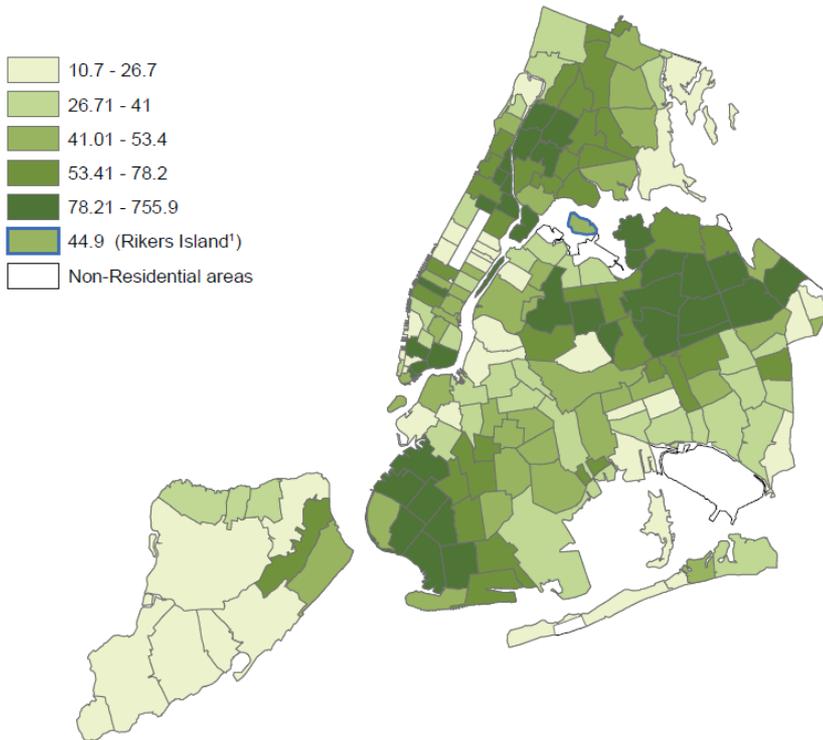


# **NYC Hep B Patient Navigation Programs**

## **NYC Health Department**

Nirah Johnson, LCSW  
Director, Capacity Building & Program Implementation  
NYC Health Dept Viral Hepatitis Program

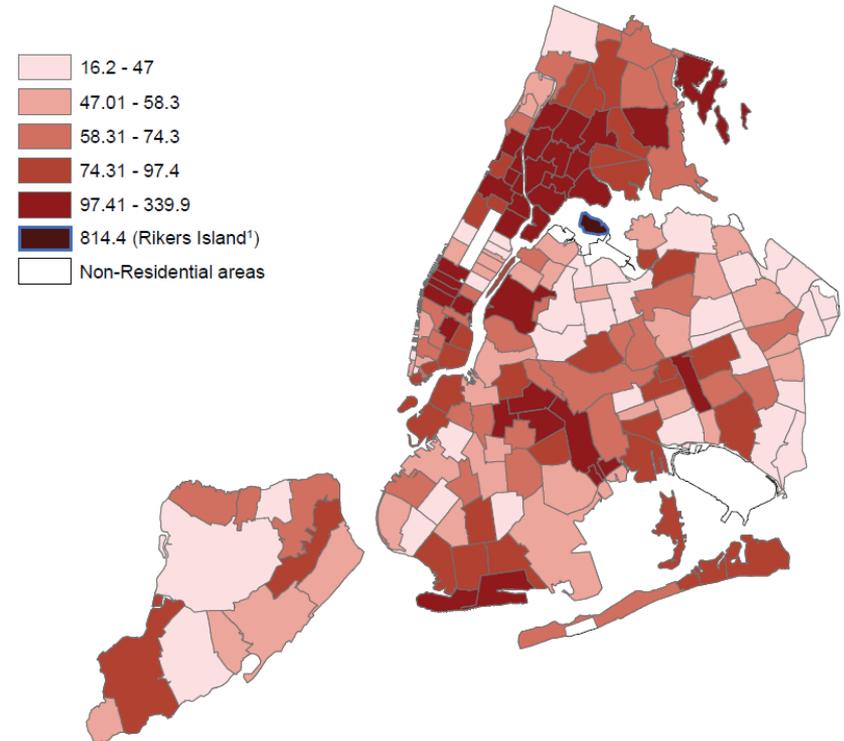
# Viral Hepatitis in NYC



**100,000 chronic Hep B**

High risk population: Immigrants

In 2014, 1,625 women reported to perinatal Hep program. **60.1% born in China and 13.6% born in Africa**



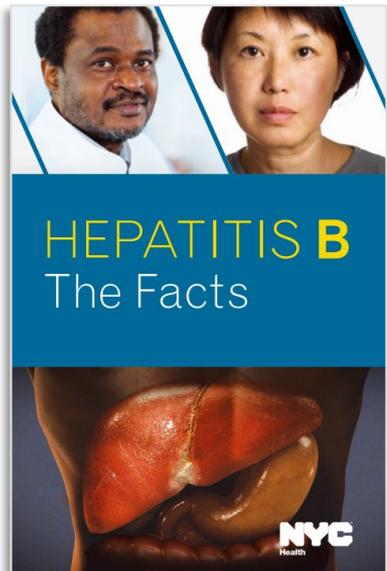
**146,500 chronic Hep C**

High risk population: Baby boomers and people with a history of drug use.

50% unaware of their status, many out of care.

# NYC Health Department Patient Education Materials

- Mailed to persons reported with positive test result
- Distributed at community events and trainings



**HEPATITIS B**  
The Facts

**肝炎的風險**

慢性 B 型肝炎患者出現嚴重的肝臟損傷、纖維化（中度肝臟損傷）以及硬化（嚴重肝臟損傷）非常緩慢，長達 20 到 30 年。



纖維化 肝硬化 肝癌

在疾病的任何階段都有肝癌的風險，應該定期檢查。

**肝臟健康檢測**

這些檢測中的一些，以確認您是否有 B 型肝炎如何影響您的健康：

- **表面抗原 (HBsAg) 檢測**：顯示您是否感染 B 型肝炎。
- **核心抗體 (anti-HBc) 檢測**：顯示您是否免疫於 B 型肝炎。
- **B 型肝炎 DNA 檢測**：顯示您血液中的 B 型肝炎病毒數量。
- **肝功能檢測 (LFT)**：衡量肝臟的工作狀況，高指數可能表示您有肝臟發炎或損傷。

2

檢測結果		您應該做什麼
陽性	陽性	您感染了 B 型肝炎，應該去看 B 型肝炎專科醫師。
陽性	陽性	您對 B 型肝炎免疫，無須採取任何行動。
陽性	陰性	您並沒有對 B 型肝炎免疫，可能需要接受三劑的 B 型肝炎疫苗做為保護。

**肝臟超音波/Fibroscan®**  
非侵入性的影像檢測，透過呈現肝臟的形狀、尺寸或硬度，查看肝臟的損傷。

**肝臟活检**  
以針頭移除一小片肝臟組織，以顯微鏡檢查肝臟組織是否有損傷或疾病。

**肝癌篩檢檢驗**  
建議有 B 型肝炎的成年人每六個月進行一次驗血與超音波。

**在以下情況，您暫且免服肝炎疫苗：**

- 您以前曾經感染 B 型肝炎，但是已清除病毒。
- 您已成功接種疫苗，有些人即便在完成 B 型肝炎疫苗系列之後，仍然無法對 B 型肝炎免疫，詢問醫師您是否要取得檢測，以瞭解疫苗是否有效。

3



**B 型肝炎**  
可導致肝臟  
嚴重受損

保護自己，不得 B 型肝炎。  
接種疫苗！

接種疫苗是安全的，它是預防罹患 B 型肝炎的最佳方式。您必須接種所有三針才能獲得全面保護。

第一劑日期

第二劑日期

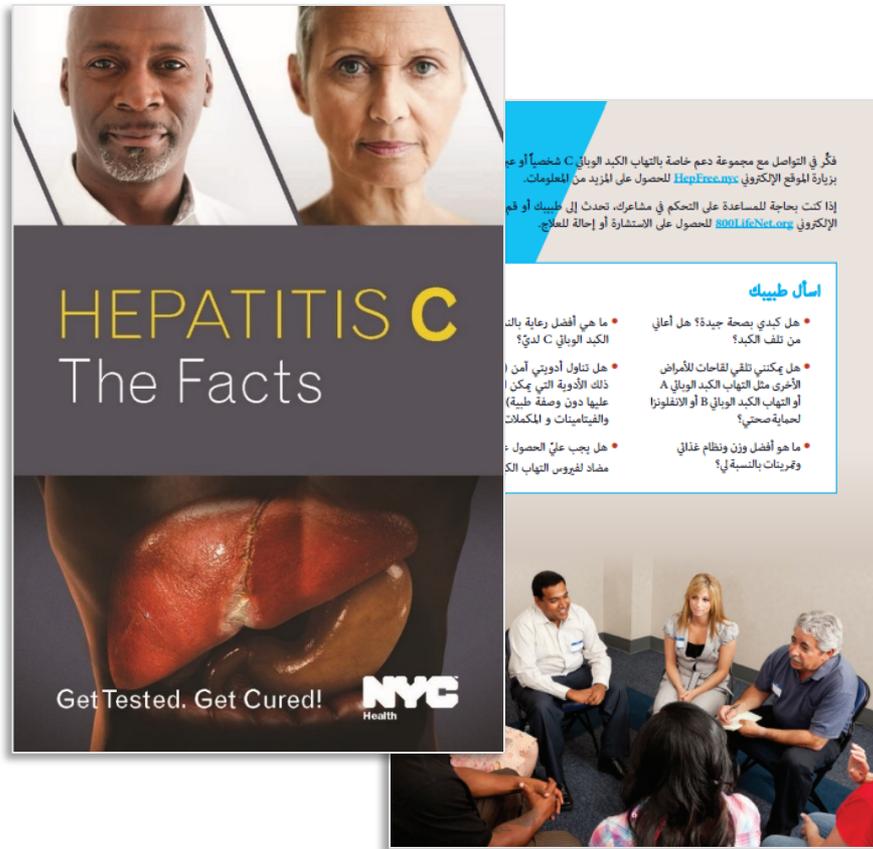
第三劑日期

接種疫苗！

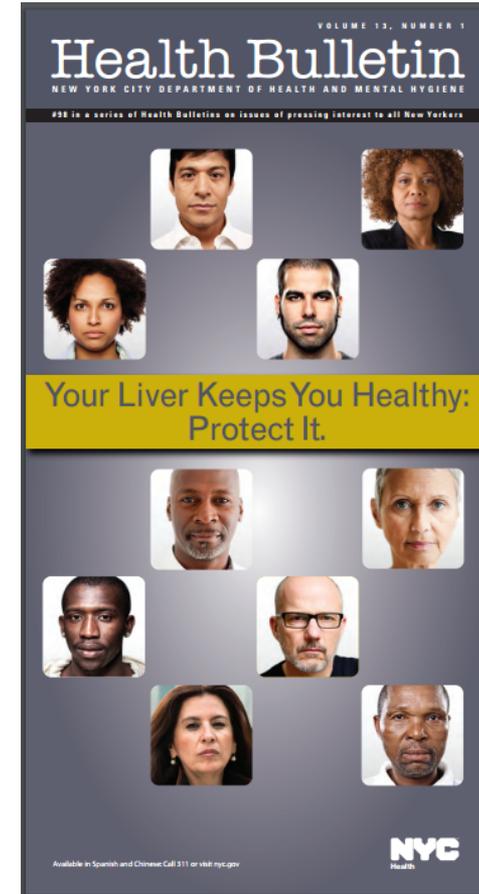
“Hepatitis B: The Facts” Booklet  
English, Spanish, Chinese, Korean, Russian and French

Hep B Vaccine Pocket Card  
English, Spanish, Chinese, French

# NYC Health Department Patient Education Materials



“Hepatitis C: The Facts” Booklet  
in English, Spanish, Arabic, Russian and Urdu



Liver Health Bulletin  
English, Spanish, Chinese



# Hep Free NYC

A Network Building Capacity to Prevent  
Manage and Treat Hep B & C In NYC

**NYC Hep C Task Force** (founded 2004) and  
**NYC Hep B Coalition** (founded 2009)

- Bring together professionals from a broad range of health care organizations
- About 10 general meetings a year, with additional committee meetings and trainings
- National Hepatitis Testing Day and World Hepatitis Day commemorations
- Website ([www.HepFree.NYC](http://www.HepFree.NYC)) and monthly e-newsletter



## Immigrant focused initiatives:

- Team Hep B – NYC student initiative
- Coalition against Hepatitis in People of African Origin (CHIPO) – NYC
- Patient Navigator Network



# City Council-Funded Direct Service Programs FY2015 – FY2016



1. Check Hep B Patient Navigation Program



2. Check Hep C Patient Navigation Program



3. NYC Hep C Peer Navigation Program

## NYC Health Department Role

1. Contract management
2. Program development and management
  - Develop protocol and program materials (forms, guides, patient education)
  - Develop database and reporting system
  - Provide initial and monthly training and technical assistance for all funded programs
  - Conduct quality improvement
  - Facilitate referral and sharing of best practices among programs



# Check Hep B Patient Navigation Program

**Services:** Linkage-to-care and care coordination for Hep B patients

**Goal:** Enroll 50 HBV-infected pts at each site for linkage to care, medical evaluation, cancer screening, and assistance with treatment initiation and adherence (as needed).

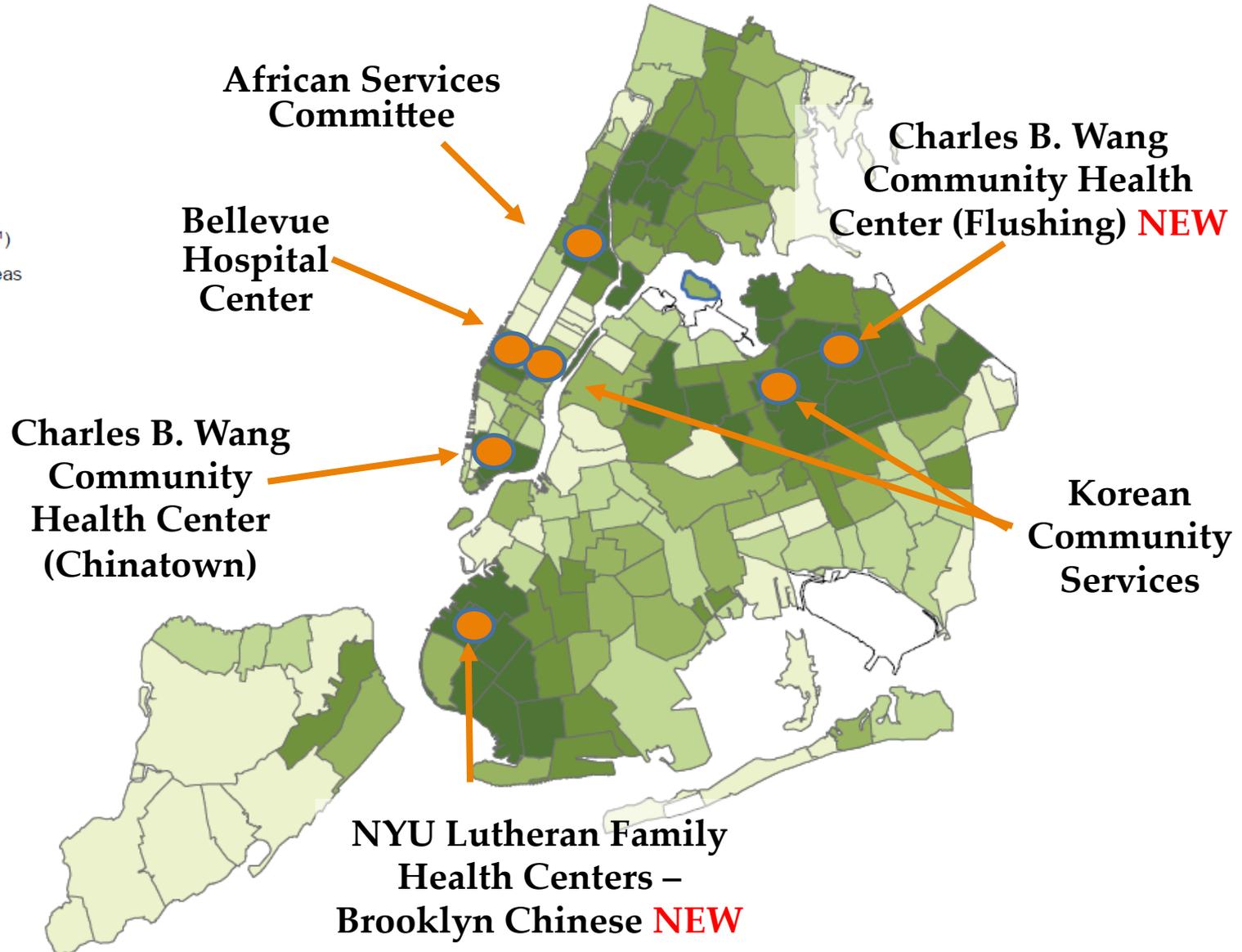
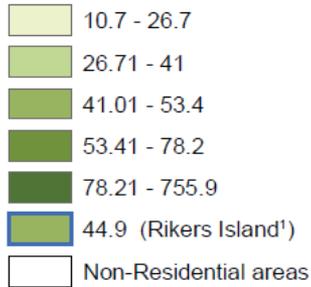
## **Funded Programs:**

- Bellevue Hospital
- Charles B Wang Community Health Center
- African Services Committee
- Korean Community Services
- Brooklyn Chinese Family Medical Center\*

**Funding:**  
approximately  
\$63,000 for one  
year

\*Added FY2016

# Hep B Case Rates and Check Hep B Program Sites





# Patient Navigator Activities

1. Outreach and enrollment
2. Assessment and patient navigation care plan
3. Linkage to Hep B medical care
4. Care coordination services
  - Accompaniment and reminders
  - Referrals to supportive services
  - Alcohol screening and counseling
  - Health promotion (4 standardized modules)
  - Contact services
  - Medical interpretation
  - Case conference with medical care team
  - Treatment readiness/adherence counseling
  - Medication/pharmacy coordination
  - Discharge/transition planning



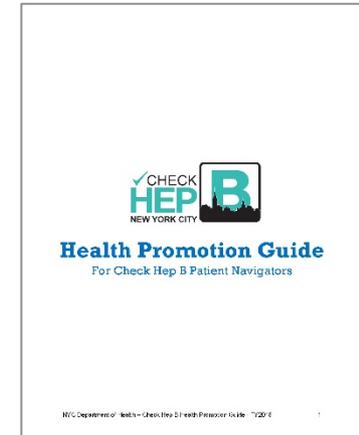
# Program Materials

- Patient Navigation Form
  - Demographic Info
  - Brief Assessment
  - Referrals
  - Care Coordination “Log”
  - Clinical Care Tracking
  - Discharge Info
- Patient Navigation Database
- Health Promotion Guide and Patient Education Materials
- Patient Care Plan Form
- Treatment Planning Form

**Care Plan**

Check Hep B Program Goals

Goal	Date Completed
Get the patient to get tested for Hep B	
Get the patient to get vaccinated for Hep B	
Get the patient to get vaccinated for Hep A	
Get the patient to get vaccinated for Hep C	
Get the patient to get vaccinated for Hep D	
Get the patient to get vaccinated for Hep E	
Get the patient to get vaccinated for Hep F	
Get the patient to get vaccinated for Hep G	
Get the patient to get vaccinated for Hep H	
Get the patient to get vaccinated for Hep I	
Get the patient to get vaccinated for Hep J	
Get the patient to get vaccinated for Hep K	
Get the patient to get vaccinated for Hep L	
Get the patient to get vaccinated for Hep M	
Get the patient to get vaccinated for Hep N	
Get the patient to get vaccinated for Hep O	
Get the patient to get vaccinated for Hep P	
Get the patient to get vaccinated for Hep Q	
Get the patient to get vaccinated for Hep R	
Get the patient to get vaccinated for Hep S	
Get the patient to get vaccinated for Hep T	
Get the patient to get vaccinated for Hep U	
Get the patient to get vaccinated for Hep V	
Get the patient to get vaccinated for Hep W	
Get the patient to get vaccinated for Hep X	
Get the patient to get vaccinated for Hep Y	
Get the patient to get vaccinated for Hep Z	



**Treatment Planning Form**

MY DOCTOR'S APPOINTMENTS

Visit	Date	Age	Sex	Race	Religion	Other
1						
2						
3						
4						
5						

MY NOTES

MY CARE TEAM

DOCTOR

NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_

NAVIGATOR

NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_

PHARMACIST

NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_

ULTRASOUND RADIOLOGIST

NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_



# Patient Navigation Form

## Check Hep B Patient Navigation Form

Enrollment Information		
Enrollment Date:	Check Hep B Patient ID:	Agency Patient ID:
Patient Last Name:	Patient First Name:	Date of Birth: / /
Address (# Street, Apt #, Borough):	Zip Code:	Referral Source: <input type="checkbox"/> Internal <input type="checkbox"/> External
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian/PI <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown <input type="checkbox"/> American Indian/Alaska Native	Ethnicity: <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Unknown	Gender: <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Trans M → F <input type="checkbox"/> Trans F → M
English: <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> None	Preferred Language:	Country of Birth:
For Office Use Only		Interpretation needed: <input type="checkbox"/> No <input type="checkbox"/> Yes
Phone: Home: _____ Cell: _____ Email: _____		
Permission to text: <input type="checkbox"/> Yes <input type="checkbox"/> No Best time to call: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		

Self-Reported History		
Year of HBV diagnosis:	Has HBV medical provider? <input type="checkbox"/> No <input type="checkbox"/> Yes	Provider name: _____ Provider hospital/clinic: _____
Ever treated for HBV? <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If yes, year treated: _____	If YES, currently taking HBV meds? <input type="checkbox"/> No <input type="checkbox"/> Yes HBV medications taken: _____	

Patient Navigator Assessment		Referrals Made
How many children? _____	Pregnant: <input type="checkbox"/> No <input type="checkbox"/> Yes If YES: Expected delivery date: ____/____/____	Pediatric Care: <input type="checkbox"/> No <input type="checkbox"/> Yes Prenatal Care: <input type="checkbox"/> No <input type="checkbox"/> Yes
Any household, family or partners in need of notification? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Declined If YES: how many contacts: _____	Any mental health issues? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	HBV Test/Vaccine for Contacts: <input type="checkbox"/> No <input type="checkbox"/> Yes Mental Health Services <input type="checkbox"/> No <input type="checkbox"/> Yes
Any alcohol use in the past year? <input type="checkbox"/> No <input type="checkbox"/> Yes	Any drug use in the last year? <input type="checkbox"/> No <input type="checkbox"/> Yes If YES: <input type="checkbox"/> Injection <input type="checkbox"/> Smoking <input type="checkbox"/> Pills <input type="checkbox"/> Inhalation/Snorting IDU ever? <input type="checkbox"/> No <input type="checkbox"/> Yes Last year of IDU: _____	Alcohol Counseling <input type="checkbox"/> No <input type="checkbox"/> Yes Substance Abuse or Harm Reduction Services <input type="checkbox"/> No <input type="checkbox"/> Yes
Insurance: <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private Insurance <input type="checkbox"/> None Temporary insurance for pregnant women? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of insurance plan: _____	Income (per month): <input type="checkbox"/> Declined to answer <input type="checkbox"/> \$800 or less <input type="checkbox"/> \$801-\$1,200 <input type="checkbox"/> \$1201-\$1500 <input type="checkbox"/> \$1501-\$2500 <input type="checkbox"/> \$2501+	Insurance Enrollment <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Referred to HHC Social Services (e.g. housing, financial, food) <input type="checkbox"/> No <input type="checkbox"/> Yes
Housing: <input type="checkbox"/> Stable housing <input type="checkbox"/> Unstable Housing <input type="checkbox"/> Homeless	Social Support <input type="checkbox"/> None <input type="checkbox"/> Family <input type="checkbox"/> Friends <input type="checkbox"/> Support Group	Interested in Hep B support group? <input type="checkbox"/> No <input type="checkbox"/> Yes

Care Coordination Service	First Service Date	Most Recent Date	Total # of Visits to Date
Accompaniment			
Reminders (calls, letters, text, email, telegram)			
Health promotion			
Alcohol counseling			
Case conference with medical provider(s)			
Treatment readiness counseling			
Treatment adherence counseling			
Medication/pharmacy coordination			
Discharge/transition planning			
Other meeting with patient			

Enter in database only

Hepatitis B Medical Care	
Most recent HBV medical visit date:	Name of provider and hospital:
Medical evaluation completion date:	If evaluation not completed, reason why: <input type="checkbox"/> Did not attend appointments <input type="checkbox"/> Declined tests <input type="checkbox"/> Cost <input type="checkbox"/> Other:
Stage of Liver Disease: Fibrosis: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Cirrhosis <input type="checkbox"/> Liver Cancer <input type="checkbox"/> not evaluated	
Co-morbid conditions: <input type="checkbox"/> None <input type="checkbox"/> Heart disease <input type="checkbox"/> Hypertension <input type="checkbox"/> Obesity <input type="checkbox"/> Diabetes <input type="checkbox"/> COPD <input type="checkbox"/> GERD <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> HIV <input type="checkbox"/> Hep C <input type="checkbox"/> Kidney disease <input type="checkbox"/> Other:	Psych Condition: <input type="checkbox"/> None <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Chemical dependence <input type="checkbox"/> Other:
Most recent liver cancer screening date:	Outcome: <input type="checkbox"/> Cancer <input type="checkbox"/> No Cancer
Treatment candidate: <input type="checkbox"/> No <input type="checkbox"/> Yes	Rationale for Treatment: <input type="checkbox"/> Cirrhosis <input type="checkbox"/> Liver cancer <input type="checkbox"/> Abnormal labs <input type="checkbox"/> Other:
Treatment start date:	Medications prescribed: _____ If a treatment delay, why: <input type="checkbox"/> Did not attend appointments <input type="checkbox"/> Lost to follow up <input type="checkbox"/> Other: _____ <input type="checkbox"/> Could not afford treatment <input type="checkbox"/> Patient declined treatment, explain: _____
Treatment discontinuation date:	If treatment discontinued, reason why: <input type="checkbox"/> Side effects/adverse event <input type="checkbox"/> No viral response <input type="checkbox"/> Patient stopped on own <input type="checkbox"/> Insurance coverage/cost <input type="checkbox"/> Other, explain: _____

Discharge/Transition	Date:
Reason: <input type="checkbox"/> Declined Program <input type="checkbox"/> Program ended <input type="checkbox"/> Completed Program <input type="checkbox"/> Deceased <input type="checkbox"/> Left NYC <input type="checkbox"/> Incarcerated <input type="checkbox"/> Spontaneously cleared virus <input type="checkbox"/> Lost to follow up <input type="checkbox"/> Referred to another program	
Referred to: <input type="checkbox"/> Drug Tx <input type="checkbox"/> Transplant <input type="checkbox"/> Other	<input type="checkbox"/> Patient accepted referral <input type="checkbox"/> Patient declined referral
Program name:	<input type="checkbox"/> No referral needed, patient is able to self-manage
Discharge Notes:	



# Patient Navigator Database

Check Hep B

## Check Hep B

Save Record

Enrollment
Assessment
Care Coordination
Medical Care
Discharge/Transition

### Enrollment Information

Enrollment Date <input style="width: 80%;" type="text" value="1/19/2016"/>	Check Hep B Patient ID <input style="width: 80%;" type="text" value="jjj100"/>	Agency Patient ID <input style="width: 80%;" type="text"/>
Patient Last Name <input style="width: 80%;" type="text" value="Doe"/>	Patient First Name <input style="width: 80%;" type="text" value="Jane"/>	Date of Birth <input style="width: 80%;" type="text"/>
Address <input style="width: 80%;" type="text"/>	Borough <input style="width: 80%;" type="text"/>	Zip Code <input style="width: 80%;" type="text"/>
		Referral Source <input style="width: 80%;" type="text"/>
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian/PI  <input type="checkbox"/> Other <input style="width: 80%;" type="text"/> <input type="checkbox"/> Unknown  <input type="checkbox"/> American Indian/Alaska Native	Ethnicity: <input type="checkbox"/> Hispanic  <input type="checkbox"/> Non-Hispanic  <input type="checkbox"/> Unknown	Gender: <input style="width: 80%;" type="text"/>  Country of Birth <input style="width: 80%;" type="text"/>
English: <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> None	Preferred Language: <input style="width: 80%;" type="text"/>	Interpretation needed: <input type="checkbox"/> No <input type="checkbox"/> Yes



# Health Promotion Guide

Guides health promotion and completion of patient navigation assessment and care plan



## Health Promotion For Check Hep B Patient Navigation

Table of Contents	When to Implement
<b>I. Hep B Basics</b>	
<ul style="list-style-type: none"> <li>• What is Hepatitis B?</li> <li>• How do I know if I have Hep B?</li> <li>• Treatment: How is Hep B treated?</li> <li>• How do I protect my children from Hep B?</li> <li>• Telling others you have Hep B</li> </ul>	Upon enrollment and during patient navigation assessment phase. Reinforce throughout pre-treatment phase as needed.
<b>II. Getting Ready for Hep B Care</b>	
<ul style="list-style-type: none"> <li>• Mental health: Improving mental wellness</li> <li>• Alcohol: Does drinking alcohol damage the liver?</li> <li>• Drug use: Reducing the harm of drug use</li> <li>• Lifestyle changes: Protect your liver</li> <li>• Referrals: Getting support</li> </ul>	During patient navigation assessment phase.
<b>III. Getting Ready for Treatment</b>	
<ul style="list-style-type: none"> <li>• Are you ready to start treatment?</li> </ul>	Right before starting treatment.
<b>IV. Staying Healthy with Hep B</b>	
<ul style="list-style-type: none"> <li>• Staying healthy with Hep B</li> <li>• How do I protect others from Hep B?</li> </ul>	Any time after module III.



# Care Plan



*Navigator instructions: Discuss care plan with patient. Complete the form based on agreed plan, sign and give a copy to patient.*

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Care Team

Name	Address	Phone Number	E-mail Address
<b>Doctor</b>			
<b>Navigator</b>			

Accompaniment to medical visits       Reminders for visits by:  Call  Text  Email

### Check Hep B Program Goals

Goal	Date Completed
<input type="checkbox"/> Complete patient navigation assessment	
<input type="checkbox"/> Receive " <b>Hep B basics</b> " health promotion	
<input type="checkbox"/> Receive " <b>Getting ready for Hep B care</b> " health promotion	
<input type="checkbox"/> Attend 1st Hep B medical visit	
<input type="checkbox"/> Complete Hep B medical evaluation	
<input type="checkbox"/> Receive " <b>Getting ready for treatment</b> " health promotion (if applicable)	
<input type="checkbox"/> Start Hep B treatment (if applicable)	
<input type="checkbox"/> Receive " <b>Staying healthy with Hep B</b> " health promotion	
<input type="checkbox"/> Conduct contact notification (if applicable)	

### Referrals

Type of Service	Site Name and Address	Phone Number/ E-mail Address	Appointment Date/Time
<input type="checkbox"/> Mental health			
<input type="checkbox"/> Alcohol counselling			
<input type="checkbox"/> Substance use/harm reduction			
<input type="checkbox"/> Insurance enrollment			
<input type="checkbox"/> Benefits (Food/financial)			
<input type="checkbox"/> Housing services			
<input type="checkbox"/> Legal services			
<input type="checkbox"/> Specialist: _____			
<input type="checkbox"/> Other: _____			

- Completed by navigator and patient together
- Tracks patient progress in meeting program and individual health goals
- Documents referrals



# Treatment Planning Form

Tool to support  
treatment  
readiness and  
adherence  
education

Treatment Planning Form			
<b>MY HEP B MEDS</b>			
Complete this table with your doctor.			
Medication	When to Take	What to Avoid	Possible Side Effects
1. Name:	Take ___ tablet(s) ___ time(s) a day		<input type="checkbox"/> Tiredness <input type="checkbox"/> Headache <input type="checkbox"/> Nausea, poor appetite <input type="checkbox"/> Diarrhea, upset stomach <input type="checkbox"/> Rash and itching <input type="checkbox"/> Coughing <input type="checkbox"/> Trouble sleeping <input type="checkbox"/> Muscle pain <input type="checkbox"/> Other: _____
Color:	at _____ AM/PM <input type="checkbox"/> with food		Call your doctor right away if you notice: _____
2. Name:	Take ___ tablet(s) ___ time(s) a day		_____
Color:	at _____ AM/PM <input type="checkbox"/> with food		_____
3. Name:			_____

TAKING MEDS DOs AND DON'Ts	
<p><b>DOs</b></p> <ol style="list-style-type: none"> <li>Do <b>take your meds every day</b>. Try these tips to remember:               <ul style="list-style-type: none"> <li>○ Set a clock or phone alarm</li> <li>○ Use a pill box</li> <li>○ Use a calendar</li> <li>○ Ask a friend to remind you</li> <li>○ Take your meds at the same time as another daily activity (e.g. brushing teeth, lunch/dinner)</li> <li>○ Use the same pharmacy to keep track of prescriptions</li> </ul> </li> <li>Do <b>talk to your doctor</b> about:               <ul style="list-style-type: none"> <li>○ Any <b>side effects</b></li> <li>○ <b>Every medication</b> you take (prescription or OTC meds, vitamins, herbal supplements)</li> <li>○ Pregnancy</li> </ul> </li> </ol>	<p><b>DON'Ts</b></p> <ol style="list-style-type: none"> <li><b>Don't miss a dose</b>. Ask your doctor what to do if you miss a dose.</li> <li><b>Don't stop taking your meds</b> without talking to your doctor, even if you have side effects.</li> <li><b>Don't start a new medication</b> without talking to your doctor.</li> <li><b>If you get pregnant</b> while on medication, tell your doctor right away.</li> </ol>

MY STRATEGIES FOR TAKING MEDS	
Complete this table with your navigator <u>before</u> starting treatment.	
Common reasons for missing dose	Strategy to avoid missing dose
Forgetting	
Being away from home	
Being busy	
Change in daily routine	
Falling asleep	
Being high or drunk	
Feeling ill or sick	
Side effects	
Feeling depressed	
Getting refills on time	



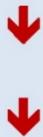
# How to Use Check Hep B Materials

## MATERIALS

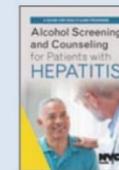
**Patient Navigation Form + Health Promotion Manual + Supplemental Materials & Care Plan**

### VISIT TYPE

**Assessment**  
(may involve multiple visits)



**Health Promotion Manual**  
Module I: "Hep C Basics"  
Module II: "Getting Ready for Hep C Care"



**Before Starting Treatment**



**Health Promotion Manual**  
Module III: "Getting ready for treatment"



**Treatment Planning Form**

**After Treatment**



**Health Promotion Manual**  
Module IV: "After treatment"





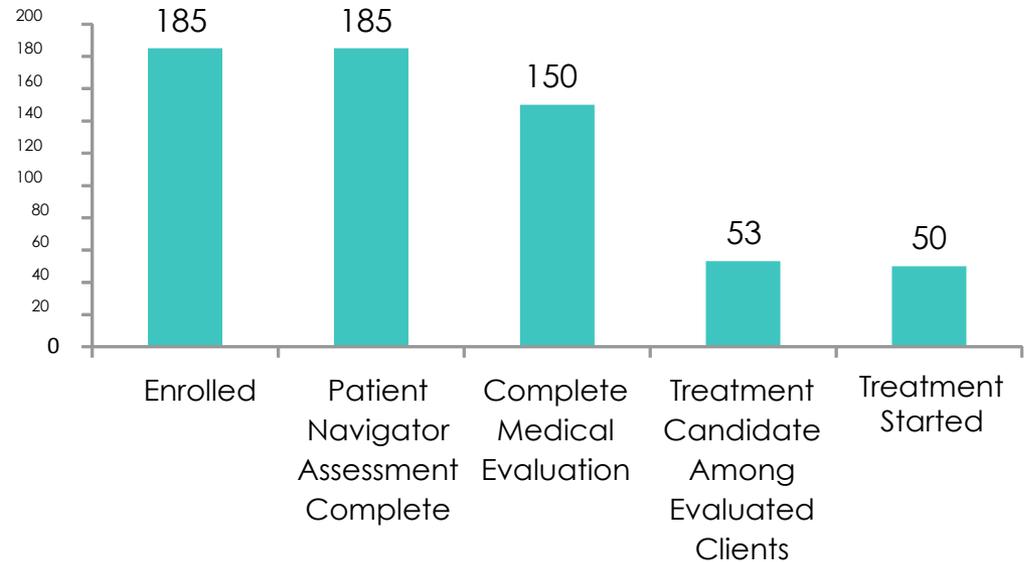
# Check Hep B FY2015 Outcomes

## Program Dates:

Dec 1, 2014 – Jun 30, 2015

- **185** patients enrolled, given health education, assessed, and referred for medical care or supportive services
- **150** (81%) completed a Hep B medical evaluation.
- **50** (27%) started Hep B treatment.

## Check Hep B Program Clinical Care Cascade





# Patient Characteristics

## African Services Committee

- 51 patients, 86% male, avg age: 46 years
- **Born in 11 African countries, 7 languages spoken**
- **73% uninsured**, 25% Medicaid
- 65% income <\$800/month

## Charles B. Wang Community Health Center

- 50 patients, **all female**, avg age: 30 years (enrolled pregnant women)
- Born in China or Taiwan
- 100% Medicaid (**56% temporary Medicaid**)
- 26% income of <\$800/month



# Patient Characteristics

## Korean Community Services

- 45 patients, 60% male, avg age: 51 years
- Born in South Korea, China or Taiwan
- **71% uninsured**, 18% Medicaid, 4% Medicare, 7% privately insured
- 34% income <\$800/month

## Bellevue Hospital Center

- 39 patients, 32% male, avg age: 41 years
- **Born in 13 countries**, 5 languages spoken
- **72% uninsured**, 18% Medicaid, 3% Medicare
- **41% income of <\$800/month**



# Program Findings and Recommendations

- 1. Lack of awareness about Hep B in high risk populations** (e.g. African-born).
  - More support for outreach and education necessary.
- 2. Hep B stigma persists** – patient navigators are often sole source of support and accurate information.
  - Ongoing support needed for patient navigation programs.
- 3. Attending regular visits difficult** for patients who are **migrant** workers.
  - Low threshold programs are necessary.
- 4. Patient navigators from target community** have best results.
  - Medical interpretation certification essential.
- 5. Undocumented patient face unique barriers** (e.g. paying out-of-pocket for medical expenses and fears of being reported).
  - Increased awareness of low-cost, safe, specialized services for Hep B care (Check Hep B, FQHCs or HHC).

# Next Steps

## Current Patient Navigation projects and plans

- Improve direct to patient communications
  - Enhance letter to all new cases reported
  - Currently piloting Text and Call interventions
  - Exploring better ways to offer Patient Navigation support
- Develop interactive educational materials in appropriate languages
  - Translations, new tools such as mobile App and text format
- Further develop direct service programs such as Check Hep B
  - Expand to additional sites reaching populations at risk
  - Improve program design and tools
  - Share model
- Strengthen the Hep Free NYC Patient Navigator Network
  - Tour health care facilities to support successful referral
  - Network patient navigators to share best practices