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Hep B United Summit 2015

Small Group Sessions: The Future of Hepatitis B Prevention, Education, Care, and Treatment of Chronic Hepatitis B

Priority Area	Discussion Highlights	Strategies
<p>Storytelling to Improve Awareness and Decrease Stigma</p>	<ul style="list-style-type: none"> • How to model your HBV story for different groups- talking to providers vs. community members • Enhancing the use of data with a compelling story- less numbers and more emphasis on the importance of preventive measures through different "real life" scenarios when talking at health fairs. • Use of more community-specific data for different health events when sharing your HBV story. • Putting a face on HBV, making it more personal rather than heavily relying on facts. 	<ul style="list-style-type: none"> • Train HBU members on effective storytelling techniques. • Develop a HBU storytelling communications campaign to complement #justB online story bank. • Develop multilingual storytelling and a variety of communication mediums (digital, audio, video, etc.) • Take #justB campaign stories to events to raise awareness and reduce stigma
<p>Community-Based HBV Screening and Vaccination</p>	<ul style="list-style-type: none"> • Redundant/repeat screenings still an issue. • Recognize barriers to screening include stigma, "life issues", language, health care costs and coverage, fear of discrimination • Integrating HBV and HCV screening/education is a challenge due to stigma around drug usage 	<p>Increase/Access to HBV Screening</p> <ul style="list-style-type: none"> • Build partnerships/referral networks with community health centers and local medical associations/minority medical societies • CBOs train/educate clinical teams on working with immigrant populations and hepatitis B • Identify and disseminate best practices/cost effective strategies for targeting at-risk communities • Identify/ and collaborate with community health advocates/patient navigators • Compare cost effectiveness of clinic-based vs.



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		<p>community screening; compare costs of community screening across HBU sites (negotiate a group deal)</p> <ul style="list-style-type: none"> • Share EMR templates for integrating HBV screening prompts (e.g. Mayo Clinic). <p>Patient Education</p> <ul style="list-style-type: none"> • Systematic education to compel people to get treatment/link to patient assistance programs • Educational focus shifts from mode of transmission to liver health
<p>Access/Linkage to Care and Patient Navigation Systems</p>	<ul style="list-style-type: none"> • Successful strategies include community-based/health fair screening events • Partnering with county hospitals/teaching hospitals, pharmacy/medical student volunteers, etc. • Continued barriers in access to care include low health insurance literacy, time constraints for doctor appointments, clinical resources, overreliance on community volunteers/scheduling conflicts, conflicting referral processes between agencies and community organizations. 	<ul style="list-style-type: none"> • Advocate funding for patient navigators/community health workers (eg. case coordinators/case managers) • Develop materials for HBV carriers-brochure on what to do next, etc. • Develop roadmaps for patients to access care in local areas • Increase education of HBV of general pop (demystifying myths) • Joint testing/screening as requirement (eg. HIV, Tb, etc.)
<p>Federal/State Level Engagement and USPSTF HBV Screening</p>	<ul style="list-style-type: none"> • There continue to be challenges in obtaining Medicare coverage for HBV 	<ul style="list-style-type: none"> • For Medicare coverage, identify research with data points that include individuals on dialysis and ESRD,



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<p>Recommendation Implementation</p>	<p>screening (due to capacity constraints at CMS to fulfill National Coverage Determination request).</p> <ul style="list-style-type: none"> • Efforts needed to address Medicaid coverage for HBV screening in target states. 	<p>hospital data (liver cancer/transplants), dual eligible with Medicaid, and future of health for 45-64 year old population.</p> <ul style="list-style-type: none"> • Leverage industry partners as advocates (e.g. Gilead, Merck, GSK). • For Medicaid, engage in deliberate state-level advocacy (e.g. with district offices and “DC Case Study”). • Build a relationship with the National Association of Medicaid Directors. • Raise awareness about proper reimbursement codes and develop a complaint mechanism for providers and patients when services are not reimbursed. (Tactic: Survey Monkey regarding reimbursement issues.) • Develop individual/community sign-on letter, action alerts and media toolkit to raise awareness (e.g. #coverhepB).
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