



National Task Force on Hepatitis B

Focus on Asian and Pacific Islander Americans

Meeting Notes

Date: Tuesday, March 23, 2021 (every 4th Tuesday of the month)

Time: 3PM ET / 2PM CT / 1PM MT / 12PM PT / 9AM Hawaii

Email: administrator@hepbtaskforce.org

Join Zoom Meeting link:

<https://us02web.zoom.us/j/84716815323?pwd=RWWJdUo4K0NmM1JCY0ZuYVBoWHBWQT09>

Meeting ID: 847 1681 5323

Passcode: 039758

One tap mobile:

+13017158592,,84716815323#,,,,*039758# US (Washington DC)

+13126266799,,84716815323#,,,,*039758# US (Chicago)

Attendance (at or after 3:05PM) are as follows:

Executive Board Members (Officers):

- Co-Chair: Danh Truong, MD, MPH**, Chair, Asian Pacific Health Foundation (San Diego, CA)
- Co-Chair: Richard So, MPH**, Executive Director, SF Hep B Free – Bay Area (San Francisco, CA)
- Secretary: Catherine Freeland, MPH**, Public Health Program Director, Hepatitis B Foundation (Doylestown, PA)
- Administrator (and notetaker): Amy Trang, PhD, MEd**, Founder and CEO, Social Capital Solutions (Chantilly, VA)

Regional Directors:

- Northeast Regional Director: Ruth Brogden, MPH**, Grants Manager, Center for Asian Health at Saint Barnabas Medical Center (Livingston, NJ)
- Mid-Atlantic Regional Director: Kate Lu, MSW, LCSW-C**, Clinic Director, CCACC-Pan Asian Volunteer Health Clinic (Gaithersburg, MD)
- Southeast Regional Director: Christina Meyers, MPH**, ORISE Fellow, CDC Division of Overdose Prevention (Atlanta, GA)
- Midwest Regional Director: Oyu Tumurtuya, PharmD**, Founder & President, Mongolian Community Health Network (Chicago, IL)
- South Midwest Regional Director: Stephen Fakoyejo, MD, MPH** Medical Resident, HCA Houston Healthcare West (Houston, TX)
- Northwest Regional Director: Vacant**
- Southwest Regional Director: Thaddeus Pham**, Viral Hepatitis Prevention Coordinator, Hawaii State Department of Health (Honolulu, HI)

Student Representation

- Sandra Kong**, Stanford Team HBV (Stanford, California)

Board Advisors:

- Richard Andrews, MD, MPH, Board Advisor (HOPE Clinic; Houston, TX)
- Moon Chen, PHD, MPH, Board Advisor (UCDavis; Sacramento, CA)
- Chari Cohen, DrPH, MPH, Board Advisor (Hep B Foundation; Doylestown, PA)
- Robert Gish, MD, Board Advisor (Robert G. Gish Consultants; San Diego, CA)
- Lu-yu Hwang, MD, Board Advisory (Department of Epidemiology, University of Texas HSC; Houston, TX)
- Karen Jobu, Board Advisor (Asian American Community Services; Columbus, OH)
- Amy Tang, MD, Board Advisor (North East Medical Services; San Francisco, CA)

General Members (open to all on listserv; please excuse any typos):

Total Number of attendees: 20

- ☑ Vivian Cheng, Hep B United Philadelphia (PA)
- ☑ Jacki Chen, PhD (NJ)
- ☑ Vivian Ching, CPACS (Atlanta, GA)
- ☑ Binh Tran, PharmD, APHF and Hep Free LA (Los Angeles, CA)
- ☑ Carol Brosgart, MD (Berkeley, CA)
- ☑ John Youhanna, PharmD, Rph, Dynavax in NJ (Emeryville, CA)
- ☑ Meg Chappell, Empire Liver Foundation (New York, NY)
- ☑ Natalie Taylor, Dynavax in Texas (Emeryville, CA)
- ☑ Michael Nimberg, Hepatitis Education Project (Seattle, WA)

Note: There may be some members missing from this list of attendees; please excuse any omission.

Agenda:

- 1) Welcome Task Force members (Amy Trang on behalf of Dr. Danh Truong and Richard So, Co-Chairs)
- 2) Note any changes to previous meeting's notes
- 3) Share decisions made from Executive Board members (Amy Trang)
- 4) Discussion on workplans (Amy Trang and all members)
- 5) Feedback from Regional members (Regional Directors)
- 6) Funding opportunities for Regional sites (Amy Trang)
- 7) Updates on the strategic plan document (Amy Trang)
- 8) Reminders for HBV ECHO program (Catherine Freeland)
- 9) Other items

Notes:

- 1) Welcome: Introduction / Roll Call of Officers and Regional Directors (Amy Trang)
 - a) Members were asked to introduce themselves in the chat box
 - b) Recognize any new members on the call
- 2) Note any changes to previous meeting's notes:
 - a) Correction on Catherine's job title from "Program Manager" to "Program Director."
- 3) Share decisions made from Executive Board members
 - a) After consulting with a few founding members and considering feedback from Task Force members during the strategic planning meetings, the Executive Board members voted to:
 - i) Move forward with the official name change from "National Task Force on Hepatitis B Focus on Asian and Pacific Islander Americans" to "National Task Force on Hepatitis B" to be more inclusive of the service population. We will also informally use "Hep B Task Force" in correspondences. Since the Task Force is not an incorporated entity, no formal or legal paperwork needs to be filed.
 - ii) Keep the logo with modified name change.
 - iii) Revise the mission statement to include:
 - (1) Medical provider community
 - (2) Existing and future workforce development
 - (3) Accessibility and importance of screening
 - (4) Policy development
 - (5) Leveraging partnerships / expertise with current and future healthcare providers
 - iv) Support legislative policies after openly discussing with current Executive Board members, Regional Directors, and members. Our positions on public health policies include:

- (1) We support universal screening and testing for adults age 18 and older.
 - (2) We support universal hepatitis B vaccination for adults age 18 and older after they have been screened, tested, and diagnosed.
 - (3) We support evidence-based guidelines from the Centers for Disease Control and Prevention (CDC).
 - (4) We support in-language resources for community health information.
 - (5) We support affordable care and treatment for patients.
 - (6) Other policies will be considered on a case by case basis.
- v) Relating to legislative policies, the Task Force has signed a letter to support California bill AB789; see copy of the letter at the end of the notes.
- (1) Individual letters are still welcome.
 - (2) Dr. Sam So emailed Amy to remind members that the deadline to submit feedback has been extended to Monday, March 29, 2021. Details are provided at the end of these notes.
- vi) Relating to ACIP support for universal hepatitis B vaccination for adults 18+, we would consider supporting this if it is cost-effective and only after the patients have been screened, tested, and diagnosed.
- b) Comments from members:
- i) Dr. Gish commended the work of the Task Force for doing the extra outreach to members who haven't been able to join the monthly call, but have provided input.
 - (1) Amy appreciated Dr. Gish's comments and added that it was important to reach out to our providers who couldn't make it to the meetings because they had to see patients. We recognize the challenge of the time difference and priorities that all members have and appreciate all the feedback that we were able to collect outside of our normal monthly meetings.
- 4) Discussion on workplans
- a) Based on feedback on the Survey Monkey sign-up and individual emails exchanged, we have the following work groups formed:
 - i) Provider Education Resources:
 - (1) Workgroup members: Dr. Amy Tang, Dr. Robert Gish, Dr. Richard Andrews, Dr. Carol Brosgart, and Dr. Stephen Fakoyejo
 - (2) The first assignment that the group had was to assist with reviewing the training slides provided by the Empire Liver Foundation.
 - (3) Members of this workgroup have also been participating in the planning and/or implementation of the hepatitis B ECHO program.
 - (a) Friendly reminder to continue to invite primary care providers to one of the two sessions that we have each month (details are provided in bullet #8).
 - (b) We are continuing to explore the opportunity to start a hepatitis B ECHO program with Baylor University in Texas.
 - ii) Social Media Campaign:
 - (1) Workgroup members: Amy Trang and Sandra Kong
 - (2) Amy Trang has already created a workplan and began working with an independent graphic designer to create 12 -20 original art messages to post on social media starting at the end of April to promote the campaign in May.
 - (3) TeamHBV will assist with re-activating the Task Force's social media platforms.
 - iii) Workforce Development Opportunities:
 - (1) Workgroup members: Thaddeus Pham, Dr. Amy Tang, and Sandra Kong
 - (2) Amy Trang will coordinate a meeting in April for workgroup members to discuss a work plan.
 - (3) Work plan should include a strategy for reaching out to medical associations in each region to encourage primary care providers to consider treating uncomplicated hepatitis B cases and attend the hepatitis B ECHO program.
 - iv) Mission Revision:
 - (1) Workgroup members: Dr. Lu-yu Hwang and Amy Trang

(2) They will be meeting on Tuesday, April 6th at 10AM Eastern / 9AM Central time to revise the mission based on feedback already provided by Task Force members. Anyone who is interested in joining the work session to help revise the mission is welcome to join; just email Amy for the call information.

v) Fund Development:

(1) No other workgroup members yet; Amy Trang is working on this.

vi) Advocacy & Policy Initiatives:

(1) No other workgroup members yet; Amy Trang will reach out to partners at Hep B United to share the Task Force's interest in addressing:

(a) Affordable Care & Treatment for Patients

(b) Electronic hepatitis B screening for large hospitals in the U.S.

b) Comments from members:

i) Dr. Lu-yu Hwang is happy to see that in addition to the East and West coast hepatitis B ECHO programs we are continuing to explore how to start a program in the South region to cover more parts of the country geographically, as well as in different time zones.

ii) Thaddeus is excited to start on the Workforce Development workgroup and added that the activities would tie into social media work group too as we leverage the participation of students. It would provide medical students with a pathway to getting more involved with hepatitis B work.

iii) Meg Chappell from Empire Liver Foundation showed appreciation for the feedback by the Provider Education Resources workgroup provided for the training slides.

iv) Sandra suggested consideration to use "Slack" for workgroup work; it's a technology platform designed for workgroups. Amy will follow-up with Sandra offline to see how we might be able to integrate that as an option.

5) Feedback from Regional members on their needs

a) Southwest Region (Thaddeus Pham):

i) Thaddeus met with members of Hep B Free LA to get their suggestions for the strategic plan:

(1) Met with Mimi Chang and Koy Prada to learn from their lessons learned and best practices. The feedback aligns with the summary of where the Task Force's mission is heading with universal screening and vaccination after being screened and tested.

(2) Looking into opportunities through the COVID vaccination roll-out and leveraging patient contact opportunities

(3) Dr. Binh Tran added that Koy and Mimi are superstars in what they do for the community; they have been actively engaging the community in getting screened and tested.

(4) Amy shared a few best practices that was shared during that meeting, including 27,000 screenings since 2007 among the uninsured population in LA; that's an average of about 2,000 screenings / year. Their service population includes: Thai, Korean, Mandarin, Cantonese, and Vietnamese speaking populations.

(5) Provider education in primary care setting is the other focus, with the message of increasing access to screening for patients.

(6) Best practices to explore for other Task Force members in other states: ethnocentric messages / handouts about testing information with billing codes for primary care providers in encouraging more providers to screen for hepatitis B (they credited that the original idea was from Asian Liver Center and SF Hep B Free)

(i) The Task Force should look into creating a template on testing information and billing codes for other members to share.

(7) Also, in-language resources for follow-up treatment is a must.

(8) We also discussed about a mobile fibroscan unit for follow-up care, but that is a huge investment to purchase and maintain.

(i) In Hawaii, they are exploring how multiple health centers could partner to purchase and share a mobile fibroscan unit that can be moved from one site to another to be more cost effective; this is a billable service.

- (ii) Southeast Region (Christina Meyers): No new updates this month; will follow-up with partners for next month.
- (iii) Mid-Atlantic Region (Amy Trang for Kate Lu): No new updates for this month.
- (iv) Northwest Region (Amy Trang):
 - 1. The Regional Director position is still vacant. Amy reached out to another individual who was nominated in the Seattle, WA area to seek his interest and availability to serve. Unfortunately, he responded that he might not be the right fit, but is still very supportive of the Task Force's work.
 - 2. Amy will be getting updates from individuals in this region to include their feedback in the overall strategic plan.
- (v) Midwest Region (Dr. Oyu Tumurtuya): No new updates for this month. Hopefully, next month when the COVID situation improves, there will be news to share.
- (vi) South Midwest Region (Dr. Stephen Fakoyejo): No new updates for this month; Dr. Fakoyejo had to step-out to see a patient.
- (vii) Northeast Region (Ruth Brogden): The following was shared via email from Ruth.
 - 1. COVID responsibilities in this region has impacted hepatitis B work.
 - 2. New York State Department of Health / Bureau of Immunization shared the recently calculated 2020 NYS (not including NYC) hepatitis B vaccine birth dose rate is 85%.
 - a. 36 out of 84 hospitals have rates that are 90% and above. These hospitals are eligible for the IAC Hepatitis B Birth Dose Honor Roll. You may view the 2020 NYS (not including NYC) birth dose rate for each hospital since 2012 on Health Data NY.
 - 3. Nothing to report from the New Jersey State level coordinators.
 - 4. From the Saint Barnabas, as part of our automated viral hepatitis screening program in the ED, we are looking to expand this to other hospital EDs in the RWJ system.
 - a. This is an opportunity as the system is switching their EMR to EPIC and can be built across other hospitals to execute automated screening in other regions.
 - b. Through our Community Liaison, we are promoting HBV webinars and thinking creatively what activities we can promote in May for Hepatitis Testing Day amid COVID.

6) Funding opportunities for Regional sites

- a) Amy submitted a proposal to Dynavax to support a universal screening and vaccination campaign on March 14th; we are waiting for feedback.
 - (1) John confirmed that he has sent the proposal along internally and is waiting for feedback.
- b) In short, the purpose of the national universal screening and vaccination campaign is to provide members from all seven Hep B Task Force regions across the United States with the tools and resources needed to promote evidence-based hepatitis B information to prevent liver cancer. Hep B Task Force will coordinate with task force members to leverage existing resources available for primary care providers and community advocates as well as create new social media messages to be promoted among all networks.

- (i) **Project Title:** Screen and Vaccinate to Eliminate Hepatitis B!
- (ii) **Core Message:** Screen, Test, Diagnose, and Vaccinate to Eliminate Hepatitis B in the United States!

(iii) Executive Summary

The National Task Force on Hepatitis B (Hep B Task Force) is requesting funding to support a national universal screening and vaccination campaign. Through a concerted effort among nearly 200 members associated with our national coalition, we will be targeting primary care providers, healthcare workers, caretakers, and patients. Our campaign includes social media messages, webinars coordinated with strategic partners, as well as promoting screening and testing events hosted by community-based organizations (CBOs) and federally qualified health clinics (FQHCs). Hep B Task Force is encouraging members to share the message of “Screen, Test, Diagnose, and Vaccinate to Eliminate Hepatitis B in the United States!”

7) Updates on strategic plan document: see attachment at the end of the notes

8) Reminders for HBV ECHO program:

- i) West Coast hub: **Tuesday, April 20, 2021 at 12:30PM – 1:30PM Pacific Time** (every 3rd Tuesday of the month). Email: echo@sfhepbfree-bayarea.org
- ii) East Coast hub: **Thursday, March 25, 2021 at 12PM – 1PM Eastern Time** and **Thursday, April 29, 2021 at 12PM – 1PM Eastern Time** (every last Thursday of each month). Register in advance for this meeting: <https://us02web.zoom.us/meeting/register/tZYsc-mrqjMjEtZaabsz-qr5iRYvVjKq75ec>
- iii) Note: We are actively encouraging hepatitis ECHO participants to continue to share your real cases to engage others in the learning opportunity. All cases are welcome.
- iv) Please continue to share resources, especially Hep B training opportunities, by emailing administrator@hepbtaskforce.org.

9) Other items:

- i) In closing, Amy remarked that today’s meeting was primarily to share all the work that we’ve been doing for the strategic plan and to report out all the mini discussions members have had throughout the process. Thank you to everyone who made time to share their inputs when they could.
- ii) In the chat box:
 - (1) Thaddeus and Catherine discussed mobile medical units and opportunities to discuss federal advocacy opportunities to engage CMS to change billing codes so patients can be billed for street-based medicine; this is something that NASTAD is exploring right now.
 - (2) See the White Paper at the end of the notes for more details.
 - (3) This could be a topic for discussion in next month’s meeting.
- iii) Dr. Jacki Chen asked Dr. Robert Gish and Dr. Lu-yu Hwang for some guidance on an emergency situation on an infant that was infected with hepatitis B through her mother, i.e. vertical transmission.
 - (1) Dr. Gish indicated that there is a treatment process. Details were shared.
 - (2) Dr. Hwang provided additional clarifying information to consider.
 - (3) Amy Trang also mentioned that she can connect Dr. Jacki Chen to Dr. Amy Tang who also may have experience working with perinatal and infant cases.
 - (4) Note: Details of medical guidance are intentionally being omitted from the meeting notes.

10) Meeting adjourned at 4:00PM Eastern Time.

11) Next Hep B Task Force Zoom meeting date: **Tuesday, April 27, 2021 at 3PM Eastern Time / 2PM Central / 1PM Mountain / 12PM Pacific / 9AM Hawaii** (4th Tuesday of each month)

- i) Suggestions for the next agenda:
 - (1) Wrap up discussion and work of 3-year strategic plan.
 - (2) Share revised mission for discussion and vote.
 - (3) Updates on funding opportunities and/or mini-grants for regional sites.
 - (4) Discuss mobile medical units to promote universal screening and vaccination.
 - (5) Launch social media campaign in May for Hepatitis Awareness Month as well as Asian Pacific Islander American Month. Note: no meetings in May so members could focus on their activities for this month.

Items shared via email:

- 1) To show **support for California Bill AB789**, please see below for the draft text provided by **Asian Liver Center**. **Both individuals and organizations are eligible to submit letters.**

Assemblymember Evan Low (D-Silicon Valley) and Assemblymember Mike Gipson (D-Carson) have introduced AB 789 to close disparities in diagnosis and treatment of hepatitis B and C. The bill is co-sponsored by The Health Trust and State Treasurer Fiona Ma, in collaboration with Asian Liver Center at Stanford University, and co-authored by Assemblymember David Chiu (D-San Francisco).

There are two key provisions in AB 789:

1. Requires health facilities and clinics that provide outpatient primary care services to offer screening tests for hepatitis B and hepatitis C according to the latest recommendations from the US Preventive Services Task Force, with the following exceptions: the patient is being treated for a life-threatening emergency; the patient has previously been offered or received screening tests; or the patient lacks capacity to consent to screening; and
2. If a patient tests positive (hepatitis B surface antigen or hepatitis C antibody), the health care provider shall provide follow-up care to the patient or refer the patient to a health care provider who can provide follow-up care and treatment.

Full bill text is available [here](#).

If you intend to send a support letter, please submit by Monday, March 29, 2021 at 5 PM PST.

Submission instructions: [Fill out the AB 789 Google form and upload your letter.](#) This will help us streamline letter submission and the process of contacting supporters for additional letters, as the bill moves through committees and/or experiences major amendments.

- 2) Charles B. Wang Community Health Center will be hosting an **educational hepatitis B webinar in Mandarin Chinese** over Zoom next Tuesday, **March 30th from 2 – 2:45 pm EST**. If you know anyone who may be interested in attending, please spread the word! The webinar is free to join. Register through Zoom: https://zoom.us/webinar/register/WN_9V1pVM7HQpevtOxTuo-IWA.
- 3) Please consider writing to the **White House Initiative on Asian Americans and Pacific Islanders (WHIAAPI)** to remind President Biden to issue a new Executive Order to address your concerns relating to the well-being of the AAPI community, especially targeted hate crimes. WHIAAPI is still operating under the previous administration's Executive Order and would appreciate receiving community feedback at whiaapi@doc.gov. For more information on WHIAAPI, visit: [The White House Initiative on Asian Americans and Pacific Islanders | U.S. Department of Commerce](#).



National Task Force on Hepatitis B Focus on Asian and Pacific Islander Americans DRAFT Strategic Plan 2021 – 2023

Strategic Planning working meeting #1 (1/26/2021):

- 1) Review vision and mission statements (currently posted on the website: <http://hepbtaskforce.org/about-us>). Do they need to be revised? Suggestions?

Our Vision

We envision a United States free of hepatitis B.

Discussion Notes:

- Since we are the National Task Force on Hepatitis B Focus on Asian and Pacific Islander Americans, should we include a focus in this vision, i.e. “We envision a United States free of hepatitis B among Asian Pacific Islander Americans?”
- On the other hand, the vision that we currently have aligns with other hepatitis-focused organizations and keeps the focus inclusive. As it is right now, it’s very succinct.
- We can survey our members to get further input and perspective.

Our Mission

Eliminate hepatitis B, hepatitis B related liver disease, and liver cancer in the United States by empowering and mobilizing communities; enabling national networking and policy development; and advocating for education, access to comprehensive care, and affordable treatment for all Asian and Pacific Islander Americans.

Discussion Notes:

- We should highlight medical provider community somewhere in our mission; strengthen the language that brings out the existing & future medical professionals that we want to represent.
 - Add something about “existing and future workforce development” since this disease burden may affect members of the workforce if not addressed properly. Build in workforce development as a goal (esp. considering rural areas)
- Can we add in “accessibility and the importance of screening?” This is an important step in what we do.
- Are we actively supporting legislative policy initiatives? What is our internal process to review and support policy initiatives?
 - In some cases, there has been concerns about policy dictating the treatment of patients. Therefore, we may need to spend some time to discuss this more on where the Task Force would stand moving forward.
 - We need to hear more physicians’ voices for this. Seek their input via a Survey Monkey.
- Name change consideration: The current official name has 12 words. Should we shorten it to “National Task Force on Hepatitis B” to be more inclusive? We can even consider “National Hepatitis B Task Force.”



National Task Force on Hepatitis B Focus on Asian and Pacific Islander Americans DRAFT Strategic Plan 2021 – 2023

- Highlight “leveraging partnerships / expertise with current and future healthcare providers.”
 - “...treatment for all Asian and Pacific Islander Americans” should we revise this to say “... treatment for all affected Americans” to be broader and more inclusive of all the high-risk populations?
 - When the Task Force first started in 1997, there were very limited resources and support for the Asian and Pacific Islander American population, so the mission was very specific to this population.
 - We are now also seeing that the African community is affected; many of our Task Force members are already also integrating approaches to service other ethnic communities.
 - Remember to allow for “linguistically and culturally appropriate education.”
 - We should consider how to be more inclusive, starting with our mission.
- 2) Review Goals below; these were agreed upon during the September 2020 meeting. Are there any other goals to tackle? Set-up working groups to address each goal.

Discussion Notes:

- Add affordable care and treatment for patients since it’s mentioned in the mission, but not addressed in the goals.
- Two big advocacy points to add: universal testing and universal vaccination for adults above 18
- Also, among medical school students how can we work with med students and student groups like APAMSA or Team HBV to raise hepatitis awareness and reduce any discrimination among students who may be living with hepatitis B; this links to workforce development as well
 - Look into small policy changes in school before advocating at the federal level
 - Look into alert system in EMR
- Do we need to redistribute the states for each region? Refer to map at the end.



National Task Force on Hepatitis B Focus on Asian and Pacific Islander Americans
DRAFT Strategic Plan 2021 – 2023

Strategic Planning working meeting #2 (2/23/2021):

- 1) Review Goals, activities, and assignments

Discussion Notes:

- Based on feedback from regional meetings and the surveys that were collected, Amy Trang filled in the Strategic Plan chart below and went over each Goal for discussion. There are still some areas that are blank and would need the input from members who want to be in working groups to address those areas.
- Referring to the “de-centralize communication” strategy for Goal #1, Amy shared feedback from Dr. Danh Truong and Dr. Binh Tran (offline) on how to effectively engage physicians and providers since their work schedule is very different from many of those who are able to actively participate on Task Force calls.
 - General information emails may often times be overlooked and may need a personal follow-up or invitation or call by someone on the Task Force; this could be Regional Directors or general task force members who work closely with physicians and providers.
 - This approach may be needed to further explore how to encourage and engage more providers to share their real case studies on the next hepatitis B ECHO calls.
 - To balance off the personal invitations, we do want to still have general information and messaging in our outreach and social media campaign strategy.
- In building capacity for Regional Directors, the Task Force will look into providing technical assistance to members based on their specific needs and not just general resources because we recognize that each regional member has different needs to effectively serve their community.
- The Task Force is working on formalizing our partnership with the Empire Liver Foundation, who have CME/CE training sessions on hepatitis B and C. Representing the Empire Liver Foundation, Joy Cambe shared information about their organization and program. The Task Force will continue to post clinical provider training opportunities provided by the Empire Liver Foundation as they become available.
 - The Task Force will also explore similar partnerships with other CME / CE providers across the country.
- Regarding the universal testing and vaccination objective under Goal #2, this is probably the area that has had the most discussion among all Task Force members in their regional meetings. Amy asked John Youhanna to share some ideas and resources from Dynavax. In general, Dynavax would be interested in providing support where they can to help with hepatitis elimination.
 - We’ll explore how Dynavax may provide Task Force members with discounted vaccines when we move forward with our universal screening / vaccination campaign.
 - We welcome feedback from our Task Force members on this topic. Please also feel free to share with Amy Trang if you are experiencing any challenges to accessing hepatitis B vaccines so we could see how the Task Force could assist.
 - Karen Jiobu shared her organization’s best practice for the past 10 years in Columbus, OH, which includes community health screening, screening at their community clinic,



National Task Force on Hepatitis B Focus on Asian and Pacific Islander Americans DRAFT Strategic Plan 2021 – 2023

and providing a coupon for vaccination that participants could take to their partner, Columbus Public Health, for vaccination.

- Relating to Karen’s best practices suggestion on partnership, Thaddeus and Richard So have also begun working on discussions with pharmacies to partner with them for screening and vaccination as well. They’re still working on the pilot project; it’s important for patients to be screened and know their status before getting vaccinated for hepatitis B. We are working on a training procedure that includes having the person who may be responsible for administering the vaccination to remember to ask the patient, “Have you been screened and tested yet?” We want to make sure we educate the patients to avoid misunderstandings that they are protected if they are vaccinated, but later find out that they were infected (possibly at birth) before they were even vaccinated.
- Therefore, developing the message that we promote is important and should be clear and not misleading.
- From Task Force members’ feedback, we added a new goal, i.e. Goal #3: Support workforce development opportunities. Sandra recapped the brainstorming discussion in the Southwest region regarding the collaboration with the student organizations to establish mentorship and leadership opportunities. Include incentives for 30-minute meetups to discuss career options and resources. Also, these student groups will look into supporting advocacy work to discuss how hepatitis B may impact people’s lives if left untreated. There’s a number of different activities that we could explore to get student engagement, including students who are in other non-medical/ health career paths like data science, graphic design, marketing, etc.
- Next steps:
 - Amy Trang will send out another Survey Monkey link (<https://www.surveymonkey.com/r/HBTFsession2>) to invite Task Force members who may be interested in joining working groups to address each goal and its objectives.
 - The Executive Board members will meet to further discuss a few items and finalize a few decisions that need to be made based on consensus.

Overview of Goals for January 1, 2021 – December 31, 2023

- 1) Facilitate Provider Education Resources
- 2) Strengthen Hepatitis B Care Management in Primary Care Setting
- 3) Support workforce development opportunities
- 4) Sustain a systematic structure for Task Force Administration



National Task Force on Hepatitis B Focus on Asian and Pacific Islander Americans
 DRAFT Strategic Plan 2021 – 2023

Strategic Planning working meeting #3 (3/23/2021):

- 1) Review Strategic Plan work plans (activities)

Discussion Notes:

- The items in “red” were added since the last meeting discussion.
- Since the last meeting, we’ve also started to form working groups to address each goal.
- Map of the US has been reviewed for possible revision, taking into consideration time zones and existing member activities to build stronger support networks. Consider 5 regions instead of 7. What if we divided our regions by time zones?
 - Thaddeus commented that he’s o.k. with it. It makes sense when we are doing things virtual. It wouldn’t make a difference, though, if we did things in person.
 - Dr. Lu-yu Hwang commented that division by time zone would make coordinating regional activities easier for members, especially if you are expanding the hepatitis B ECHO program, it would be more convenient if members were in the same time zone.
 - Dr. Jacki Chen commented that it looks fine.
 - Amy asked Karen Jiobu for her comments since she’s in Ohio and the changes may affect her activities. Karen commented that it would be fine. Her organization has collaborative activities that span across different regions already so it may not make much of a difference. They already work with the Midwest region as well as the Northeast region on activities.
 - Dr. Lu-yu Hwang added that the change in the region division is more for administrative purposes. Everyone could still work with each other in different regions.

Strategic Plan

Goal #1: Facilitate Provider Education Resources		
Objectives	Strategies	Activities
Collect and disseminate hepatitis B education opportunities, including CME/CE trainings	<ul style="list-style-type: none"> • De-centralize communication; work on personal invitations • Build capacity for Regional Directors to strengthen resources for direct service support to regional members • Build capacity for social media campaign 	<ul style="list-style-type: none"> • Promote hepatitis B ECHO opportunities • Coordinate with Empire Liver Foundation to promote basic hepatitis B training opportunities • Share Task Force members’ resources among networks



National Task Force on Hepatitis B Focus on Asian and Pacific Islander Americans
DRAFT Strategic Plan 2021 – 2023

Goal #2: Strengthen Hepatitis B Care Management in Primary Care Setting		
Objectives	Strategies	Activities
Promote the “Simplified Algorithm” for hepatitis B screening and care management	Look at impact of COVID-19 pandemic and how it has affected treating hepatitis B patients	<ul style="list-style-type: none"> • Coordinate provider and mid-level practitioner attendance to HBV ECHO hubs • Reach out to medical associations to invite them to join the Task Force
Promote universal testing and vaccination	<ul style="list-style-type: none"> • Test all patients first to identify risk, then vaccinate • Partner with pharmacies 	<ul style="list-style-type: none"> • Develop an outreach & education campaign via popular social media platforms • Work with Task Force advisors on “testing recommendations” and “when to vaccinate” messages
Promote affordable care and treatment for patients	Collaborate with other national coalitions to address advocacy and policy initiatives	<ul style="list-style-type: none"> • Reach out to Hep B United and join their efforts • Support members with their local advocacy efforts
Encourage the implementation of electronic hepatitis B screening for large hospitals in the U.S.	Collaborate with other national coalitions to address advocacy and policy initiatives	<ul style="list-style-type: none"> • Reach out to Hep B United and join their efforts • Support members with their local advocacy efforts

Goal #3: Support workforce development opportunities		
Objectives	Strategies	Activities
Raise hepatitis awareness and reduce any discrimination among students who may be living with hepatitis B	<ul style="list-style-type: none"> • Build capacity and infrastructure for social media campaign • Re-design website to make it more resourceful 	<ul style="list-style-type: none"> • Work with Team HBV and APAMSA to establish mentoring opportunities • Develop infographic filled social media messages



National Task Force on Hepatitis B Focus on Asian and Pacific Islander Americans
 DRAFT Strategic Plan 2021 – 2023

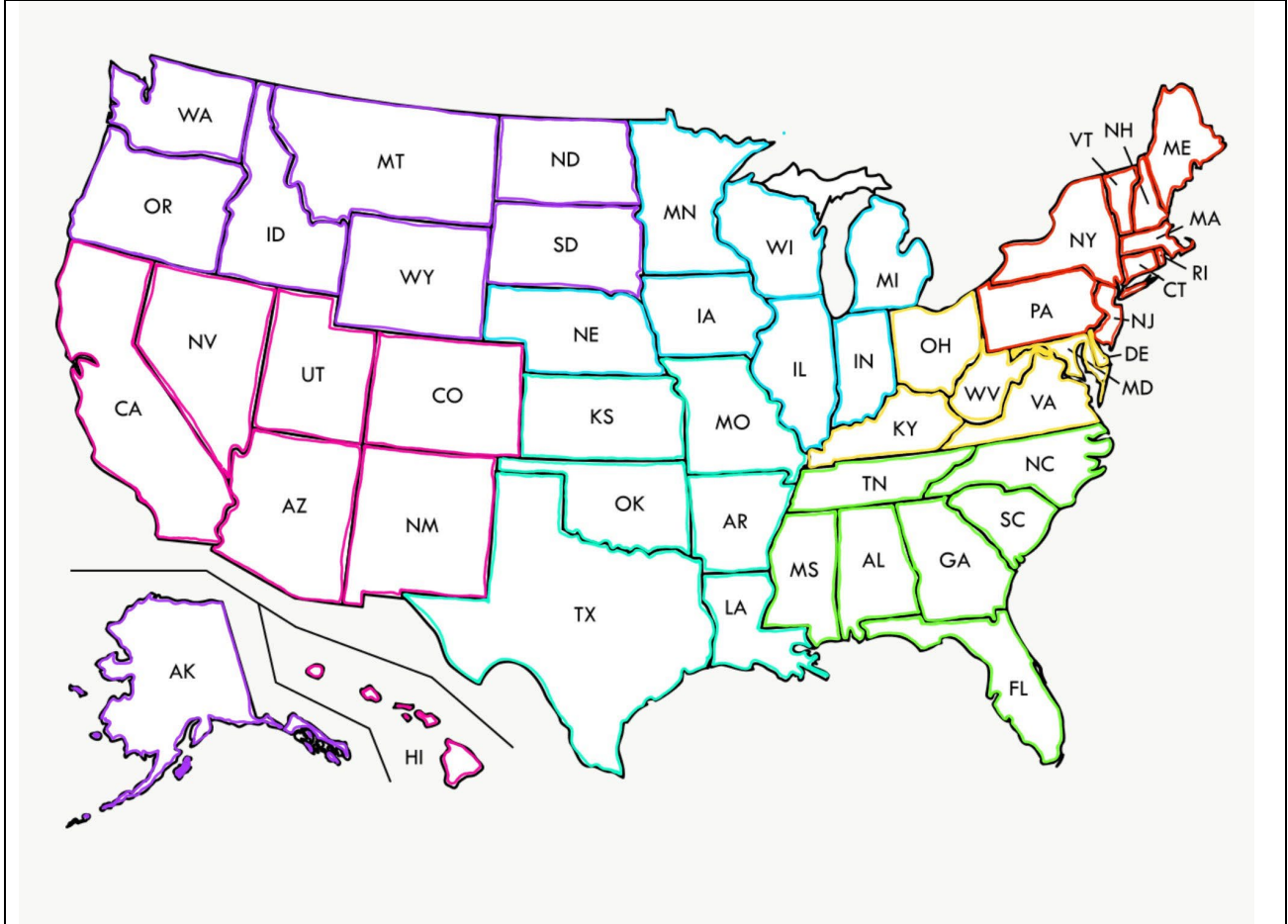
		<ul style="list-style-type: none"> • Develop an outreach & education campaign via popular social media platforms
--	--	---

Goal #4: Sustain a systematic structure for Task Force Administration		
Objectives	Strategies	Activities
Coordinate monthly internal and external communication for the Task Force Executive Team and General members	Look into technology for better management	<ul style="list-style-type: none"> • Clean the membership list every 3 years and make updates by individual members' request on an on-going basis
Maintain active presence among viral hepatitis networks	Look into networking opportunities	<ul style="list-style-type: none"> • Participate in federal advocacy initiatives and support regional partners in state and local initiatives (may intersect with COVID-19 effects) • Map hepatitis B prevalence in the US and engage new members
Seek funding for annual operation costs; goal \$50K/year	Meet with and talk to potential sponsors: pharmaceutical companies, medical technology companies, etc.	<ul style="list-style-type: none"> • Develop annual operating budget for the Task Force and seek funding to support it



National Task Force on Hepatitis B Focus on Asian and Pacific Islander Americans
 DRAFT Strategic Plan 2021 – 2023

Map of Current Hepatitis B Task Force Regions



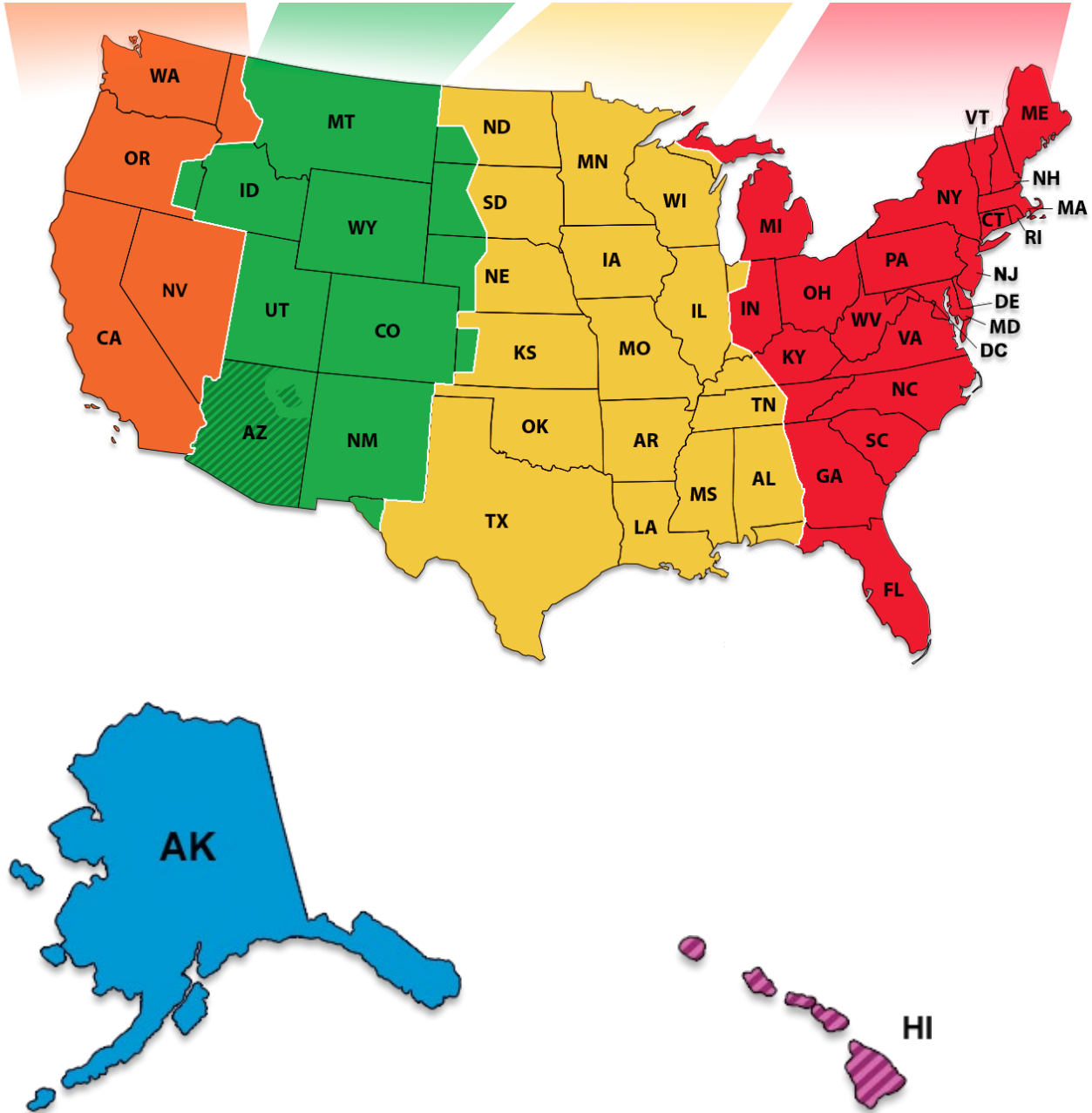
Current Hepatitis B Task Force Regions:
 Northeast: ME, NH, VT, MA, RI, CT, NY, PA, NJ
 Mid-Atlantic: DE, MD, DC, VA, WV, KY, OH
 Southeast: TN, NC, SC, GA, AL, MS, FL
 North Mid-West: MI, IN, IL, WI, MN, IA, NE
 South Mid-West: KS, MO, OK, AR, TX, LA
 Northwest: WA, OR, ID, MT, WY, ND, SD, AK
 Southwest: CA, NV, UT, AZ, CO, NM, HI

Proposed Change to Hepatitis B Task Force Regions, based on time zones:
Northeast: ME, NH, VT, MA, RI, CT, NY, NJ, PA, OH, MI, IN
Southeast: DE, MD, DC, VA, WV, KY, TN, NC, SC, GA, FL
North Central: IL, WI, MN, IA, NE, SD, ND
South Central: KS, MO, OK, AR, TX, LA, AL, MS
Pacific & Mountain: CA, NV, UT, AZ, CO, NM, HI, WA, OR, ID, MT, WY



National Task Force on Hepatitis B Focus on Asian and Pacific Islander Americans
DRAFT Strategic Plan 2021 – 2023

Map of the U.S. divided by time zones:



Source: National Institute of Standards and Technology, U.S. Department of Commerce
<https://www.time.gov>



www.hepbtaskforce.org

March 8, 2021

The Honorable Jim Wood
Chair, Assembly Health Committee
State Capitol, Room 6005
Sacramento, CA 95814

RE: AB 789 (Low and Gipson) – Hepatitis Screening - Support

Dear Chair Wood,

The National Task Force on Hepatitis B Focus on Asian and Pacific Islander Americans urges you to support AB 789 (Low and Gipson) so California communities--especially those identifying as Asian and Pacific Islander, Black and American Indian--will no longer suffer from the unnecessary loss of life and costs associated with undiagnosed and untreated chronic hepatitis B or chronic hepatitis C.

This bill addresses major gaps in diagnosis and treatment. Although routine hepatitis B and hepatitis C screening are covered by the Affordable Care Act, Medicare, and Medicaid as well as recommended by US Preventive Services Task Force, Centers for Disease Control and Prevention, and American Association for the Study of Liver Diseases, only a fraction of those living with chronic viral hepatitis (one-third with hepatitis B and 60% with hepatitis C) are aware of their infection. In addition, only 36 percent of hepatitis B diagnosed and 45 percent of hepatitis C diagnosed persons are connected to care and treatment to prevent end-stage liver disease or cancer. Most of the deaths and complications can be averted with diagnosis, monitoring and antiviral treatment. By mandating the offering of voluntary hepatitis B and C testing at routine medical appointments, AB 789 would save lives and California taxpayer dollars.

For the reasons listed above, we are in support of AB 789.

Sincerely,

Amy Trang, Ph.D., M.Ed.
Administrator

CC: Assemblyman Evan Low
Assemblyman Mike Gipson
Members, Assembly Health Committee
Lara Flynn, Principal Consultant, Assembly Health Committee
Eric Dietz, Assembly Republican Policy Consultant

Executive Board Members (Officers):

Co-Chair: Danh Truong, MD, MPH, Chair, Asian Pacific Health Foundation (San Diego, CA)

Co-Chair: Richard So, MPH, Executive Director, SF Hep B Free – Bay Area (San Francisco, CA)

Secretary: Catherine Freeland, MPH, Public Health Program Manager, Hepatitis B Foundation (Doylestown, PA)

Administrator: Amy Trang, PhD, MEd, Founder and CEO, Social Capital Solutions (Sterling, VA)

Regional Directors:

Northeast Regional Director: Ruth Brogden, MPH, Grants Manager, Center for Asian Health at Saint Barnabas Medical Center (Livingston, NJ)

Mid-Atlantic Regional Director: Kate Lu, MSW, LCSW-C, Clinic Director, CCACC-Pan Asian Volunteer Health Clinic (Gaithersburg, MD)

Southeast Regional Director: Christina Meyers, MPH, ORISE Fellow, CDC Division of Overdose Prevention (Atlanta, GA)

Midwest Regional Director: Oyu Tumurtuya, PharmD, Founder & President, Mongolian Community Health Network (Chicago, IL)

South Midwest Regional Director: Stephen Fakoyejo, MD, MPH Medical Resident, HCA Houston Healthcare West (Houston, TX)

Northwest Regional Director: Vacant

Southwest Regional Director: Thaddeus Pham, Viral Hepatitis Prevention Coordinator, Hawaii State Department of Health (Honolulu, HI)

Student Representation

Sandra Kong, Stanford Team HBV (Stanford, California)



www.hepbtaskforce.org

The National Task Force on Hepatitis B Focus on Asian Pacific Islander Americans is a volunteer-based national coalition that brings together scientists, health professionals, not-for-profit organizations, and concerned citizens in a concerted effort to eliminate the transmission of hepatitis B and decrease health disparities among those chronically infected. We envision a United States Free of Hepatitis B. Our mission is to eliminate hepatitis B, hepatitis B related liver disease, and liver cancer in the United States by empowering and mobilizing communities; enabling national networking and policy development; and advocating for education, access to comprehensive care, and affordable treatment for all Asian and Pacific Islander Americans.

Executive Board Members (Officers):

Co-Chair: Danh Truong, MD, MPH, Chair, Asian Pacific Health Foundation (San Diego, CA)

Co-Chair: Richard So, MPH, Executive Director, SF Hep B Free – Bay Area (San Francisco, CA)

Secretary: Catherine Freeland, MPH, Public Health Program Director, Hepatitis B Foundation (Doylestown, PA)

Administrator: Amy Trang, PhD, MEd, Founder and CEO, Social Capital Solutions (Sterling, VA)

Regional Directors:

Northeast Regional Director: Ruth Brogden, MPH, Grants Manager, Center for Asian Health at Saint Barnabas Medical Center (Livingston, NJ)

Mid-Atlantic Regional Director: Kate Lu, MSW, LCSW-C, Clinic Director, CCACC-Pan Asian Volunteer Health Clinic (Gaithersburg, MD)

Southeast Regional Director: Christina Meyers, MPH, ORISE Fellow, CDC Division of Overdose Prevention (Atlanta, GA)

Midwest Regional Director: Oyu Tumurtuya, PharmD, Founder & President, Mongolian Community Health Network (Chicago, IL)

South Midwest Regional Director: Stephen Fakoyejo, MD, MPH Medical Resident, HCA Houston Healthcare West (Houston, TX)

Northwest Regional Director: Vacant

Southwest Regional Director: Thaddeus Pham, Viral Hepatitis Prevention Coordinator, Hawaii State Department of Health (Honolulu, HI)

Student Representation

Sandra Kong, Stanford Team HBV (Stanford, California)

Title: Creating Sustainability for Street Medicine Providers Through Existing CMS Billing Avenues

Abstract:

Street Medicine is the direct delivery of healthcare to the unsheltered homeless in a location and manner most acceptable and accessible to the patient. Care is delivered on site under bridges, behind dumpsters, or anywhere the patient resides. The practice of street medicine has grown considerably over the last 20 years with over 80 programs in operation in the United States, collectively providing over 20,000 patient visits on the street in the last year. Despite providing services currently billable under the Center for Medicaid and Medicare (CMS), the lack of a Point of Service (POS) code indicating a visit can take place outside of four walls, has resulted in 70% of programs not billing for services at all, and many others billing under the POS “other.” Many street medicine programs provide consultative services for patients in hospitals like other subspecialties. This method of identifying patients has successfully identified those who have the highest rates of medical vulnerability. However, they are unable to bill for this billable service because there lacks a taxonomy code distinguishing the practice of street medicine from the other primary services. Despite providing services billable under CMS, the inability to bill due to lack of a POS code and taxonomy code has prevented the expansion of services and jeopardized the sustainability of essential services to our post vulnerable citizens.

Specific Aims:

1. To add a CMS POS code to allow for billable services delivered outside of four walls to be billed. Proposed POS code includes “street,” or “field.”
2. To add a taxonomy code called “Street Medicine.”

Background and Significance:

Street medicine includes health and social services developed specifically to address the unique needs and circumstances of the unsheltered homeless. The fundamental approach of Street Medicine is to engage people experiencing homelessness in their own environment and on their own terms, with the goal of maximally reducing or eliminating barriers to care. The emphasis on unsheltered or “rough sleeper” homeless populations is intentional, as they experience increased morbidity and mortality in comparison to sheltered homeless populations. Despite these higher rates of comorbidities, needs of those experiencing homelessness are often neglected by the healthcare system.

The vision of the Street Medicine Institute (SMI) is that all unsheltered people have access to basic healthcare. A recent poll conducted SMI on member programs revealed that street medicine providers face numerous barriers to sustainability and expansion, most notably the inability to bill CMS for billable services. The poll included 80 unique programs from around the country providing over 20,000 patient visits on the street yearly. Over 90% are staffed by medical providers (physicians, PAs, and NPs) providing primary care, treatment of acute and chronic disease, vaccinations, mental health treatment, and drug and alcohol counseling. To decrease all barriers for patients, most dispense medications and draw labs on the street. Despite providing a high level of services, over 70% of respondents don’t bill for services rendered due the lack of CMS POS code, and the perception that billing under “other” may trigger an organization-wide audit.

In addition to outpatient care, street medicine programs provide hospital-based consult services. Practitioners provide recommendations in the inpatient setting like other subspecialist. However, many

White paper

are Internal Medicine or Family Medicine practitioners. CMS only allows for 1 billable visit from the same taxonomy code per day, resulting in the inability for street medicine providers to bill for billable services once again. The net result of the above barriers is the denial of a reliable funding stream, lack of sustainability, and ultimately the inability to expand services for some, or even continue services for other programs.

Conclusion:

The addition of a CMS POS code of “street” or “field,” and the creation of a “Street Medicine” taxonomy code, would allow billable services to be billed from a street medicine setting, creating sustainability for street medicine programs, and ultimately improve the health of the unsheltered homeless population.