



## Hep B United Draft Strategic Plan (v2.4)

**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**

**PROPOSED MEASURABLE OBJECTIVES**

<b>STRATEGIC PRIORITY AREA 1: Educating Providers and Communities to Reduce Health Disparities</b>						
<b>Goal 1.1: (Community Education) Increase the number of people who know their HBV status in the Asian American, Native Hawaiian and Other Pacific Islander (AANHOP) communities</b>						
Objective	Activities	Measures	6mo	12mo	24mo	Comments/Feedback
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	1. Assess current educational materials and develop educational tools/resources available for communities to use. a. HBU toolkit b. Translated CDC risk assessment tool c. CDC risk assessment app d. Standardized forms for screening e. Directory of resources: CDC, NPIN, HBU 2. Provide Best Practices models in educating AANHOP communities about HBV 3. Reach out to immigrants/refugee	1. Self-reported status 2. Number of materials downloaded from websites 3. Number of people participating in HBV educational events				

6. Decrease community stigma associated with hepatitis B	groups, organizations.					
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**Goal 1.2: (Provider Education) Increase proportion of providers who routinely screen their Asian American, Native Hawaiian, and Pacific Islander (AA&NHOP) patients for HBV.**

Objective	Activities	Measures	6mo	12mo	24mo	Comments/Feedback
1. Increase knowledge of HBV education basics (HBU) 2.a Develop and advocate for national quality measures (HBU) 2.b Advocate for BPHC, HRSA to include screening requirement for providers (HBU) 3. Identify and promote use of EMR Tools/ Meaningful Use requirements (HBU)/(LCL) 4. Other office-based strategies (systems): MA standing orders, front desk inquiries	1. Aggregate provider materials – provider to provider education: NPIN, HBU website. 2. Outreach to primary care organizations, API provider groups (CAMS, KAMA, VAMA, NCAPIP). 3. Include CDC’s HBV screening guidelines with their new HCV screening guidelines. 4. Disseminate AAPCHO education modules and/or NYC-Mini Echo Project. 5. Identify model practices, identify systems to increase screening 6. Train FQHC providers on HBV screening	1. Measuring HBV tests done by providers 2. Claims data, UDS report number of tests/patients 3. AAPCHO survey 4. Practice benchmarks – percentage screened at practice; number of FQHCs that routinely screen for HBV. 5. Track HBV “Honor Roll” or list of providers who screen for HBV. 6. Number of vaccinations provided against number available.				

**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.**

<b>Objective</b>	<b>Activities</b>	<b>Measures</b>	<b>6mo</b>	<b>12mo</b>	<b>24mo</b>	<b>Comments/Feedback</b>
1. Double the # of community based screenings (HBU)/(LCL)	1. Conduct initial assessment for baseline 2. Encourage use of universal screening form 3. Collect data from HBU coalition members 4. Provide funding for hepatitis B screening in at-risk communities.	1. Asses number of community based screenings 2. Quality of centralized HBU screening database	x	x	x	
2. Share best practices among local coalitions (HBU)/(LCL)	1. Conduct periodic assessments on coalition knowledge, functionality, partnerships, and activities 2. Assess usage via Google analytics and coalition calls and/or surveys	1. Number of uploaded tools/resources to HBU website	x	x		
3. Develop peer to peer technical assistance/mentoring programs (HBU)	1. Assess member coalition expertise 2. Train local coalitions in best practices and technological improvements for efficiency via webinars and conference calls	1. Number of technical assistance requests 2. Satisfaction with mentoring/technical assistance 3. Number of and type of best practices 4. Number of participants 5. Evaluation of trainings		x	x	
4. Increase HBV activities related to HBU action plan priorities at the local level (HBU)	1. Start small community grants program 2. Establish workgroup for the small community grant program 3. Train coalitions on resource development	1. Number of small community grants 2. Type of community grants 3. Number and type of resource tools		x	x	

		4. Number and types of experts in member coalitions 5. Development/ implementation of funding plan					
5. Double the # of sustainable screening sites (such as clinics, CBOs, provider offices, health systems, etc) (HBU)/(LCL)	<ol style="list-style-type: none"> <li>1. Support the identification of current and potential screening sites within communities and cities</li> <li>2. Conduct assessment tool</li> <li>3. Share billing codes</li> <li>4. Develop community profile as rationale/need to HBV screening</li> <li>5. Create screening profile templates</li> <li>6. Share clinical best practices/provide training among screening sites</li> <li>7. Assess best practices towards the development of tools</li> <li>8. Develop, promote physician/provider Clinical Champions</li> <li>9. Advocate to change US Preventive Services Task Force (USPSTF) HBV screening recommendations</li> <li>10. Request meeting of HBU and staff from AHRQ who support the USPSTF</li> <li>11. Assess USPSTF considerations and recommendations to be approved</li> </ol>	<ol style="list-style-type: none"> <li>1. Assess the number of current and potential sites</li> <li>2. Number of new screening sites</li> <li>3. Number of people reached</li> <li>4. Number of tools and its usage</li> <li>5. Number of comments submitted to USPSTF (in response to their draft documents)</li> </ol>	X	X	X		
			X	X	X		

**Goal 2.2: (Care) Provide opportunities for all infected and susceptible individuals to access clinical care, management, and obtain vaccinations.** (Alternate proposal: Increase the number of eligible individuals in chronic Hep B care from 10% to 20% by 2015)

Objective	Activities	Measures	6mo	12mo	24mo	Comments/Feedback
1. Increase by 20% the number of HBV infected individuals who are able to access sustainable and appropriate care (HBU)/(LCL)	1. Integrate patient navigation models as liaison for communities and providers 2. Collect, develop and disseminate and PN tools 3. Identify knowledgeable specialists, providers (insured/uninsured) 4. Assess and/or development of resource list 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. Provide list of OMH regional contacts 8. Provide list/map of FQHCs in areas where local coalitions are working 9. Increase the number of providers who offer culturally appropriate care. 10. Increase number of community health workers to address cultural competency and language access	1. Assess number of models and utilization. 2. Assess usage and number of coalitions using/development of list. 3. Number of regional contacts and FQHCs who are made aware of model hepatitis B coordination system(s) 4. Number of providers in areas with high-risk communities 5. Pre/post assessment of patient navigators to evaluate effectiveness of tools				
2. Decrease barriers to care (HBU)/(LCL)	1. Address specific barriers (i.e. transportation, cultural, language, stigma, financial, lack of cultural competent and HBV knowledgeable providers 2. Coalitions assess barriers at local level and develop plan to address them 3. Share best practices for using community health worker, patient	1. Number of coalitions assessing barriers 2. Number of developed and implemented plans 3. Number of patient navigators within region, with culture-specific training/hepatitis B training				

	navigators, community advocates for decreasing barriers to care.					
3. Educate people living with hep B about importance of regular monitoring and care (LCL)	<ol style="list-style-type: none"> <li>1. Identify current educational materials of coalition members and share best practices</li> <li>2. Develop consistent messages that can be used by coalitions (not all messages will work for each one)</li> <li>3. Provide self-management workshops and support groups</li> <li>4. Encourage testing and vaccination of family and household members. (KN)</li> </ol>	<ol style="list-style-type: none"> <li>1. Number of materials available/listed on HBU website</li> <li>2. Usage of materials</li> <li>3. Track web traffic to “Living with hep B” section on webpage</li> </ol>				
4. Increase the # of hep B susceptible individuals who complete vaccine series each year (LCL)	<ol style="list-style-type: none"> <li>1. Integrate patient navigation models</li> <li>2. Collect, develop, disseminate PN tools</li> <li>3. Identify current and potential vaccination sites and partners</li> <li>4. Recruit new vaccination sites/partners</li> <li>5. Map/plot resources</li> <li>6. Assess vaccination practices among providers</li> <li>7. Combine screening and vaccination sites</li> </ol>	<ol style="list-style-type: none"> <li>1. Assess number of models and uptake</li> <li>2. Number of new vaccination sites/partners</li> <li>3. Number of vaccines utilized per site</li> </ol>				
5. Advocate CDC to allocate portion 317 for adult vaccination (HBU)	<ol style="list-style-type: none"> <li>1. Create workgroup to research/advocate/push for...</li> <li>2. Bring/invite relevant/appropriate CDC partners, HHS, WH, etc to the table</li> <li>3. Work with Congressional Hepatitis Caucus to advance policy agenda</li> </ol>	<ol style="list-style-type: none"> <li>1. Successful workgroup created</li> <li>2. Number of meetings</li> <li>3. Number of VFAR doses</li> </ol>		x	x	

6. Share best practices for improving vaccine completion rates (HBU)	1. Assess, develop and disseminate best practice tools, trainings 2. Identify strategies for coalitions to use to obtain HBV vaccine for at-risk adults	1. Number of tools and trainings 2. Increase number of completion rates 3. Decrease number and percent of new cases					
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<b>STRATEGIC PRIORITY AREA 3: Eliminate Perinatal Transmission</b>						
<b>Goal 3: Elimination of Perinatal Transmission</b>						
<b>Objective</b>	<b>Activities</b>	<b>Measures</b>	<b>6mo</b>	<b>12mo</b>	<b>24mo</b>	<b>Comments/Feedback</b>
<p>1. Increase education of all HBV-infected women (HBU)/(LCL)</p> <p>2. Provide appropriate case management for HBV-infected pregnant women (HBU)/(LCL)</p> <p>3. Raise awareness among women’s AANHOPi health organizations and medical societies (HBU)</p>	<p>1. Develop and identify in-language materials and resources for HBV education of infected pregnant women</p> <p>2. Develop educational materials for providers and advocate for case management of infected pregnant women</p> <p>3. Identify pockets of perinatal transmission by geography, ethnicity, etc.</p> <p>4. Identify Hep B United partners to serve as champions</p> <p>5. Determine possible organizations/people for strategic partnerships (perinatal coordinator, CBOs, FQHCs)</p> <p>6. Determine baseline of surveillance.</p> <p>7. Advocate for standing orders to prevent HBV perinatal transmission at all birth hospitals and clinics</p> <p>7. Outreach to NAPAWF, NCAPIP, others.</p>	<p>1. Estimates of CDC perinatal transmissions rates decrease</p> <p>2. Reporting by perinatal coordinators is improved</p> <p>3. Number of reported perinatal transmission rates measured in 12 month increments.</p>				