance training provided by HBU.</p> <p>b. Work with student volunteers and interns to create and manage social media pages for HBU partner organizations.</p>	<p>organizations (ex. health behavior), and how many educational sessions have been conducted for these groups.</p> <p>4. By May 2015, assess local CHCs with high numbers of HBV-infected patients and trainings conducted for those centers.</p> <p>5. In May 2015, assess how many HBU partners work with their local immunization coalition and have planned/conducted educational activities together.</p> <p>6. a. In May 2015, assess how many HBU partners have reached out to their local policymakers/leaders to discuss the need for increased HBV testing.</p> <p>b. By May 2015 assess the number of policymakers/officials who show support/join the Congressional Hepatitis Caucus and/or other related legislative efforts.</p> <p>c. In May 2015, assess how many HBU partners have conducted community awareness events specifically with pro-testing messages.</p> <p>d. Assess number of HBU partners that had local awareness events posted on the HBU website.</p> <p>7. In May 2015, assess how many HBU partners include information on stigma and “myths” in their community education.</p> <p>8. In May 2015, assess the number of HBU partners actively engaged in social media outreach.</p>
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Goal 1.2: (Provider Education) Increase proportion of providers who routinely screen their foreign-born, particularly Asian American, Native Hawaiian, and Pacific Islander (AA&NHOP) patients for HBV.

Objective	Activities	Measures
<p>1. Increase knowledge of HBV education basics among providers (LCL/HBU)</p> <p>2.a. Develop and advocate for national quality measures (HBU)</p> <p>b. Advocate for BPHC, HRSA to include screening requirement for providers (HBU)</p> <p>c. Advocate for CMS to include HBV screening coverage on national and state level/Medicaid (HBU)</p> <p>3. Identify and promote use of EMR Tools/Meaningful Use requirements (HBU)/(LCL)</p> <p>4. Advocate for implementation of other office-based strategies (systems): MA standing orders, front desk inquiries, etc. (HBU/LCL)</p> <p>5. Promote updated USPSTF HBV testing recommendation (HBU/LCL)</p>	<p>1. Develop provider outreach strategies.</p> <p>a. Aggregate provider materials – provider-to-provider education: NPIN, HBU website; develop HBU slide deck with provider educational materials.</p> <p>b. Develop relationships with providers and provider groups to further HBV knowledge among providers.</p> <p>c. Outreach to primary care organizations, AA&NHOP) provider groups (e.g. CAMS, KAMA, VAMA, NCAPIP, AAPCHO member centers).</p> <p>d. Develop/disseminate provider toolkit including the following:</p> <ul style="list-style-type: none"> • CDC’s HBV screening guidelines with their new HCV screening guidelines; • USPSTF HBV testing recommendations; • AAPCHO education modules and HBF’s clinical screening algorithms for PCPs and OBs; • Model practices - systems to increase screening, and to review and assess barriers and systematic approaches to increase screening and vaccinations; • HBV screening/treatment reimbursement guide • Reporting requirements to DOH for HBU member jurisdiction; DOH can create 1-2 slides about reporting requirements to include in HBU presentations; and • Relevant sections about the Affordable Care Act, and when/how someone can enroll. <p>e. HBU develop, disseminate, facilitate and/or sponsors provider trainings [on HBV screening]</p> <ul style="list-style-type: none"> • Explore CME accreditation provider education; 	<p>1. a. By May 2015, assess provider education materials for gaps and needs.</p> <p>b,c. In May 2015, assess relationships between HBU partners and local/national providers and provider groups.</p> <p>d. By May 2015, complete provider toolkit and disseminate to HBU partners and provider groups for local use.</p> <p>e. In May 2015, assess HBU participation in or sponsorship of provider trainings (national and local).</p> <p>2. In May 2015, assess success of meetings with HRSA and CMS leadership/progress made.</p> <p>3. In May 2015, assess outside partner resources on Meaningful Use guidance.</p> <p>4. In May 2015, assess number of coalitions who have engaged local hospitals and clinics on standing orders, front desk inquiries, etc.</p> <p>5. By May 2015, complete a toolkit and/or presentation that can be used locally to educate local providers and leaders about USPSTF recs.</p> <p>a. By May 2015, host webinar and assess success of meeting with providers regarding USPSTF screening recommendation.</p> <p>6. In May 2015, assess articles submitted and published related to screening at-risk groups.</p>

	<p>partnering with other entities, e.g. local health departments, academic medical institutions, pharmaceutical companies.</p> <ul style="list-style-type: none"> • Work with local AIDS Education Training Centers to include hepatitis B as part of free curriculum <p>2. Develop a unified advocacy plan and messaging for national quality measures, including at least one strategic visit with CMS and HRSA leadership.</p> <p>3. Work with outside partners, e.g. National Partnership for Women and Families, to determine whether any guidance on Meaningful Use exists to disseminate.</p> <p>4. Work with hospitals, clinics and physician offices to explore opportunities for implementing standing orders and front desk inquiries, using successful models as examples (Kaiser, CBWCHC).</p> <p>5. Develop strategies for educating local providers and leaders about the USPSTF recommendations, including development of a toolkit and presentation to be used for education purposes.</p> <ul style="list-style-type: none"> a. Host webinar/conference call/meeting with providers on the USPSTF HBV screening recommendation b. Share best practices of EMR prompts/alerts for HBV screening (e.g. Institute for Family Health). <p>6. Work with physicians to identify opportunities to submit articles in local and statewide primary care journals to build awareness for the “at risk” group, encourage screening, and public/private insurance coverage of HBV screening.</p>	
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STRATEGIC PRIORITY AREA 2: Improving Testing and Linkage to Care to Prevent Hepatitis B-related Liver Disease and Cancer

Goal 2.1: (Screening) Increase the number of individuals in high-risk ethnic communities who know their HBV status.

Objective	Activities	Measures
1. Double the # of community-based screenings by May 2016 (HBU/LCL)	<ol style="list-style-type: none"> 1. Enhance coalition partnerships at the local and national level. 2. Conduct initial assessment of community screenings to determine baseline. 3. Encourage use of universal screening form. 4. Collect, analyze and (publish) HBU screening data from HBU coalition members. 5. Provide funding for hepatitis B screening in at-risk communities. 6. Train PCPs to identify high risk populations and add hepatitis screening to their best practices/also train community pharmacists <ol style="list-style-type: none"> a. Identify local pharmacies and work to collaborate on education efforts. 7. Encourage hospitals, clinics, and physician offices to recognize high-risk individuals and use EMRs to order HBV screening tests. 8. Advocate to pharmaceuticals to develop point-of-care testing (develop relationships, schedule meetings) 9. Improve capacity for using online data collection and management tools (i.e. Mimi2). 	<ol style="list-style-type: none"> 1. By May 2015, assess number/strength of HBU coalition partnerships at the local and national levels. 2. By December 2014, complete initial assessment for baseline numbers. 3. By May 2015, assess usage of universal screening form. 4,5. By May 2015, increase number of grants and amount of funding distributed for screening efforts. 6,7. By May 2015, increase number of PCPs trained to provide HBV screening and using EMRs. 8. By May 2015, assess relationships with pharmaceutical partners, as well as progress. 9. By May 2015, assess progress towards HBU partners using Mimi2 software at community screenings.
2. Share best practices among local coalitions (HBU/LCL)	<ol style="list-style-type: none"> 1. Conduct periodic assessments on coalition knowledge, functionality, partnerships, and activities. 2. Assess usage via Google analytics and coalition calls and/or surveys. 3. Work on private-community partnerships (TA on acquiring grants?) to increase screening. 	<ol style="list-style-type: none"> 1. By May 2015, increase number of uploaded tools/resources to HBU website. 2. By May 2015, assess private-community partnerships to increase HBV screening and education.

3. Develop peer-to-peer technical assistance/mentoring programs (HBU)	<ol style="list-style-type: none"> 1. Assess member coalition expertise and capacity to conduct HBV education and screening programs. 2. Train local coalitions in best practices and technological improvements for efficiency via webinars and conference calls. 3. Conduct coalition-wide trainings (webinars, etc.). 	<ol style="list-style-type: none"> 1. By May 2015, evaluate the success and number of webinars and conference calls, with numbers of participants. 2. In May 2015, increase number of technical assistance requests. 3. In May 2015, assess satisfaction with mentoring/technical assistance. 4. In May 2015, assess HBU partner coalitions on best practices, technology usage and efficiency. 5. By May 2015, conduct evaluation of trainings.
4. Double the # of sustainable screening sites by May 2016 (such as clinics, CBOs, provider offices, health systems, etc.) (HBU/LCL)	<ol style="list-style-type: none"> 1. Support the identification of current and potential screening sites within communities and cities 2. Conduct assessment tool 3. Share billing codes 4. Develop community profile as rationale/need to conduct HBV screening 5. Create screening profile templates 6. Share clinical best practices/provide training among screening sites 7. Assess best practices towards the development of tools 8. Develop, promote physician/provider clinical champions 9. Approach local non-profit hospitals to determine whether they have conducted/how they are conducting the Community Health Needs Assessment (CHNA)---to be done every 3 years. 	<ol style="list-style-type: none"> 1. By May 2015, assess the number of current and potential sites. 2-7. By May 2015, assess community profiles and progress made towards training and increasing number of screening sites. 8. In May 2015, assess progress towards recruiting physician champions. 9. By May 2015, assess local non-profit hospitals' completion of CHNA.

Goal 2.2: (Care) Provide opportunities for all infected and susceptible individuals to access clinical care, management, and obtain vaccinations.

Objective	Activities	Measures
1. Increase to 20% the number of HBV infected individuals who are able to access sustainable and appropriate care (HBU/LCL)	<ol style="list-style-type: none"> 1. Integrate patient navigation models as liaison for communities and providers. 2. Collect, develop and disseminate PN tools (simplify and disseminate care and treatment algorithm). 3. Identify knowledgeable specialists, providers (insured/uninsured). 	<ol style="list-style-type: none"> 1. In May 2015, assess number of PN models, and utilization. 2. In May 2015, conduct pre/post assessment of patient navigators to evaluate effectiveness of tools. 3,4,5. In May 2015, assess usage and number of coalitions using/development of providers/resource lists/referrals to NIH clinical research network.

	<p>4. Assess and/or develop resource list (providers). 5. Refer to NIH clinical research network. 6. Describe/develop model hepatitis B coordination system(s) of care from education, screening, linkage to care, care and treatment. 7. Create list of HHS/Office of Minority Health regional contacts. 8. Create list/map of FQHCs in areas where local coalitions are working. 9. Develop algorithm to navigate ACA patient navigation. 10. Provide education/training on using a standardized case management protocol (webinar?).</p>	<p>6. In May 2015, identify/share models of HBV coordination systems of care. 7,8. In May 2015, increase number of regional contacts and FQHCs who are made aware of model hepatitis B coordination system(s). 9. By May 2015, develop ACA patient navigator algorithm for chronically infected individuals and disseminate to partners 10. By May 2015, increase number of providers trained on standard case management protocol.</p>
2. Decrease barriers to care (HBU/LCL)	<p>1. Address specific barriers (i.e. transportation, cultural, language, stigma, financial, lack of culturally competent and HBV-knowledgeable providers). 2. Assess coalition barriers at local level and develop plan to address them. 3. Share best practices for using community health workers, patient navigators, community advocates for decreasing barriers to care.</p>	<p>1. In May 2015, assess the number of HBU partners who have evaluated their local barriers to care. 2. In May 2015, assess the number of HBU partners who have developed and implemented plans to address barriers. 3. In May 2015, assess the number of patient navigators within region, with culture-specific training/hepatitis B training.</p>
3. Educate people living with hepatitis B about importance of regular monitoring and care (LCL)	<p>1. Identify current educational materials of coalition members and share best practices. 2. Develop consistent messages that can be used by coalitions (although not all messages will work for each one). 3. Provide self-management workshops and support groups. 4. Encourage testing and vaccination of family and household members.</p>	<p>1, 2. By May 2015, assess number of materials and messages available/listed on HBU website. 3. By May 2015, assess progress made towards support groups and self-management workshops.</p>
4. Increase the # of hepatitis B-susceptible individuals who complete vaccine series each year (LCL)	<p>1. Integrate patient navigation models. 2. Collect, develop, disseminate PN tools. 3. Identify current and potential vaccination sites and partners. 4. Recruit new vaccination sites/partners. 5. Map/plot resources.</p>	<p>1,2. In May 2015, assess number of models and uptake of models by HBU partners 3,4,5. In May 2015, assess number of new vaccination sites/partners that each HBU partner has developed. 6. In May 2015, assess provider practices among clinical/CHC partners.</p>

	<p>6. Assess vaccination practices among providers (for clinical/health center partners, where feasible).</p> <p>7. Combine screening and vaccination sites.</p>	
5. Advocate CDC to allocate Section 317 for adult vaccination (HBU)	<p>1. Create workgroup of HBU members to research/advocate/push for continued funding for vaccination (HBU Policy Subcommittee).</p> <p>2. Bring/invite appropriate HHS, WH, etc. to the table.</p> <p>3. Work with Congressional Hepatitis Caucus, CAPAC, and HBU member representatives to advance policy agenda.</p>	1,2,3. In May 2015, assess progress of workgroup as well as meetings held with federal and legislative representatives.
6. Share best practices for improving vaccine completion rates (HBU)	<p>1. Assess, develop and disseminate best practice tools, trainings.</p> <p>2. Identify strategies for coalitions to use to obtain HBV vaccine for at-risk adults.</p>	1,2. By 2015, evaluate the tools, trainings, and strategies.

STRATEGIC PRIORITY AREA 3: Eliminate Perinatal Transmission

Goal 3: Elimination of Perinatal Transmission

Objective	Activities	Measures
<p>1. Educate perinatal coordinators and build partnerships with perinatal coordinators as key stakeholders (LCL)</p> <p>2. Increase education of all HBV-infected women (HBU/LCL)</p> <p>3. Provide appropriate case management for HBV-infected pregnant women (LCL)</p> <p>4. Raise awareness among women’s AANHOPi health organizations and medical societies (HBU)</p> <p>5. Incorporate perinatal HBV prevention into maternal and child health initiatives (HBU)</p> <p>6. Increase HBV Birth Dose Rates</p>	<p>1. Develop joint programs and activities with perinatal coordinators.</p> <p>2. Develop and identify in-language materials and resources for HBV education of infected pregnant women.</p> <p>3. Develop educational materials for providers and advocate for case management of infected pregnant women.</p> <p>4. Identify pockets of perinatal transmission by geography, ethnicity, etc.</p> <p>5. Identify HBU federal and community partners to serve as champions.</p> <p>6. Identify/outreach to organizations (NAPAWF, NCAPIP, ETC.)/individuals for strategic partnerships (perinatal coordinator, CBOs, FQHCs, community vaccination efforts, hospitals).</p> <p>7. Advocate for standing orders to prevent HBV perinatal transmission at all birth hospitals and clinics; use the TotTrax program as an incentive for hospitals to institute the birth dose policy.</p> <p>8. Work with American Red Cross, other donor agencies, local groups to educate in terms of transfusion.</p> <p>9. Develop clearinghouse of existing materials on HBU website (including resources below/identified above)</p> <ul style="list-style-type: none"> • Women’s prenatal health seminars • “Go Before You Show” • Perinatal HBV Webinar <p>10. Outreach to HRSA’s Bureau of Maternity and Child Health to increase awareness of perinatal HBV</p>	<p>1. In May 2015, assess new relationships and programs developed with perinatal coordinators.</p> <p>2. In May 2015, assess in-language materials and resources on perinatal-HBV infection.</p> <p>3. By May 2015, increase number of reported perinatal transmission rates measured in 12-month increments.</p> <p>4. By May 2015, work with CDC and perinatal coordinators to use GIS mapping to identify pockets of perinatal transmission geographically – potentially use this as an advocacy tool.</p> <p>5,6. By May 2015 assess new partners, spokespersons/champions to address perinatal HBV transmission.</p> <p>7. a. By May 2015, assess the number of relationships established between HBU partners and birthing hospitals that do not administer birth dose.</p> <p>b. By May 2015, increase number of HBU coalition sites/cities that establish honor roll programs</p> <p>8. By May 2015, assess partnerships with donor groups on transfusion-related education.</p> <p>9. By May 2015 increase number of hits on the resource page; assess perinatal-focused webinars and number of attendees to webinars/events</p> <p>10. By May 2015, assess progress made with HRSA on efforts to address perinatal HBV transmission.</p> <p>11. TAE (?) increase birth dose rates from baseline</p>
<p>KEY: (LCL): led by Local Coalition Level (HBU): led by Hep B United</p>		<p>Hep B United, 2014</p>

transmission and identify potential areas for collaboration.

STRATEGIC PRIORITY AREA 4: Strengthen Surveillance to Detect Viral Hepatitis Transmission and Disease

Goal 4.1: Develop an accurate and comprehensive picture of chronic HBV infection in the U.S.

Objective	Activities	Measures
<ul style="list-style-type: none"> 1. Standardize data collection activities among Hep B United partners (HBU) 2. Create data-sharing opportunities for Hep B United partners (HBU) 3. Assist Hep B United partners with data management, analysis and publication (HBU) 4. Ensure that chronic HBV infections are reported to local and state health departments, and the CDC (HBU) 	<ul style="list-style-type: none"> 1. Choose or create platform to combine data, conduct merged data collection and analysis. 2. Disseminate/publish results in peer-reviewed journals and at professional conferences. <ul style="list-style-type: none"> 1. Conduct trainings on data analysis and publication submission. <ul style="list-style-type: none"> a. Work with local and state health departments and viral hepatitis coordinators to improve reporting of chronic HBV infection. 	<ul style="list-style-type: none"> 1. By May 2015, assess progress made towards merging local HBU partner databases together for analysis. 2. a By December 2015, assess progress towards completion of data analysis and submission of peer-reviewed journal article. <ul style="list-style-type: none"> b. By May 2015, assess enhanced communication of HBU partners with health departments. c. In May 2015, assess success of education programs with health departments re: reporting procedures.

Goal 4.2: Advocate for enhancing the national HBV surveillance system

Objective	Activities	Measure
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<ol style="list-style-type: none"> 1. Ensure chronic HBV infection (by race/ethnicity) reporting in every state, and to the CDC (HBU) 2. Use GIS mapping to track chronic HBV infection by city and state, where Hep B United coalitions reside (HBU/LCL) 3. Use updated chronic HBV data to advocate for future funding and policy change (HBU/LCL) 	<ol style="list-style-type: none"> 1. Develop an advocacy strategy at the local, state and national levels. 2. Assess current policy for reporting chronic HBV at state level, and to CDC (including barriers to policy change). 3. Research HIV surveillance law as a case study for lessons learned. 4. Conduct GIS training for HBU members. 5. Conduct advocacy training and mentorship among HBU members. 	<ol style="list-style-type: none"> 1. By May 2015, assess progress towards development of advocacy strategy. 2. By May 2015, complete assessment of current reporting policy. 3. By May 2015, complete assessment of HIV surveillance as case study. 4. By May 2015, assess completion of GIS training. 5. Increased understanding of advocacy process; increased number of states/cities collecting CHB surveillance
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