Highlights from the Consultation on:

Expanding Roles and Opportunities for Nonfederal Stakeholders to Implement the Action Plan for the Prevention, Care, and Treatment of Viral Hepatitis (2014–2016)

April 4, 2014

Combating the Silent Epidemic of Viral Hepatitis
Action Plan for the Prevention, Care & Treatment of Viral Hepatitis

This report was prepared under the direction of the U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Health, Office of HIV/AIDS and Infectious Disease Policy (OHAIDP) by Altarum Institute, contract #HHSP233209562WC. Information and recommendations contained in the report were gleaned from discussions with and recommendations made by the participants in the technical consultation on "Expanding roles and opportunities for nonfederal stakeholders to implement the *Action Plan for the Prevention, Care, and Treatment of Viral Hepatitis (2014–2016)",* which was held on April 4, 2014. Ms. Corinna Dan, RN, MPH, Viral Hepatitis Policy Advisor in OHAIDP, coordinated development of this report with support from Michelle Moses-Eisenstein, MPH. Working under Altarum Institute's contract with OHAIDP, Altarum staff members Tanesha Burley, MPH; Deborah Finette; and Roy Quini along with consultant Steve Holman, MBA, assisted OHAIDP in developing and formatting this meeting report.

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Executive Summary

In April 2014, the U.S. Department of Health and Human Services' Office of HIV/AIDS and Infectious Disease Policy (OHAIDP) convened a full-day consultation to explore opportunities for nonfederal stakeholders to engage in implementation of the updated *Action Plan for the Prevention, Care and Treatment of Viral Hepatitis (2014–2016)*. Consultation participants represented a variety of sectors whose engagement is vital to the success of the updated action plan, including patient advocates, health departments, health care providers, researchers, and the pharmaceutical industry as well as representatives of many of the federal agencies and offices engaged in implementing the plan.

This report highlights some of the innovative themes and specific recommendations that emerged from the meeting. Four key themes emerged along with specific recommendations for actions that nonfederal stakeholders could undertake to drive progress across each of the updated plan's six priority areas.

Leverage opportunities available through the Affordable Care Act

The health care law expands opportunities for the delivery of a variety of viral hepatitis services. This and other benefits of the ACA were the topic of many conversations during the consultation. Participants recommended providing ACA enrollment outreach workers with information about viral hepatitis, providing hepatitis outreach workers with information about ACA enrollment, highlighting ACA success stories for people living with or at risk for viral hepatitis, capitalizing on the ACA requirement that nonprofit hospitals conduct community health needs assessments, and strengthening linkage to coverage for persons living with chronic hepatitis B or C infection who are being released from incarceration.

Expand viral hepatitis education to improve vaccination rates, increase testing, and expand access to care and treatment

A second key theme that emerged from the consultation was the need to work in creative new ways with existing stakeholders while engaging new partners to expand and enhance viral hepatitis education for health care providers and heavily affected communities. Toward that end, participants recommended further engaging schools of medicine, nursing, public health, and other health professions as well as health profession student associations around viral hepatitis; engaging health and social services providers who serve affected immigrant and refugee populations; and engaging faith-based organizations and communities to enhance community awareness of viral hepatitis.

Strengthen collaboration with the private sector and the business community

Exploring opportunities for new collaborations with private industry was a third theme around which participants offered recommendations. Given that viral hepatitis affects as many as 5 million Americans and, when it goes undiagnosed and untreated, results in substantial health care costs and loss of productivity, participants reasoned that the business community should have a substantial interest in participating in efforts that can reduce or prevent these outcomes. Participants recommended pursuing a variety of opportunities with a broad cross-section of the private sector, including encouraging employers, labor unions, and workplace wellness programs to educate employees about viral hepatitis and engaging community pharmacists in expanding targeted viral hepatitis education, diagnosis, and medication management.

Incentivize and facilitate increased health care provider participation in hepatitis prevention, screening, and care activities

The final theme from which several recommendations arose dealt with the necessity of increasing health care provider engagement in viral hepatitis prevention, diagnosis, care, and treatment services. This requires increasing the number of health care providers from various disciplines who consistently address hepatitis B and C prevention, diagnosis, care, and treatment with their patients. Consultation participants offered a number of suggestions to achieve these outcomes, including utilizing recognition programs to reward providers; paying for performance; providing incentives for patients as well as providers; and using electronic medical record features to provide feedback on the provision of viral hepatitis services.

Background/Overview

To more fully explore opportunities for nonfederal stakeholders to engage in implementation of the updated *Action Plan for the Prevention, Care and Treatment of Viral Hepatitis (2014–2016)*, the U.S. Department of Health and Human Services (HHS) Office of HIV/AIDS and Infectious Disease Policy convened a full-day consultation on April 4, 2014.

The updated Viral Hepatitis Action Plan, released the day prior, builds on the success of the nation's first comprehensive Viral Hepatitis Action Plan (2011–2013) and organizes more than 150 actions to be undertaken by federal agencies and offices around six priority areas. The updated Viral Hepatitis Action Plan underscores that our nation's goals for the prevention, treatment, and care of viral hepatitis cannot be achieved through federal action alone, calling for the active involvement of a broad mix of nonfederal stakeholders from various sectors. Toward that end, the updated plan includes six brief lists of "Opportunities for Nonfederal Stakeholders," one for each of the plan's six priority areas.

The purpose of the consultation was to discuss and expand upon those initial lists of actions that nonfederal stakeholders from various sectors could undertake to complement the federal efforts detailed in the plan. Consultation participants represented a variety of sectors whose engagement is vital to the success of the action plan, including patient advocates, health departments, health care providers, researchers, and the pharmaceutical industry (see Appendix A for a full list of the participants). This report highlights some the more novel and innovative themes and specific recommendations for action that emerged in the hope that these may motivate other nonfederal stakeholders to engage in growing efforts to improve our nation's response to viral hepatitis.

Read more about the Action Plan for the Prevention, Care and Treatment of Viral Hepatitis (2014–2016) *at this page maintained by AIDS.gov: www.aids.gov/hepatitis.*

Themes and Recommendations

Throughout the consultation four key themes emerged along with specific recommendations for actions that nonfederal stakeholders could undertake to drive progress across each of the updated plan's six priority areas.

I. Leverage opportunities available through the Affordable Care Act

The updated Viral Hepatitis Action Plan seeks to harness several important trends and advances, including opportunities resulting from the implementation of the Affordable Care Act (ACA).

The health care law increases access to safe and effective hepatitis A and B vaccinations, expands opportunities for screening for hepatitis B and C, and facilitates care and treatment for those living with these diseases. These and other benefits of the ACA were the topic of many conversations during the consultation. Among the specific recommendations were the following:

A. Provide ACA enrollment outreach workers with information about viral hepatitis, and provide hepatitis outreach workers with information about ACA enrollment

Several participants suggested that during the subsequent open enrollment periods, outreach workers, application counselors, and others assisting individuals through the process for signing up for health coverage be briefed about the prevalence of viral hepatitis and the preventive benefits covered under the ACA. That way, they could use this information among their examples of the benefits of gaining coverage. This may be especially helpful when engaging with individuals from populations disproportionately affected by viral hepatitis such as baby boomers, African Americans, or Asian Americans and Pacific Islanders. (While the next Marketplace open enrollment period won't begin until November 2014, there is no limited enrollment period for Medicaid and the Children's Health Insurance Program (CHIP), so outreach workers assisting with enrollment in those programs could begin using viral hepatitis information immediately.)

Consultation participants also recommended that health departments and community-based organizations engaged in promoting awareness of hepatitis B and C among vulnerable populations ensure that their staff and volunteers are well briefed on the relevant provisions of the ACA and when and how someone in need of coverage can enroll. That way, they can counsel clients with whom they interact about how gaining access to high quality health coverage could assist them in preventing, diagnosing, and/or caring for hepatitis B or hepatitis C.

POSSIBLE ACTION STEPS:

- ☐ Learn more about the ACA benefits related to hepatitis B and C prevention, screening, care, and treatment. Make sure that others in your organization know about these and can educate others.
- ☐ Identify organizations in your community providing ACA enrollment assistance, and approach them about the importance of addressing viral hepatitis among high-prevalence populations in your community. Inform them about the relevant ACA benefits, and propose that they use this information as one of their outreach and enrollment tools.

B. Highlight ACA success stories for people living with or at risk for viral hepatitis

Consultation participants affirmed that people living with or at risk for HBV and HCV are benefitting from the ACA and that it is vital to ensure those needing viral hepatitis services such as vaccination, screening, and linkage to care and treatment learn about the viral hepatitis-specific benefits of health care coverage and how to access these benefits. One method by which this can be done, as several consultants suggested, is to share "success stories" from individuals living with or at risk for HBV or HCV who have gained access to preventive, screening, or treatment services through the health coverage they gained as a result of the ACA. These success stories may help incentivize others to get covered or make use of the benefits that they now have as a result of gaining new coverage. These stories can be shared via social media, including as part of the ACA's #GetCovered campaign, which is inviting individuals who have enrolled in health coverage through the Health Insurance Marketplace or are benefiting from new protections under the ACA to share their stories.

POSSIBLE ACTION STEPS:

- ☐ Identify individuals living with hepatitis B or C who have gained access to coverage as a result of the ACA and inquire whether they would be willing to share their "success story" through your organization, a health department, or another venue. Help them prepare a concise and compelling summary of their experience.

C. Capitalize on the ACA requirement that nonprofit hospitals conduct community health needs assessments

The ACA added new requirements that the nation's nearly 3,000 nonprofit hospital organizations must satisfy in order to maintain their nonprofit status. Among these is the requirement that, on a facility-by-facility basis and at least once every 3 years, nonprofit hospitals must conduct a community health needs assessment (CHNA), produce an implementation plan for addressing community health needs, and make these reports accessible to the public. The CHNA requirement is designed to inform a hospital's understanding of how community needs will shift as more people obtain insurance and help identify community-specific issues and public health challenges. In conducting the CHNA, nonprofit hospitals are required to use local data and community stakeholder input to identify and prioritize their community's health needs and the development of strategies to address the identified needs.

Some participants observed that for communities with a high burden of viral hepatitis, this new requirement creates an opportunity for hospitals, governmental public health agencies, and other stakeholders—including persons living with hepatitis B or C and their advocates—to accelerate improvement in a community's response to viral hepatitis.

POSSIBLE ACTION STEPS:

- ☐ Approach your local nonprofit hospital's administration and learn more about their processes and plans for conducting the CHNA. Inquire whether viral hepatitis is included among the health issues being examined. If it is not, be prepared to use data and other information to make a persuasive case for why you think that it merits their consideration.
- ☐ Develop one or more thoughtful suggestions about specific actions that your local nonprofit hospital might undertake to strengthen viral hepatitis prevention, screening, care, and/or treatment in your community. Be ready to indicate how you or your organization might be able to assist in such efforts.

D. Strengthen linkage to coverage for those being released from incarceration

Noting that some studies have shown high rates of viral hepatitis among prison and jail populations, some participants

recommended strengthening efforts to ensure that as they are released from incarceration, detainees with chronic viral hepatitis are connected to health coverage. Ensuring linkage to health coverage is often part of pre-release transition planning in corrections facilities. In some states, it is now possible for incarcerated individuals to use the ACA's Health Insurance Marketplace to apply for Medicaid coverage. While Medicaid will not pay for their medical care while they are in prison or jail, if they enroll in Medicaid while incarcerated, they may be able to get needed care more quickly after release. Since some special rules apply to health care options for incarcerated individuals, consultants recommended reviewing the details available at http://www.healthcare.gov/incarceration/.

POSSIBLE ACTION STEPS:

- ☐ Confer with authorities from local jails and/or the state prison system to determine how linkage to health care coverage is addressed in pre-release or transition planning. Discuss data on high prevalence rates of viral hepatitis among the incarcerated population, and explain how facilitating access to coverage as well as linkage to a health care provider or clinic can facilitate improved outcomes for the formerly incarcerated individuals living with hepatitis B or C.

II. Collaborate with new and existing partners to expand and enhance viral hepatitis education for both providers and communities to improve vaccination rates, increase testing, and expand access to care and treatment

A second key theme that emerged from the consultation was the need to work in creative new ways with existing stakeholders while engaging new partners in this work. Consultation participants' recommendations included the following:

A. Further engage schools of medicine, public health, nursing, pharmacy, and other health professions as well as minority health profession student associations

To augment actions detailed in the plan to improve the education of providers at all levels of the health care system about viral hepatitis prevention, care, and treatment, many consultation participants recommended that parallel efforts be undertaken to ensure that students in schools of medicine, nursing, public health, pharmacy, and other health professions receive training so that they are equipped with basic knowledge about viral hepatitis, including epidemiology, natural history, prevention, diagnosis, and treatment.

Many consultants observed that as the implementation of routine viral hepatitis testing expands and therapeutic options for viral hepatitis treatment become more effective and better tolerated, the need for a well-informed health care workforce will only increase. To expand the of U.S. health care workforce's capacity to address viral hepatitis successfully, consultation participants recommended the following:

POSSIBLE ACTION STEPS:

- ☐ Work with the Association of American Medical Colleges and other groups to ensure that information about screening for and treating HBV and HCV is incorporated in medical school curricula;
- ☐ Work with opinion leaders and educators to ensure that HBV and HCV are also addressed in nursing schools, schools of public health, and training programs for other health professions; and
- ☐ Pursue collaborations with medical and other health profession student associations, particularly those targeting minority providers, such as the American Medical Student Association, the Student National Medical Association, the Asian Pacific American Medical Student Association, the National Student Nurses Association, and the Black Student Nurses Association.

One participant suggested that schools of public health could be engaged to explore innovative ways to improve hepatitis C surveillance, which could help address current gaps. Another suggested that schools of public health could be engaged in studies of the long-term economic and societal consequences of undiagnosed viral hepatitis, which could then help inform education activities, policy development, and clinical practice.

B. Engage health and social services providers who serve affected immigrant and refugee populations

Immigrants and refugees from hepatitis B-endemic areas are among the populations disproportionately affected by viral hepatitis in the United States. Data on the prevalence of HCV among immigrants and refugees is less available. However, chronic viral hepatitis among immigrants and refugees is often overlooked, despite the fact that they often access a variety of health and social services that may provide opportunities to intervene with diagnosis, linkage to care, and preventive services. Several consultants recommended engaging those providers. For example, one consultant suggested that community

health centers might work to improve awareness among their personnel about immigrant and refugee populations with high rates of chronic viral hepatitis, and promote appropriate screenings as a standard of care for those populations. Another consultant observed that in several jurisdictions there are well-organized cultural and/or social services groups serving immigrant and refugee populations and their expertise and existing relationships could be leveraged to facilitate the delivery of culturally competent viral hepatitis education and referral to viral hepatitis services.

POSSIBLE ACTION STEPS:

- ☐ Identify local community health centers serving neighborhoods with significant numbers of patients who are immigrants from countries with high prevalence rates of hepatitis B (e.g., Asia, areas of Latin America and sub-Saharan Africa). Offer to assist them with hepatitis training for staff and/or with outreach to engage the immigrant population in the community.
- ☐ Seek out local organizations or agencies that serve immigrant populations, and engage them in efforts to educate their constituents about viral hepatitis and the importance of prevention, screening, care, and treatment. Offer to assist in developing culturally tailored materials that help connect specific populations with hepatitis services in the community.

C. Engage faith-based organizations and communities

Faith communities have successfully partnered in a variety of health education and promotion activities for other diseases and conditions, from heart disease and obesity to HIV and seasonal influenza. Consultation participants recommended that stakeholders work to educate faith communities, especially those serving populations disproportionately affected by hepatitis B and C, about the scale and scope of viral hepatitis in the United States and invite them to assist in efforts to educate their community members about the disease. Some faith communities might even be interested in partnering with health departments, hospitals, or others to offer testing; vaccination; and, referral to care.

One participant recommended supporting operational research on the effectiveness of faith-based hepatitis education and screening programs, so that those findings could be shared with other communities seeking to address viral hepatitis.

POSSIBLE ACTION STEPS:

- ☐ Identify leaders of health activities at local churches, synagogues, temples, mosques, or other faith communities. Discuss whether viral hepatitis is among the health topics they address. If not, explain why it may be a topic of concern to the congregation, especially if it comprises a significant number of individuals from populations disproportionately affected by hepatitis B or C.
- ☐ Offer to assist the faith-based organization in incorporating viral hepatitis education into a health fair or another appropriate event.
- ☐ Propose specific messages that could be incorporated into newsletters or other outreach supported by the organization. Adapt or use materials from relevant Centers for Disease Control and Prevention (CDC) viral hepatitis campaigns such as Know More Hepatitis or Know Hepatitis B. Highlight where hepatitis services are available in the community.

III. Strengthen collaboration with the private sector and the business community

The updated Viral Hepatitis Action Plan identifies a number of actions involving collaborations with private industry, primarily in the development of improved testing technologies, tamper-evident or tamper-resistant injection equipment, and new treatments. In addition to continuing to engage partners from the pharmaceutical and medical device industries, consultants recommended pursuing opportunities to expand the range of collaborative activities with a much broader cross-section of private sector businesses. Given that viral hepatitis affects as many as 5 million Americans and, when it goes undiagnosed and untreated, results in substantial health care costs and loss of productivity, participants reasoned that the business community should have a substantial interest in participating in efforts that can reduce or prevent these outcomes.

A. Encourage employers, labor unions, and workplace wellness programs to educate employees on viral hepatitis

Consultation participants recommended that federal partners, health departments, patient advocacy organizations, and others work with large employers, labor unions, and organizations that support workplace wellness programs to educate them on viral hepatitis, including the importance of diagnosis and treatment to prevent end-stage liver disease and liver cancer, and invite them to join in efforts to strengthen our nation's response by educating their employees and members.

Participants recommended integrating viral hepatitis into company-sponsored health fairs. This could involve sharing information on hepatitis B and C, heart disease, diabetes, HIV, and other health conditions. Health fairs could also provide opportunities to promote the CDC and U.S. Preventive Services Task Force (USPSTF) recommendation for one-time hepatitis C testing for "baby boomers" (individuals born 1945–1965) using materials and tools available from CDC's Know More Hepatitis campaign. If the employer's workforce includes a number of Asian Americans and Pacific Islanders—another population disproportionately impacted by viral hepatitis—employers could make use of educational materials from CDC's Know More Hepatitis B campaign. Just as many health fairs offer diabetes and HIV screening, the health fair organizers could partner with a health care provider to offer screening using the rapid HCV test. For employers or unions that do not conduct health fairs, consultants suggested sharing viral hepatitis education via company or union newsletters, emails, and/or employee websites.

One participant suggested that a national business and labor mobilization campaign, modeled on the CDC-supported Business Responds to AIDS/Labor Responds to AIDS (BRTA/LRTA), may be worth pursuing. BRTA/LRTA partners with businesses, labor organizations, health departments, and other public- or private-sector groups to promote and support HIV prevention through the nation's workplaces and workforce.

POSSIBLE ACTION STEPS:

- ☐ Share information about viral hepatitis with administrators of workplace wellness programs for large employers in your area. Invite them to consider integrating viral hepatitis education in their activities and offer to assist with linking them to relevant messages, tools, and informational resources. Explain the importance of the CDC and USPSTF "baby boomer" birth cohort testing recommendations as a strategy to prevent severe liver disease.
- ☐ Offer to organize a viral hepatitis education table at the next health fair for a large employer in your area.

- ☐ Explore whether your state or community has an alliance of businesses concerned about health issues. If so, make a presentation to them about the silent epidemic of viral hepatitis.

B. Engage community pharmacists in expanding targeted viral hepatitis education, diagnosis, and medication management

Some consultation participants observed that the expertise of community pharmacists has not been engaged to the fullest extent possible in efforts to address viral hepatitis. Given their broad geographic distribution and role as a trusted source of health information in their communities, participants suggested that opportunities be explored to engage pharmacists in the following activities:

- Viral hepatitis education tailored to the population(s) whom they serve, including referrals to local providers for screening;
- Hepatitis B vaccination, where state law allows;
- Hepatitis C screening using the rapid point-of-care test; and
- Viral hepatitis treatment adherence support and monitoring.

Examples of successful involvement of community pharmacists in such activities should be recognized and highlighted.

POSSIBLE ACTION STEPS:

- ☐ Identify pharmacies in neighborhoods of your community where there is a significant population of one or more groups that are disproportionately affected by viral hepatitis. Approach pharmacists in those neighborhoods to see whether they would be willing to collaborate in an effort to educate customers about viral hepatitis.
- ☐ As circumstances and resources permit, explore the possibility of offering viral hepatitis testing and HBV vaccination at pharmacies that already offer clinical services.

IV. Incentivize and facilitate increased health care provider participation in hepatitis prevention, screening, and care activities

The fourth theme around which several recommendations arose dealt with the necessity of increasing health care provider attention to and engagement in viral hepatitis prevention, diagnosis, care, and treatment. This involves increasing the number of health care providers from various disciplines who are engaged as well as ensuring that providers consistently address HBV and HCV prevention, diagnosis, care, and treatment with their patients. Consultation participants offered a number of suggestions regarding ways to achieve these outcomes, including the following:

A. Utilize recognition programs to reward providers

Several participants endorsed local and even national recognition programs as strategies that could incentivize both health care providers and health care systems (e.g., hospitals, clinics, medical practices) to sharpen and sustain their focus on viral hepatitis prevention, screening, care, and treatment. The Clinician's Honor Roll administered by San Francisco Hep B Free is one such model that could be replicated. Designed to foster improvement in hepatitis B testing and vaccination practice patterns among clinicians in a city where one-third of the residents are Asian or Pacific Islander, a population disproportionately affected by hepatitis B, since 2009 the Honor Roll has publicly recognized primary care practitioners who pledge to follow CDC's hepatitis B screening guidelines. The Honor Roll is published annually by the San Francisco Medical Society as well as in local newspapers and Asian community publications. The number of clinicians recognized has grown over the years, as has the number of additional partners in the recognition program, which now includes both the local health department and the HHS Region IX Regional Health Administrator. Participants suggested that this model could be replicated in other communities for HBV screening or for the CDC and USPSTF recommendations for one-time HCV screening among the 1945–1965 birth cohort.

Another approach to recognition activities involves institutional rather than individual recognition. An example is the Immunization Action Coalition's Hepatitis B Birth Dose Honor Roll, which recognizes birthing institutions that have attained high birth dose coverage rates. The program was launched in 2013 as part of IAC's Give Birth to the End of Hep B initiative that urges the nation's birthing institutions to adopt or strengthen their hepatitis B vaccine birth dose policies.

POSSIBLE ACTION STEPS:

- ☐ Determine whether there are any similar physician recognition programs in your community and who their local champions are. Investigate whether it may be possible to incorporate hepatitis B vaccination or screening for hepatitis B or C into existing programs.
- ☐ Find out whether other viral hepatitis stakeholders, including care providers, in your community would be willing to collaborate to establish a physician recognition program. Identify and approach additional prospective partners in this effort whose involvement could increase the acceptability of the program among the target audience (e.g., local chapters of medical associations, health departments, local media).

B. Pay-for-performance

Pay-for-performance refers to financial incentive programs to improve quality of care and contain health care costs. In some pay-for-performance models, monetary

incentives for hospitals, physicians, and other health care providers are given for improved care or patient outcomes, based on a variety of quality or performance measures. Although "pay for performance" interventions are no panacea, in some targeted and specific settings or circumstances, they might be used to incentivize viral hepatitis services such as screening and vaccination, including the birth dose. Pay-for-performance could also be used to improve the consistent adoption of universal precautions, especially around blood and needle safety, to protect providers and patients from health care associated viral hepatitis.

POSSIBLE ACTION STEPS:

- ☐ Investigate whether any academic medical researchers in your community are engaged in or would be interested in pursuing research on the efficacy of pay-for-performance strategies to improve the provision of viral hepatitis prevention, diagnosis, and care services.

C. Provide incentives for patients as well as providers

Several participants pointed to other possible incentives that might be deployed to increase the number of health care providers engaged in viral hepatitis prevention, screening, and treatment. Among these are convenient and useful continuing medical education (CME) offerings on these subjects for physicians, nurses, and mid-level health care providers.

Other participants noted that studies have shown that in some cases incentives for clients can positively influence health behaviors and attendance at appointments. A recent U.K. study demonstrated that providing "modest financial incentives" via voucher significantly improved completion of all three doses of HBV vaccination among individuals receiving opioid substitution therapy, a high-risk group for hepatitis B infection and transmission[1]. A participant suggested that such models may merit further exploration regarding how financial and other incentives may improve not only adherence to vaccination schedules but also attendance at checkups, medication adherence, and other behaviors that could improve health outcomes.

POSSIBLE ACTION STEPS:

- ☐ Identify and help raise awareness of viral hepatitis continuing education opportunities available to physicians, nurses, and other health care providers in your community.
- ☐ Investigate whether any academic medical researchers in your community are engaged in or would be interested in pursuing research on the efficacy of incentives for populations in your community that are harder to engage and retrain in either viral hepatitis prevention or treatment.

D. Increase use of electronic medical record (EMR) features to improve viral hepatitis prevention, diagnosis, care, and treatment

Several participants noted that that the increasing adoption of EMRs provides numerous opportunities to implement features and practices that could support improvement in the prevention (e.g., vaccination), diagnosis, care, and treatment of hepatitis B and C.

The adoption of EMR features that provide prompts or pop-up reminders to screen patients who meet certain criteria is one such potentially helpful feature offered by these new decision support and recordkeeping platforms. For example, the EMR can be programmed to include a query about a patient's country of origin.

[1] Weaver et al., Use of contingency management incentives to improve completion of hepatitis B vaccination in people undergoing treatment for heroin dependence: a cluster randomised trial. The Lancet, Early Online Publication, 9 April 2014. doi:10.1016/S0140-6736(14)60196-3A

Depending on the response, this can trigger a prompt for HBV screening. Similarly, the EMR can trigger a prompt for HCV screening based on year of birth if the patient was born between 1945 and 1965 and has no record of the recommended one-time HCV test.

The use of EMRs also aids practices, clinics, and systems to monitor the quality of care. For example, some clinics have added registries to their EMRs to help follow up with clients living with HBV or HCV. At least one clinic has developed a specialized daily report via the EMR to alert providers to those patients on the day's appointment list who need HBV testing. Others have used EMR data to set and monitor goals for vaccinating or screening patients who meet specific criteria.

POSSIBLE ACTION STEPS:

- ☐ Learn more about EMRs and share case studies and examples of how providers have successfully used EMR features to improve viral hepatitis outcomes (e.g., increasing hepatitis B vaccination rates, increasing the proportion of patients from populations disproportionately affected by hepatitis B or C who are screened).

Next Steps

All stakeholders, nonfederal and federal, are encouraged to review the innovative themes and highlighted recommendations on the previous pages (along with the full list of suggestions generated during the consultation presented in Appendix B) and the updated Viral Hepatitis Action Plan, and consider whether they may be able to advance any of them through their work. Expanding the number and variety of stakeholders engaged in pursuit of the Viral Hepatitis Action Plan's goals is vital to its success. We are grateful to the consultants for their thoughtful suggestions and their willingness to engage in activities aligned with the Viral Hepatitis Action Plan's goals and priorities.

Learn more about the Viral Hepatitis Action Plan on this page maintained by AIDS.gov (which is administered by OHAIDP): www.aids.gov/hepatitis.

Appendices

Appendix A: List of Stakeholder Consultation Participants

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Appendix B: List of All Consultation Recommendations by Priority Area

During the consultation, participants generated many ideas about activities that nonfederal stakeholders could undertake to engage in activities that support and advance the implementation of the *Action Plan for the Prevention, Care, and Treatment of Viral Hepatitis (2014–2016)*. This report highlighted some of the more novel and promising recommendations. The following is a listing of many more of the ideas shared by the participants.

Priority Area 1 – Educate health care providers and communities to reduce health disparities

Recommendations

Provider education

1. Promote and expand use of telemedicine; replicate and expand Project ECHO.
2. Offer and promote continuing medical education and existing training modules.
3. Develop explanation of potential benefits of viral hepatitis treatment to attract more healthcare providers to the field, e.g., additional reimbursable patient visits, existing incentive programs, cutting edge nature of HCV treatment.
4. Emphasize that HCV is a curable condition in order to reduce stigma.
5. Share information from conferences like The Liver Meeting, Conference on Retroviruses and Opportunistic Infections (CROI), European Association for the Study of the Liver (EASL), Digestive Disease Week Conference (DDW) with providers.
6. Conduct grand rounds at medical facilities on HBV and HCV.
7. Cultivate viral hepatitis champions in medical and nursing leadership organizations, hospitals, and other healthcare settings.
8. Develop a healthcare team by training non-physician staff (e.g., medical assistants, nurses, case managers, etc.) to provide screening, education, and other care management functions.
9. Identify AAPI-serving providers, educate them about HBV disparities and get them engaged in education, screening, and vaccination efforts.
10. Encourage development of medical school elective courses on hepatitis like the Asian Pacific American Medical Student Association.

Suggested Partners for these Actions

- State medical and nursing associations
- Medical and nursing schools, medical boards
- Hospital administrators
- Nursing home and long-term care facility administrators
- Homeless service providers, case managers, and other supportive services staff
- Providers serving at-risk communities, including immigrant and refugee populations, Asians, and institutionalized persons
- Community health centers
- Infectious disease providers

- STI clinics and providers
- Project ECHO sites

Community education

1. Leverage interest in the Affordable Care Act (ACA) – highlighting how ACA supports viral hepatitis prevention, screening and care.
2. Expand and promote viral hepatitis education, outreach, testing and referral.
3. Disseminate information about viral hepatitis via advertisements, podcasts, social media, billboards, and community newspapers to reach an even broader audience.
4. Work with industry to develop and disseminate more community-oriented information including ads, podcasts, and social media messages.
5. Debunk myths, normalize, and de-stigmatize hepatitis B and hepatitis C.
6. Work with communities to address hepatitis B and C in persons who inject drugs (PWID):
    - Develop educational materials for syringe exchange programs and methadone treatment programs; include messages around risk reduction, testing, drug treatment, and HCV treatment.
    - Develop outreach strategies to find and engage PWID in rural and other non-urban settings who are not currently receiving viral hepatitis education, risk reduction, screening, or care.
7. Engage large employers and other community organizations to provide viral hepatitis information, screening, and vaccination at health fairs.
8. Develop a toolkit with information on viral hepatitis that is culturally relevant including slides, handouts, etc. and share with partners to amplify messages and conduct outreach and training.

Suggested Partners for these Actions

- Faith-based organizations
- Businesses
- Community leaders
- Community health workers and interpreters
- Pharmacies
- Pharmaceutical industry companies
- Immigrant and refugee health programs
- Infectious disease doctors

Priority Area 2 – Improve testing, care, and treatment to prevent liver disease and cancer

Recommendations

1. Incorporate viral hepatitis-related automatic prompts in EMRs to increase screening and diagnosis rates. Specifically:
   - Add a hepatitis C testing reminder on intake forms for regular medical visits to enhance uptake of birth cohort ("baby boomer") testing recommendation; and
   - Add an automatic prompt for an HCV RNA test after a positive antibody result.
2. Describe and disseminate model programs for adoption and adaptation.
3. Encourage use of clinical decision support tools in EMRs, for example:
   - Include patient's country of origin and trigger prompt for HBV screening if it is country with known high HBV prevalence.
   - Incorporate an automatic prompt to test anyone born between 1945-1965 for HCV.
4. Develop and put into use quality measures related to viral hepatitis screening.
5. Include HBV and HCV screening, testing, vaccination, and follow-up care in the Healthcare Effectiveness Data and Information Set (HEDIS)[2].
6. Integrate HBV and HCV into physician training programs.
7. Explore adopting/expanding models like San Francisco Hep B Free's Clinicians Honor Role.
8. Develop an extended healthcare team by training non-physician staff to provide screening, education, and follow up including medical assistants and technicians, nurses, pharmacists, social workers, counselors, case managers, and others.
9. Promote key messages to increase testing and linkage to care:
   - Start talking about viral hepatitis prevention and diagnosis as "liver cancer prevention."
   - Promote one-time HCV screening for individuals born between 1945- 1965 as recommended by both CDC and USPSTF.
   - Use available public and provider education tools – CDC's Division of Viral Hepatitis has lots of good messages and tools available online that should be more widely used.
10. Develop and use culturally and linguistically appropriate messages and campaign materials.
11. CDC and others have promoted HIV testing with 'take the test' campaigns that have included messages in subway stations and other public places as well as testing offered in non-healthcare settings with referrals to care for those who test positive. Need to do the same for hepatitis B and C.
12. Promote HCV screening among individuals born between 1945-1965 in workplace wellness programs.
13. Use rapid HCV tests in non-clinical settings to increase and improve screening efforts.

[2] The Healthcare Effectiveness Data and Information Set (HEDIS) is a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service. Altogether, HEDIS consists of 75 measures across 8 domains of care. Because so many plans collect HEDIS data, and because the measures are so specifically defined, HEDIS makes it possible to compare the performance of health plans on an "apples-to-apples" basis. Administered by NCQA. See http://www.ncqa.org/HEDISQualityMeasurement.aspx

14. Develop and promote tools that can help local health departments engage in the promotion of viral hepatitis awareness, prevention, screening and linkage to care.
15. Engage and partner with state and local health departments to promote viral hepatitis testing, care, and treatment.
16. Improve linkage to viral hepatitis care by:
    - Engaging case workers, social workers, community health workers.
    - Improving follow-up after diagnosis – implement patient reminder systems, explore use of patient navigator programs such as the HIV model.
    - Following-up with patients who were previously diagnosed, but not treated. Consider best practice model such as Kaiser Permanente's use of a registry of all patients with HBV monitored by a dedicated nurse practitioner who follows up annually with all patients and conducts outreach to physicians to ensure patients are getting appropriate annual testing and follow up. The model also could be used for those living with HCV and could be effective in engaging them in care and treatment especially if providers emphasize the possibility of being cured.
17. Describe and share the pathways that patients use to access viral hepatitis care.
18. Work with state and local substance abuse providers to get viral hepatitis screening included in substance abuse treatment intake requirements.
19. Replicate the model program "HepB Moms," a New York City primary care medical home model for coordination of care that serves both mother and baby at point of care.
20. Make viral hepatitis testing routine in emergency rooms.
21. Develop and implement guidance for identifying the following groups: patients with acute hepatitis C; cured patients with cirrhosis; hepatitis C; and liver cancer and develop simple algorithms for primary care providers.
22. Widely disseminate the new CDC hepatitis C testing algorithm.

Suggested Partners for these Actions

- National Committee for Quality Assurance
- San Francisco Hep B Free
- Asian Pacific American Medical Student Association and other minority student medical and health professions associations
- Case workers, social workers, community health workers
- HepB Moms
- State and local health departments
- Kaiser Permanente and other large health systems
- State substance abuse authorities
- State and local substance abuse treatment providers and facilities
- Emergency rooms and hospitals

Priority Area 3: Strengthen surveillance to detect viral hepatitis transmission and disease

Recommendations

1. Identify and develop methods to use other sources of data available within a state to improve information on incidence and prevalence of hepatitis B and C, e.g.,
   - Insurance claims data;
   - State Health Information Exchanges– enable automatic disease reporting to health departments;
   - Health center data;
   - Hospital data; and
   - Uniform Data System (UDS) data reported to HRSA.
2. Continue to advocate for changes to CDC's National Health and Nutrition Examination Survey (NHANES) that could augment viral hepatitis surveillance such as:
   - Increase/include under-represented or excluded populations in NHANES, e.g., incarcerated and homeless individuals.
   - Better information about incarcerated populations
     - Develop improved estimates of incarcerated or homeless populations,
     - Note that 58% of African American men without a high school diploma have been incarcerated,
     - 30% of people with HCV have been incarcerated over a year.
   - Example: previous national advocacy efforts helped change NHANES data by oversampling AAPI populations which could improve hepatitis B surveillance estimates.
3. Conduct a one-time (e.g., one day) add-on HCV screening at health clinics for all patients (like the VA did several years ago) to collect point-in-time prevalence estimates, perhaps on Hepatitis Testing Day.
4. Involve communities/engage with researchers in community-based participatory research projects.
5. Explore diverse opportunities around surveillance, including systems developed by the information technology industry like the flu trends on Google.
6. Support and integrate testing for viremia into surveillance efforts at point of care as well as lab-based initiatives.
7. Initiate point of care testing for HBV.
8. Work with individual states to make chronic HBV and HCV reportable diseases of public health importance.
9. Expand utilization of CDC-developed definitions and viral hepatitis reporting form.
10. Develop an enhanced surveillance system that tracks re-infection and liver cancer.
11. Support the CDC Viral Hepatitis Prevention Coordinators and epidemiology efforts in health departments.
12. Work with leading health care systems such as Kaiser, the VA, and others to develop surveillance systems to explore viral hepatitis and health disparities.
13. Share available CDC viral hepatitis surveillance data broadly in communities to illustrate the magnitude of these epidemics.

14. Support expanded hepatitis C RNA [confirmatory] testing.
15. Explore opportunities to enhance surveillance by:
    - Collaborating with national testing labs,
    - Identifying non-federal dollars to support surveillance (e.g., pharmaceutical industry, others).

Suggested Partners for these Actions

- State Health Information Exchanges
- Health centers
- Hospitals
- CDC-supported Adult Viral Hepatitis Prevention Coordinators
- CDC-supported Perinatal Hepatitis B Prevention Coordinators
- State and national laboratories
- Pharmaceutical companies
- Kaiser Permanente and other health systems
- State and local departments of health

Priority Area 4 – Eliminate transmission of vaccine-preventable viral hepatitis

Recommendations

Perinatal Transmission Prevention

1. Ensure that hospitals have clear and consistent policies for birth dose and post-exposure prophylaxis.
2. Add birth dose and post-exposure prophylaxis metrics to quality measures related to hospital and health care provider incentives and collaborate with leadership organizations such as the National Quality Forum, Joint Commission.
3. Replicate promising practices models, e.g., Hep B Moms at Charles B Wang Community Health Center.
4. Promote participation of local hospitals and birthing centers in hepatitis B birth dose recognition programs like "Give Birth to the End of Hep B" sponsored by the Immunization Action Coalition.
5. Promote vaccine education during prenatal care (rather than immediately after birth) – especially about hepatitis B birth dose and prophylaxis.
6. Enhance testing and follow-up with pregnant women, including viral load testing for women identified as HBsAg-positive.
7. Identify, document, and disseminate best practices to identify and engage pregnant women with hepatitis B and link them to care.

Adult Vaccination

8. To improve adult vaccination rates:
    - Engage hospitals in community vaccination efforts in collaboration with community doctors.
    - Explore partnerships with commercial pharmacies.
    - Explore opportunities to offer reduced cost vaccinations in various community settings.
    - Incorporate HBV vaccination in overdose prevention efforts (e.g., naloxone) with PWID.
    - Consider linking HBV vaccination to HIV PrEP protocols/guidance.
    - Make hepatitis B vaccine a standard of care in corrections systems.
    - Educate young people about recommended hepatitis vaccines, use social media to educate young adults.
9. Use vaccine awareness observances to promote HAV and HBV vaccinations, e.g., National Immunization Awareness Month in August and National Infant Immunization Week (NIIW) in late April.

Vaccine Improvement/Research

10. Continue research on a single-dose hepatitis B vaccine.
11. Develop an HCV vaccine.

Suggested Partners for these Actions

- American College of Obstetricians and Gynecologists, American Medical Association, and other health professional organizations
- State Boards of Health
- Hospitals and hospital associations
- Prenatal Clinics
- Faith-based organizations
- The Joint Commission
- National Committee for Quality Assurance
- Community health centers
- Pharmacies
- Community health organizations, including those who serve persons at risk for HIV/AIDS
- Correctional institutions

Priority Area 5 – Reduce viral hepatitis caused by drug-use behaviors

Recommendations

1. Use peer education programs and other campaigns to address the HCV epidemic among young PWID.
2. Leverage new interferon-free HCV treatments to overcome resistance to treating HCV in substance users.
3. Educate PWID regarding risk of re-infection with HCV (cure ≠ immunity to subsequent infection).
4. Partner with medication-assisted substance abuse treatment providers and facilities to provide education and viral hepatitis prevention and care services.

Community Resources

5. Educate infectious disease doctors and Ryan White HIV/AIDS clinics to address risk of sexual transmission of HCV among persons living with HIV/AIDS.
6. Engage mothers of drug users in viral hepatitis prevention efforts using the model of advocate mothers who have survived the loss of a child to drug overdose.

Corrections

7. Provide viral hepatitis testing services in correctional facilities.
8. Examine policies/mechanisms at both federal and state levels to offer peer education and peer support for individuals living with HBV or HCV in correctional settings.
9. Develop quality pre-release planning and programs to better link formally incarcerated persons to health services including viral hepatitis prevention, screening, and care.

Research

10. Promote the further study of using HCV treatment among people who inject drugs as prevention and post-exposure prophylaxis.
11. Develop a vaccine for HCV and ensure PWID are included in the clinical trials.
12. Ensure evaluation is happening to identify and disseminate best/effective practices regarding viral hepatitis prevention, testing, linkage to care, treatment completion among persons who abuse substances.

Suggested Partners for these Actions

- Peer education programs
- Medication-assisted substance abuse treatment providers and facilities
- Infectious disease doctors
- Ryan White HIV clinics
- Correctional facilities.
- Academic and clinical researchers
- Family members of people who inject drugs
- People who inject drugs

Priority Area 6 – Protect patients and workers from health-care associated viral hepatitis

Recommendations

1. Ensure that provider/facility infection control training is updated and that standards are in place.
2. Use new data on the environmental persistence of HCV to develop partnerships to improve safety education – including needle safety-- in hospitals and healthcare systems.
3. Develop a checklist system to ensure infection control standards in residential care facilities (see Atul Gawande's book "The Checklist Manifesto: How to Get Things Right").
4. Emphasize patients' rights related to infection control and encourage patients to be their own safety advocates.
5. Promote/provide education on safe medical device use in eldercare/long-term care facilities.
6. De-stigmatize chronic viral hepatitis infection among providers so they can get tested and treated, by highlighting the availability of curative therapies for HCV and new CDC Recommendations for the Management of Hepatitis B Virus-Infected Health Care Providers and Students.
7. Establish national registries of healthcare workers who have diverted drugs to enable monitoring and prevention of diversion.
8. Require reporting of drug diversion in healthcare settings.

Suggested Partners for these Actions

- Hospitals
- Health systems
- The Joint Commission
- Patient Advocacy Organizations
- One and Only Campaign
- Medical Boards
- American Medical Association and other health professional organizations