



Check Hep B Patient Navigation Program Protocol

NYC Department of Health
Bureau of Communicable Disease
Viral Hepatitis Program

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Background

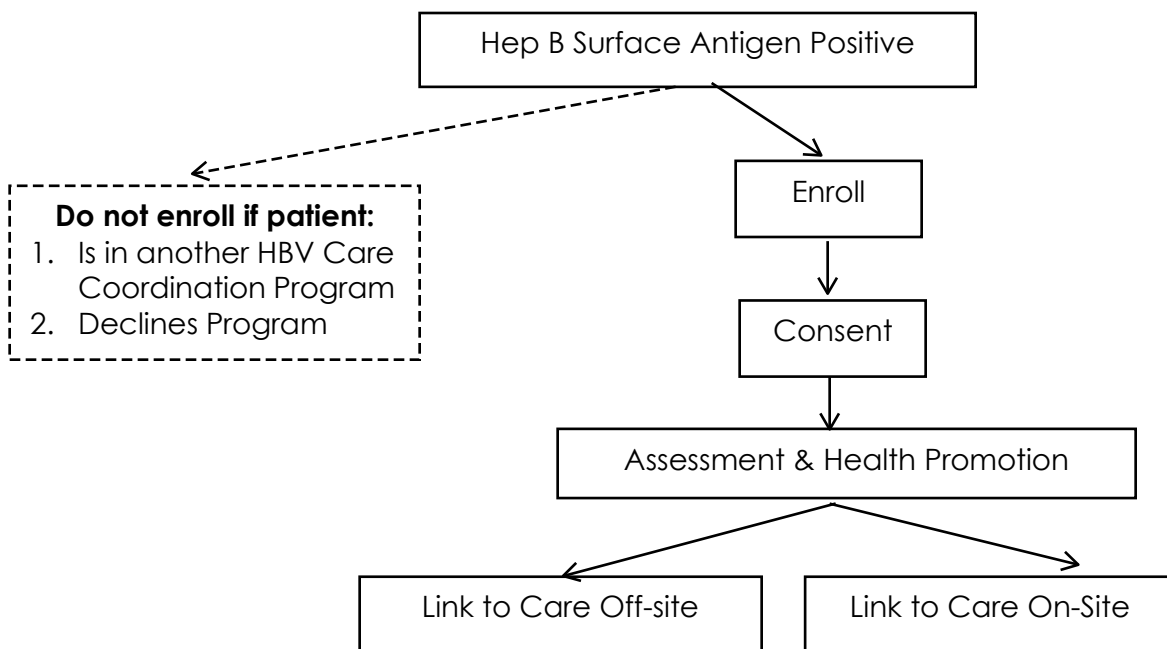
Hepatitis B (HBV) is a blood borne and sexually transmitted viral infection that can lead to cirrhosis, liver cancer and death. 1.5 million people in the United States are estimated to be living with HBV. Many are unaware of their status or are out of medical care. There is medical care and treatment available for HBV, which can slow or prevent the progression to serious liver disease and liver cancer.

The NYC Health Department seeks to improve health care access for people with HBV. In 2014, the New York City Council provided funding to support the development of the Check Hep B Patient Navigation Program. The Check Hep B Program supports patient navigators to provide linkage to care and care coordination services for patients living with HBV.

Program Overview

The Check Hep B Program supports patient navigation, including linkage to care and care coordination services for patients chronically infected with HBV.

Check Hep B Enrollment Diagram



Check Hep B Program Goal

The goal of the Check Hep B Program is to link HBV-positive persons to medical care and support complete HBV medical evaluation, retention in care, and HBV treatment if treatment is recommended.

Check Hep B Patient Navigator Activities

The Check Hep B Patient Navigator will provide the following services to support linkage to medical care, medical evaluation, retention in care and treatment.

1. Outreach and enrollment
2. Patient navigation assessment
3. Development of a patient navigation care plan
4. Linkage to HBV medical care, retention in care, and return to care
5. Health promotion
6. Medical interpretation (if fluent in language and certified)
7. Referral and assistance in accessing supportive services
8. Accompaniment and reminders
9. Alcohol/drug counseling
10. Case conference with medical provider or multi-disciplinary team
11. Treatment readiness and adherence counseling
12. Medication/pharmacy assistance
13. Assistance with partner/contact notification
14. Navigation of partners/contacts to HBV screening and through complete HBV vaccination
15. Discharge/transition planning
16. Fulfilling operational and administrative program duties, including reporting program activities and progress to DOHMH

Check Hep B Program Set Up

Infrastructure Requirements

The Check Hep B Patient Navigator will need consistent access to the following:

1. Computer/laptop
2. Microsoft Word
3. Microsoft Access
4. Internet
5. Email account
6. Access to patient charts or electronic health record, or agreement with clinical provider to obtain clinical information necessary for reporting and to provide Check Hep B services (review Patient Navigation Form for details)
7. Secure storage file for hard copy case records
8. Smart phone (recommended)
9. Business cards with name, role, title, and contact information (recommended)

Training

The following trainings will prepare the patient navigator to provide informed and effective services.

Required training

- Check Hep B Program Start Up Training
- Hepatitis B Basics
- Monthly patient navigator program management and technical assistance meetings

Recommended trainings

- Motivational Interviewing
- Medical Interpretation Certification, if navigator will translate. See online trainings here: <http://www.certifiedmedicalinterpreters.org>

Organization Requirements

The Check Hep B Program is meant to provide guidance and a framework for conducting HBV patient navigation in a wide variety of settings. The organization will need to do the following independently:

- Train the Patient Navigator in the organization's own policies and procedures including permitted services. The Patient Navigator is not expected to conduct services beyond the scope of the organization work. For example, some organizations allow for home visits, and some do not.
- Conduct an assessment and develop a list of the supportive resources available to the organization in the service catchment area to meet patient needs, overcome barriers, and support successful referrals (e.g. available benefits enrollment or transportation services).
- Appoint a supervisor to provide one hour supervision per week to the Patient Navigator. Supervision should include review of open cases, program progress, challenges, and achievements.

Multidisciplinary Team Requirements

The Patient Navigator must work as part of a multidisciplinary team. Team members may work for the same organization or clinic, or work for an outside organization.

1. Identify internal team members from within organization:

- a. Patient Navigator
- b. Medical provider
- c. Mental health/behavioral health provider
- d. Case manager
- e. Other health care professionals as needed

2. Identify external team members in other organizations:

Develop a plan to fill gaps in the internal team through external resources.

- a. Form a memorandum of understanding (MOU) with programs providing needed services.

- b. Establish a case conference schedule and plan.
- c. Establish policies and procedures that allow for communication of patients' personal health information in cases where patients are covered by more than one program.

3. **Establish a periodic multidisciplinary team meeting** to discuss:

- a. Check Hep B Program workflow
- b. Progress in meeting program goals
- c. Details of individual cases
- d. Documentation

Patient Navigator Relationship with Medical Providers

The working relationship between the Patient Navigator and the medical provider is particularly important to establish. The Patient Navigator's main goal is to support the clinical goals of the program as recommended by the medical provider. The Patient Navigator should speak with the medical provider on a regular basis about shared cases. Collaboration between the medical provider and Patient Navigator is important and should involve trust and two-way communication.

Medical Interpretation

The Patient Navigator may provide medical interpretation services if both of the following criteria are met:

- 1. The Patient Navigator is fluent in the language of the patient.
- 2. The Patient Navigator is certified as a medical interpreter.
 - a. Certification training can be found here: www.certifiedmedicalinterpreters.org

Check Hep B Materials

The following materials and forms will be used in the Check Hep B Program:

- 1. Protocol
- 2. Database
- 3. Consent or Program Description
- 4. Patient Navigation Form
 - Enrollment
 - Assessment
 - Referrals
 - Care Coordination Services
 - Medical Care
 - Discharge/Transition
- 5. Care Coordination Log
- 6. Health Promotion Guide
- 7. Care Plan
- 8. Treatment Planning Form
- 9. Patient Education Material: "Hepatitis B: The Facts" or a Hep B Basics Brochure

Data Management Requirements

The Check Hep B Patient Navigator is responsible for documentation, management, and reporting of program data.

Data Confidentiality

Patient Navigator Responsibilities:

1. Adhere to patient confidentiality in accordance with the contracted agency policies and all applicable laws, rules, and regulations.
2. Send any patient information via a secure data transfer system.
3. Never send patient information via regular email.
4. Keep confidential patient information securely at the contract program site.

Data Collection, Data Entry And Reporting Process

Patient Navigator Responsibilities:

1. Obtain the signed patient consent, if needed. In some cases, the organization only requires the Patient Navigator review the Check Hep B program description before enrolling the patient.
2. Document patient information and patient navigation activities on the following documents, or in the patient health record:
 - a. *Patient Navigation Form*
 - b. *Care Coordination Log*
3. Transcribe data from the *Patient Navigation Form* and the *Care Coordination Log* (or patient health record) into the Check Hep B Database at least once a week.
4. Submit the Check Hep B Database monthly through secure data transfer system.

Patient Navigation Services

The following provides guidance for providing Check Hep B patient navigation services.

1. Outreach and Enrollment

The Patient Navigator is responsible for recruiting and enrolling eligible patients.

Referral Sources

- Internal referral: Recruit patients from within the organization
- External referral: Recruit patients from outside of the organization.

Eligible Patients	Ineligible Patients
<ul style="list-style-type: none">• HBV surface antigen-positive patients<ul style="list-style-type: none">◦ Documentation of HBV surface antigen-positive status must be kept in the patient health record.• Patient must reside in the service coverage area of the program.	<ul style="list-style-type: none">• HBV surface antigen-negative patients• Patients who do not reside in the service coverage area of the program.• Patients enrolled in another HBV or HIV care coordination program (to avoid duplication of services)

2. Consent or Program Description

The patient navigator should explain the Check Hep B Program using the *Consent Form* as a guide, including: overall purpose of the program, services provided, and length of the program. The *Consent Form* can also be used as a program description if the organization does not elect to require the patient to consent to participate.

1. If the patient agrees to participate, ask the patient to sign the *Consent Form*, if required.
2. If the patient declines to participate and is in need of supportive services, refer the patient to appropriate services.

3. Assessment

The Patient Navigator Assessment (the first side of the *Patient Navigation Form*) should ideally be conducted for each patient within two weeks of enrollment in Check Hep B. The purpose of the assessment is to learn about the patient and their readiness to engage in HBV medical care and treatment, and identify and develop plans to overcome barriers. The Assessment can be completed by patient self-report, the information does not need to be verified by documentation or the medical provider.

1. Use all available sources of information to complete the Assessment:
 - Patient interview (self-report)
 - Patient health record (if accessible)
 - Consultation or information provided by the medical provider or multidisciplinary team
 - The Patient Navigator should receive and review the results of patient assessments conducted by other members of the Check Hep B multidisciplinary team (i.e. mental health, alcohol use, drug use, health insurance, benefits, housing, transportation, and legal services).
 - The Patient Navigator does not need to repeat the assessment, and should use the information provided to complete the Patient Navigation Assessment section, counsel patient, and coordinate supportive services as needed.

At the end of the Assessment, the Patient Navigator should indicate whether the patient will require low intensity services or high intensity services.

- **Low intensity** services would be for patients who:
 - Need the four minimum required patient navigation encounters
 - Need few reminders to get through HBV medical evaluation and treatment
 - Have few outstanding needs for supportive referrals and need minimal support in accessing referrals (i.e. can make appointments on their own and follow processes)
 - Can attend most visits independently
 - Have a history of adherence to medications

- **High intensity** services would be patients who:
 - Need more than four patient navigation encounters
 - Need multiple reminders, and regular accompaniment, or support in accessing supportive referrals, or in getting through medical evaluation or treatment
 - Struggles adhering to medications as prescribed

4. Referrals

Based on the findings from the Assessment, the Patient Navigator will identify and provide appropriate referrals to supportive services.

1. Refer to on-site services whenever possible; otherwise, refer to off-site services.
2. Discuss recommended referrals with the patient and document on the *Care Plan*.
3. Help the patient set up an appointment for each referral if necessary.
4. Determine if the patient needs a reminder or assistance in attending the referral appointment, and make a plan to ensure the patient attends the appointment.

Service Need	External Referral Locators
Mental Health	<ul style="list-style-type: none"> • SAMHSA Behavioral Health Treatment Locator: https://findtreatment.samhsa.gov/
Alcohol Services	
Drug Use Services	
Health Insurance Enrollment	<ul style="list-style-type: none"> • HealthCare.gov • Some services must be identified by organization
Benefits Enrollment	
Housing Services	
Transportation services	
Legal Services	

5. Care Plan

Based on the *Assessment*, the Patient Navigator will work with the patient to develop the *Care Plan*. The *Care Plan* is a tool to document mutually agreed plans and goals including: linkage to care, HBV medical care and treatment, health goals, care coordination services, and referrals.

- 1) Develop and review the *Care Plan* with the patient.
- 2) Both the Navigator and the patient are invited to sign the *Care Plan* as confirmation of agreement with the plan and goals.
- 3) Provide the patient with a copy of the *Care Plan*.
- 4) Update the content of the *Care Plan* over time as needed.

6. Linkage to Care

Patients should be linked to HBV medical care within one month of enrollment. Linkage to care is defined as completing an HBV medical visit.

For patients not receiving HBV medical care

Patients should be:

- Linked to on-site care whenever possible

- Linked to off-site care, if necessary
 - If HBV medical care will be provided off site, the Patient Navigator should plan regular case conferences with the medical provider.
 - If the patient is linked to medical care at a program with its own HBV patient navigation or care coordination services, the Patient Navigator should discuss this with their supervisor to avoid duplication of services.

For uninsured patients

Low cost HBV medical care may be available for the uninsured at some:

- Federally qualified health centers: www.findahealthcenter.hrsa.gov
- Public hospitals

For patients already receiving HBV medical care

If the patient is already in HBV medical care with a provider at the time of enrollment, the Patient Navigator should schedule a case conference with the patient and medical provider to develop the Patient Navigation Care Plan within a month of enrollment.

7. Patient Navigator Encounters

- The Patient Navigator will provide each patient (who are *not* recommended for treatment) with a minimum of 2 encounters prior to discharge: 1) Enrollment, Assessment and Referrals 2) Staying Healthy with Hep B
- The Patient Navigator will provide each patient (who are recommended for treatment) with a minimum of 4 encounters prior to discharge: 1) Enrollment, Assessment and Referrals, 2) Treatment Readiness, 3) Treatment Adherence Check-in 4) Staying Healthy with Hep B
- Some of the services can be combined into one, or separated into multiple encounters for the benefit of the patient. For example, initial services such as Enrollment, Assessment and Referrals, can occur during one encounter or three separate encounters.
- Encounters may occur more frequently if needed. The frequency and type of encounters needed should be decided upon based on input from the medical provider and patient during the *Care Plan* development process. Patient Navigators have the discretion to provide services to meet the needs of patients. Weekly check-ins during treatment to support adherence are highly recommended.
- It is highly recommended that the Enrollment, Assessment, Referrals, Treatment Readiness and Staying Healthy with Hep B encounters occur in person. In order to meet the needs of patients, the Treatment Adherence Check-in and other supplemental encounters may occur via remote methods (e.g. phone call, text message).

Initial Encounter

The initial encounter must take place prior to the patient beginning treatment.

- The Patient Navigator will use the *Health Promotion Guide* modules I and II to complete the first page of the *Patient Navigation Form* (Sections: Intake, Self- Reported History, Assessment and Referrals)

- The Patient Navigator and patient will develop the *Care Plan* together

Treatment Readiness Encounter

In the pre-treatment encounter the medical provider, Patient Navigator and patient will develop a treatment plan for the patient.

Using the *Health Promotion Guide* Module III:

- The Patient Navigator will provide treatment readiness counseling
- The Patient Navigator and patient will discuss the frequency and method of treatment adherence support
- The Patient Navigator and patient will complete the *Treatment Planning Form*
- The Patient Navigator will provide or coordinate treatment adherence services for the patient as needed

Treatment Adherence Check-ins

The Patient Navigator must contact the patient three days after the start of treatment and then as needed to address any side effects the patient may be experiencing, ask if any doses have been missed, and intervene to improve adherence (e.g. discuss side effects with the medical provider, assist the patient in setting a cell phone alarm reminder to take medications, or increase the frequency of encounters to weekly).

- **After treatment initiation** (3 days after treatment start date), the Patient Navigator must contact the patient in person or by phone.
- **During treatment**, treatment adherence encounters should occur at the frequency and length of time agreed upon and documented in the *Care Plan*.

Either after medical evaluation is complete for patients that will not start treatment or after treatment is underway:

The Patient Navigator will use the *Health Promotion Guide* Module IV to:

- Ensure the patient is aware of future clinical monitoring requirements
- Provide liver health and secondary prevention information, resources and support
- Transition patient to an appropriate supportive program

The Patient Navigator should discharge patients after they are able to follow clinical monitoring recommendations and/or are adherent to treatment independently.

8. Medical Care Documentation

The Patient Navigator should document the patient's progress along the continuum of HBV care on the *Patient Navigation Form* (Section: Medical Care) after each encounter with the patient.

- The medical care documentation should be provided by the medical provider or obtained from the electronic health record.
- The medical care documentation cannot be only patient self-report.

9. Contact Screening, Vaccination and Linkage to Care Services

If patient reports children, sexual partners, family, or other household contacts who are unaware of their Hep B status and/or have not been vaccinated, assist the patient in making appointments for screening, vaccination or linkage to care of these contacts as needed.

Promoting HBV Screening and Vaccination of Close Contacts

1. For children, patients may schedule the appointment for their child at the organization if the service is available, or if not, at an external program.
2. For adults, the Patient Navigator should work with the patient on a plan to safely inform the contact of the need for screening and the availability of vaccination and care.
3. Review page 8 of the "Hepatitis B: The Facts" Booklet for more information about contact notification.

Outreach to HBV-Positive Contacts

If patient reports contacts who have Hep B but are not currently in care, the Patient Navigator should reach out to these individuals and enroll in Check Hep B if the patient is willing.

10. Care Coordination Services

As part of the *Care Plan* development process, the Patient Navigator, patient, and medical provider determine what care coordination services will be provided, and at what frequency. These services must be documented on the *Care Plan*.

Care coordination services can include a unique combination of: accompaniment, reminders, health promotion, drug/alcohol counseling, case conference with medical provider(s), treatment readiness counseling, treatment adherence counseling, medication/pharmacy coordination, discharge/transition planning, and other meetings with the patient.

a. Documentation of care coordination services

After an encounter with the patient, the Patient Navigator should:

1. Document the encounter in the *Care Coordination Log*. The Care Coordination Log is a case notes template developed for the Check Hep B Program.
2. Enter the first date the care coordination service was provided during the Check Hep B Program on the *Patient Navigation Form*.

At the time of the monthly report submission, use the *Care Coordination Log* to enter the following into the Database:

1. The first date the service was provided (only once, it never needs to be changed)
2. The most recent date the service was provided (update at each data submission)
3. Total number of times the service was provided to date (count the number of times the service was provided using the *Care Coordination*

Log – this should be updated at each data submission)

b. Accompaniment

Depending on the level of support a patient needs, the Patient Navigator might accompany the patient, or arrange for accompaniment, to all or some appointments.

- **All appointments:** If the patient frequently misses appointments, has trouble understanding the medical provider or is anxious about appointments, it may be appropriate to accompany the patient to all HBV medical appointments. In this case, the patient navigator should work with the multidisciplinary team to determine if there are other resources at the program that can be enlisted to meet this need, such as:
 - a. Community health worker programs
 - b. Case managers
 - c. Transportation services
- **Some appointments:** If the patient is able to attend most appointments independently but needs support at times, and/or if the Patient Navigator needs to attend the appointment in order to fully understand the patient's care, it is appropriate to accompany the patient to some appointments.
- **No appointments:** If the patient is able to attend all appointments independently, this should be supported. The Patient Navigator should speak with the patient and/or the medical/service providers to verify that appointments are kept and to learn the appointment outcome and next steps.

If appointments are missed, the Patient Navigator may initiate more accompaniment services for future visits.

c. Reminders

The Patient Navigator should:

1. Provide reminders for HBV related medical appointments as needed. Reminders can be provided in a wide variety of ways, including: In-person reminders, automated reminders from the clinic, telephone, email or text message.
2. If appointments are missed, the Patient Navigators should:
 - Contact the patient the same day to determine the reason for missing the appointment
 - Make a plan to ensure the next visit is kept

d. Health Promotion

The Patient Navigator should use the *Health Promotion Guide* to educate, assess, counsel and develop goals and plans with the patient throughout the program.

Complete the *Health Promotion Guide* modules at the following points in the program:

1. **Module I: “Hep B Basics”**

- Upon enrollment, reinforce as needed through the assessment, referral and medical evaluation phase.

2. **Module II: “Getting Ready for Hep B Care”**

- During patient navigation assessment phase

3. **Module III: “Getting Ready for Treatment”**

- Right before starting treatment

4. **Module IV: “Staying Healthy with Hep B”**

- After medical evaluation or after treatment is underway

e. Alcohol/Drug Counseling

Alcohol use accelerates HCV disease progression, and drug use is frequently reported as a barrier to HCV treatment. The Patient Navigator should:

1. **Assess alcohol use:** Use *Health Promotion Guide* during the assessment phase to administer alcohol screening. This includes using a tool such as the AUDIT-C (and AUDIT, if needed).
2. **Provide alcohol counseling:** If the patient drinks any alcohol at all, provide alcohol counseling as recommended in the “Alcohol Screening and Counseling for Patients with Hepatitis Guide” on an ongoing basis, as long as the patient continues to drink.
3. **Assess drug use:** Use *Health Promotion Guide* during the assessment phase to administer drug use screening. This includes using a tool such as the DAST-10.
4. **Provide referral:** If clinically warranted, provide a referral to alcohol or drug treatment.

f. Case Conference with HBV Medical Provider and Multi-disciplinary Team

The Patient Navigator should maintain regular communication with the HBV medical provider for all active cases. This communication should include:

1. Reviewing all open cases with the associated medical provider once a month.
2. Speaking with the medical provider after each medical appointment to ensure care and treatment goals are clear to all involved.
3. Speaking with the medical provider at any point during the course of the program when there is a need for clarification or direction in the case, or a change in the patient’s condition or situation (e.g. pregnancy).
4. Discussing all potential disruptions in medical care and treatment with the medical provider as soon as possible.
5. Meeting with the Multi-disciplinary team at least monthly to review cases.

g. Treatment Readiness

For patients recommended HBV antiviral treatment, the Patient Navigator should:

1. Work through the *Health Promotion Guide* Module III: “Getting Ready for Treatment.”
2. Meet with the medical provider and patient to develop and review the Treatment Planning Form.

3. Establishing a process for the patient to report any new side effects to the medical provider, and documenting this process on the Treatment Planning Form. Side effects should be managed as soon as possible, so as to prevent a health crisis and/or treatment discontinuation.
4. Document the treatment adherence plan on the Treatment Planning Form.
 - Daily-automated medication dose reminders (calendar alert or text) is recommended.
 - Periodic in-person, phone, text, or email check-ins should be considered.

h. Treatment Adherence

The Patient Navigator should provide treatment adherence support to ensure the patient is taking medications appropriately. This includes:

- Providing treatment adherence check-ins at a frequency decided upon by the patient, Patient Navigator and medical provider.
- Asking the patient if they have any side effects, and if they have missed any doses of medication.
- Report any missed doses or side effects to the medical provider, and work with the patient to develop a plan to manage side effects and improve adherence.

i. Medication/Pharmacy Coordination

In many cases, the Patient Navigator will need to support the medical provider and staff to order medications.

1. A specialty pharmacy can often support this effort. Pharmacies can help order medications provide medication teaching and support treatment adherence.
2. If the patient is uninsured, or underinsured, work with a [patient assistance program](#) to obtain medications at a reduced fee or for no charge. Patient assistance programs can cover full cost of medications and co-pays.

j. Discharge/Transition Planning

Patients who are either finished with the Check Hep B Program, or who are unable to participate in the program, should be discharged. Patients who need a different type of program should be transitioned to another program and discharged.

Discharge before Check Hep B Program is Complete

Patients who no longer wish to be in the Check Hep B Program or are unable to participate should be discharged in accordance with the contracted organization's policy.

1. Discharge reason should be documented on the *Patient Navigation Form* and in the Database.
2. Re-enrollment can be considered on a case-by-case basis.

End of Program Transition Planning

If the program is funded for a finite period of time:

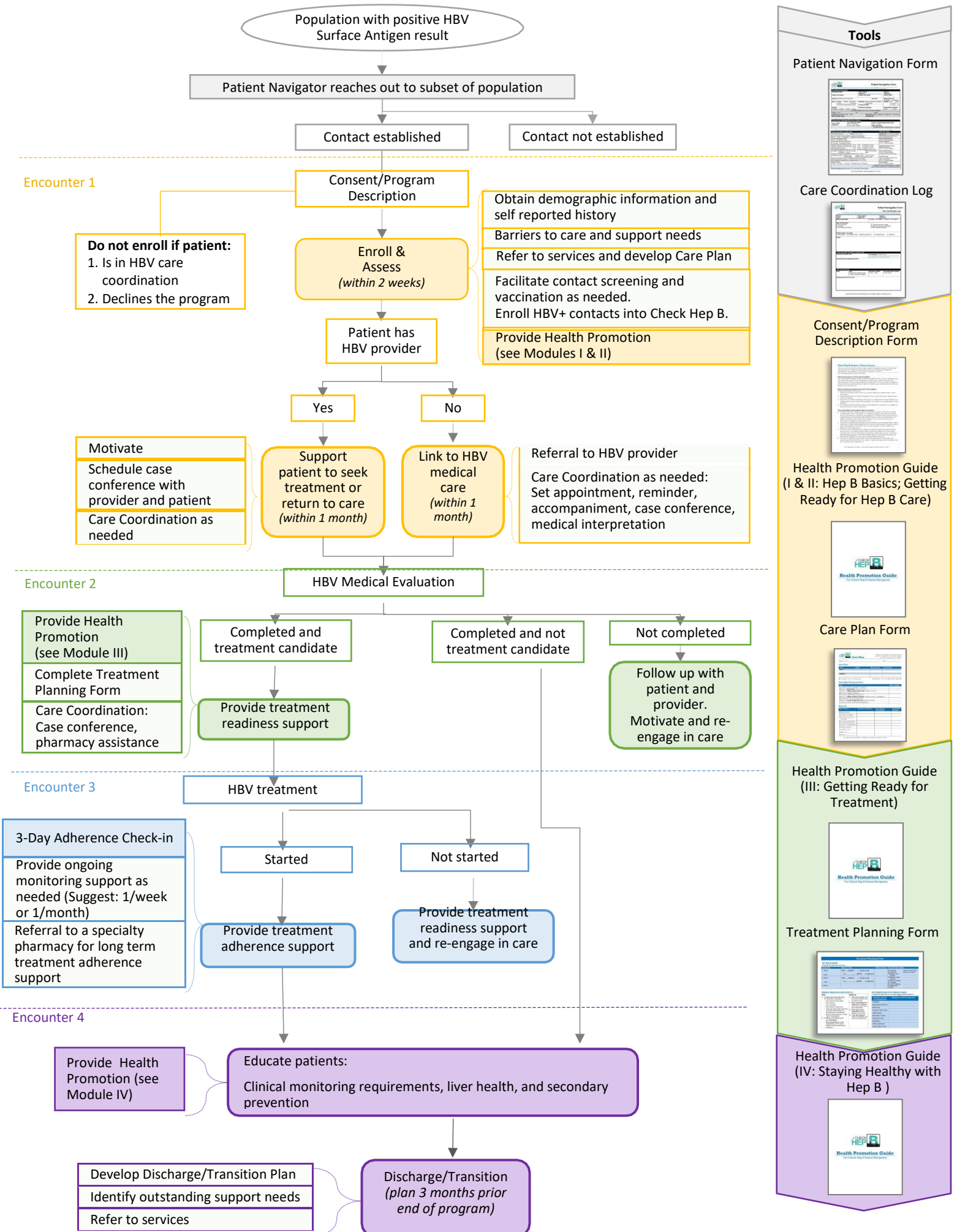
1. The Patient Navigator is responsible for developing a discharge or transition

plan for each patient prior to the end of the program.

2. All members of the Check Hep B multidisciplinary team should be aware of the program end date, and should set up the program with this time frame in mind.
3. All patients should be informed of the program end date on the day they enroll.
4. Active patient transition planning should begin three months before the program end date.
5. List patients that will continue to need support for:
 - a. HBV treatment
 - b. HBV-related medical evaluation
 - c. Obtaining or continuing supportive services necessary for accessing HBV care
6. Identify and provide referrals for patients in need of support.

All active patients should have and be informed of their transition plan at least one month before the program ends.

Check Hep B Patient Navigation Program – Intervention Workflow





Patient Navigation Form

Patient Navigators use this tool to document their work assisting each patient through the continuum of care. Keep in patient chart and update after each patient encounter. This form is a paper version of the **Check Hep B REDCap Cloud database**.

Enrollment Information

*Check Hep B enrollment date: / /	*Check Hep B patient ID: Unique number provided for this program	Agency patient ID:		
Patient last name:	Patient first name:	Date of birth: / /		
Address: (# street, apt #, borough)		Zip code:	Phone 1:	Phone 2:
				Permission to text: <input type="checkbox"/> Yes <input type="checkbox"/> No
Race: <input type="checkbox"/> White <input type="checkbox"/> Asian/PI <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Does not identify <input type="checkbox"/> Decline to answer <input type="checkbox"/> Unknown		Ethnicity: <input type="checkbox"/> Hispanic/Latino Specify _____ <input type="checkbox"/> Non-Hispanic/Non-Latino Specify _____ <input type="checkbox"/> Decline to Answer <input type="checkbox"/> Unknown		Gender: <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Trans M → F <input type="checkbox"/> Trans F → M <input type="checkbox"/> Other:
Country of birth:	English: <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> None	Preferred language:		Interpretation needed: <input type="checkbox"/> Yes <input type="checkbox"/> No

Assessment: Self-Reported Hep B History

Obtain the following information from the patient or patient chart.

Year of HBV diagnosis:	Ever treated for HBV? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If YES, currently taking HBV meds? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Health Promotion "Hep B Basics" complete		

Patient Navigator Assessment *Determine patient needs and develop a "Care Plan"*

Referrals Made

How many children? _____ Pregnant: <input type="checkbox"/> No <input type="checkbox"/> Yes	Pediatric care: <input type="checkbox"/> Yes <input type="checkbox"/> No/not needed Prenatal care: <input type="checkbox"/> Yes <input type="checkbox"/> No/not needed
Any household, family or partners in need of notification? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined If YES: how many contacts: _____	HBV test/vaccine for contacts: <input type="checkbox"/> Yes <input type="checkbox"/> No/not needed
Any mental health issues? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Mental health services <input type="checkbox"/> Yes <input type="checkbox"/> No/not needed
Any alcohol use in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to answer	Alcohol treatment <input type="checkbox"/> Yes <input type="checkbox"/> No/not needed
Injection drug use in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to answer Intranasal drug use in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to answer Injection drug use ever? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to answer On methadone maintenance: <input type="checkbox"/> Yes <input type="checkbox"/> No On buprenorphine: <input type="checkbox"/> Yes <input type="checkbox"/> No	Naloxone provided date: _____ Substance use or harm reduction services <input type="checkbox"/> Yes <input type="checkbox"/> No/not needed
Insurance: <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> NYS Essential Plan <input type="checkbox"/> Health Exchange Plan (Metal plans) <input type="checkbox"/> Private Insurance <input type="checkbox"/> None <input type="checkbox"/> Declined to answer Temp insurance for pregnant women? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of insurance plan: _____ Insurance enrollment <input type="checkbox"/> Yes <input type="checkbox"/> No/not needed <input type="checkbox"/> Free / Low cost care
In the past year, have you had trouble paying for food, housing, medications, heating or other basic need? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social services (such as: housing, financial, food, legal, transportation) <input type="checkbox"/> Yes <input type="checkbox"/> No/not needed
Housing: <input type="checkbox"/> Stable housing <input type="checkbox"/> Unstable housing <input type="checkbox"/> Homeless	
Has consistent transportation for appointments: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Social support? <input type="checkbox"/> None <input type="checkbox"/> Family <input type="checkbox"/> Friends <input type="checkbox"/> Support group <input type="checkbox"/> Program	Hep B support group <input type="checkbox"/> Yes <input type="checkbox"/> No/not needed
<input type="checkbox"/> Health Promotion "Getting Ready for Hep B Care" complete <input type="checkbox"/> Care Plan developed and reviewed with patient	



Hepatitis B Treatment				
*Treatment candidate:		Rationale for treatment:		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Information not available		<input type="checkbox"/> Cirrhosis <input type="checkbox"/> Liver cancer <input type="checkbox"/> Abnormal labs <input type="checkbox"/> Other:		
*Treatment start date:	If treatment delay, reason why: <input type="checkbox"/> Did not attend appointments <input type="checkbox"/> Other: _____ <input type="checkbox"/> Could not afford treatment <input type="checkbox"/> Patient declined treatment, explain:			
Adherence Support:		Adherence check-in frequency during treatment:		
<input type="checkbox"/> 3 day after treatment start check-in completed		<input type="checkbox"/> Weekly <input type="checkbox"/> Other:		
*Treatment outcome	HBV DNA (viral) suppression		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Information not available
	Normalization of ALT		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Information not available
Treatment discontinuation date:	If treatment discontinued, reason why: <input type="checkbox"/> Side effects/adverse event <input type="checkbox"/> No viral response <input type="checkbox"/> Patient stopped on own <input type="checkbox"/> Insurance coverage/cost <input type="checkbox"/> Other, explain:			
<input type="checkbox"/> Health Promotion “Getting Ready for Treatment” complete <input type="checkbox"/> Treatment Planning Form reviewed with patient				

Patient: <input type="checkbox"/> Attended first routine HBV monitoring visit independently <input type="checkbox"/> Is adherent to medications (if applicable)
<input type="checkbox"/> Health Promotion”Staying Health with Hep B” complete

Discharge		*Discharge date:			
Reason:	<input type="checkbox"/> Completed program <input type="checkbox"/> Lost to follow up <input type="checkbox"/> Spontaneously cleared HBV	<input type="checkbox"/> Deceased <input type="checkbox"/> Moved	<input type="checkbox"/> Declined program <input type="checkbox"/> Program ended <input type="checkbox"/> Other, explain:	<input type="checkbox"/> Incarcerated <input type="checkbox"/> Referred to another program	

Case Notes:	
--------------------	--



Check Hep B Patient Navigation Program

Program Description/Patient Consent

Please read this Check Hep B Patient Navigation Program description to understand the program and your role before you agree to participate.

If you have questions, contact_____.

You can keep a copy of this form.

What is the purpose of Check Hep B Program?

The Check Hep B Patient Navigation Program provides support to help people living with hepatitis B (Hep B) get through medical evaluation and treatment, if recommended.

Check Hep B services are provided by Patient Navigators, who will help you: understand Hep B, find support services, get into medical care and through treatment, if recommended, and stay healthy after treatment.

What is expected of people who enroll in this program?

Program participants will need to:

1. Attend all scheduled appointments with your Patient Navigator and Medical Provider. If you cannot attend an appointment, reschedule in advance.
2. Work with your Patient Navigator to understand how Hep B affects your health, follow medical care recommendations, and overcome challenges to completing medical evaluation and treatment, if recommended.
3. If you go on Hep B treatment, take your medications as prescribed for the whole time you are on treatment.

How will enrolling in this program affect my privacy?

- All staff in the Check Hep B program are trained to protect your privacy and the confidentiality of your information.
- Your Patient Navigator will learn about you by asking you questions, by reading your medical charts, and by speaking with other providers involved in your care if you give permission. This information will be used to suggest the best care for you.
- Information collected may include, but is not limited to: your medical history, dates and types of health-related appointments, services and benefits received, demographic information (such as, race, gender, country of birth), risk behaviors, and medications.
- Reports on this program will not include your name or personal information that could be used to identify you.

What if I do not want to participate, or if I want to stop after I enroll?

Participation in this program is voluntary. You may end your participation at any time. If you wish to end your participation, please inform your Patient Navigator. Check Hep B program staff can also end your participation in this program at any time for medical or administrative reasons. If you end your participation in Check Hep B, you can still receive other medical or social services at the organization.

Statement of Agreement

I, *(print patient name)* _____, understand the information provided above and agree to participate in the Check Hep B Program at *(print agency name)* _____.

Patient Signature

____/____/_____
Date (mm/dd/yyyy)

Check Hep B Program Staff:

Staff Signature

Initials

____/____/_____
Date (mm/dd/yyyy)



Health Promotion Guide

For Check Hep B Patient Navigators

About This Guide

The Check Hep B Health Promotion Guide guides patient navigators in: providing health promotion, assessing patient need for supportive services and provide referrals, developing a patient navigation care plan, completing required forms, and promoting behavior change.

Table of Contents	When to Use
<ul style="list-style-type: none"> How do I use Check Hep B materials? Form: Patient Navigation Form Form: Care Plan Guide for improving readiness for change 	Throughout program
I. Hep B Basics	
<ul style="list-style-type: none"> What is Hepatitis B? How do I know if I have Hep B? Treatment: How is Hep B treated? How do I protect my children from Hep B? Telling others you have Hep B 	Upon enrollment and during patient navigation assessment phase. Reinforce throughout pre-treatment phase as needed.
II. Getting Ready for Hep B Care	
<ul style="list-style-type: none"> Mental health: Improving mental wellness Alcohol: Does drinking alcohol damage the liver? Form: Alcohol Use Disorders Identification Test (AUDIT) Drug use: Reducing the harm of drug use Form: Drug Abuse Screening Test (DAST) Lifestyle changes: Protect your liver Referrals: Getting support 	During the patient navigation assessment phase.
III. Getting Ready for Treatment	
<ul style="list-style-type: none"> Are you ready to start treatment? Form: Treatment Planning Form 	Right before starting treatment.
IV. Staying Healthy with Hep B	
<ul style="list-style-type: none"> Staying healthy with Hep B How do I protect others from Hep B? 	Any time after module III.

How Do I Use This Guide?

Sample Page

1. ASSESS NEED
Ask patient: ...?

2. TELL PATIENTS
1. Talking point 1
2. Talking point 2
3. Talking point 3

3. REVIEW INFO / MAKE A PLAN
Ask patient: ...?

For More Info

4. FOR MORE INFO

Give and/or refer patients to resources for further reading.

1. ASSESS NEED for health promotion. Ask questions to assess what your patient already knows or does not know. Based on their response, tailor the talking points and action plan.

2. TELL PATIENTS key messages. After sharing these messages, do one of the following:

3. REVIEW INFO

Use the questions in this section to make sure the patient understands the information provided; or

3. MAKE A PLAN

Ask patients to make an action plan based on the information they received, and record action items on the *Care Plan* at the end of this guide; and/or

3. DISCUSS

Some decisions may require further discussion and thought.

How Do I Use Check Hep B Materials?

- Use the **Health Promotion Manual** to guide completion of the **Patient Navigation Form** and development of the **Care Plan**.
- Document any referrals and action plan agreed upon with your patient in the **Care Plan**. Give a copy to your patient.
- Use supplementary materials to assess current substance use and reinforce any Hep B-related education and counseling given:
 1. "Hepatitis B: The Facts" booklet
 2. "Alcohol Screening & Counseling for Patients with Hepatitis"
 3. Alcohol Use Disorders Identification Test (AUDIT) test
 4. "Alcohol and Hepatitis" patient palm card
 5. Drug Abuse Screening Test (DAST) form
 6. "Reduce Your Risk" palm card
 7. **Treatment Planning Form**

MATERIALS

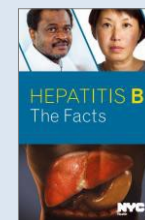
Patient Navigation Form + Health Promotion Manual + Supplemental Materials & Care Plan

VISIT TYPE

Assessment
(may involve multiple visits)




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





Before Starting Treatment



Health Promotion Manual
Module III: "Getting Ready for Treatment"

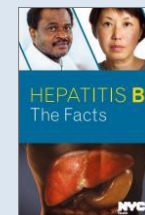
Treatment Planning Form



After Treatment



Health Promotion Manual
Module IV: "Staying Healthy with Hep B"





Care Plan

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

Patient Name: _____ Date: _____

Care Team

Name	Address	Phone Number	E-mail Address
Doctor			
Navigator			

☐ Accompaniment to medical visits

☐ Reminders for visits by: ☐ Call ☐ Text ☐ Email

Check Hep B Program Goals

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

Referrals

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



Care Plan

Health Goals

Action	How	By when
<input type="checkbox"/> Reduce or stop drinking alcohol		
<input type="checkbox"/> Reduce or stop using drugs		
<input type="checkbox"/> Reduce or stop smoking		
<input type="checkbox"/> Work towards a healthy body weight		
<input type="checkbox"/> Review all meds and supplements with doctor		
<input type="checkbox"/> Manage other illnesses		
<input type="checkbox"/> Other: _____ _____		

Notes

Navigator Signature

Date

Patient Signature

Date

GUIDE FOR IMPROVING READINESS TO CHANGE: BRIEF NEGOTIATED INTERVIEW

The Brief Negotiated Interview can help increase patient's intrinsic motivation to change behaviors. Use this method to help patients improve readiness to achieve health goals in their *Care Plan*.

1. ASK PERMISSION TO DISCUSS BEHAVIOR

- Example: "Do you mind if we spend a few minutes talking about your drug use?"

2. WEIGH THE PROS AND CONS OF CURRENT BEHAVIOR

- Ask the patient to consider the pros ("good things") and cons ("not-so-good things") about the **current behavior** (such as drinking or drug use). This question helps both the patient and the navigator understand how the patient really thinks or feels about the behavior.
- Example: "Help me understand, through your eyes, the good things, and not-so-good things about drinking."

3. ASSESS READINESS FOR CHANGE



"On a scale of 1-10, how ready are you to change?"

Reinforce positives:

"You said _____. That's great! That means you are _____% ready to change."

4. MAKE AN ACTION PLAN

- Using the Health Promotion Guide to discuss behaviors to promote liver health, ask patient:
 - "What are some steps that will work for you to stay healthy and safe?"
 - "What will help you to reduce the things you don't like about [behavior]?"
 - "What support do you have to help you achieve your goal?"
- Encourage patients to step-by-step goals that are realistic and achievable.
 - If patient is not ready to change, restate your concern about his or her health and reaffirm your willingness to help when he or she is ready.
- Use this information to develop and document the action plan on the *Care Plan*.

5. PROVIDE RESOURCES

- Refer to resources in the Check Hep B Program Protocol.

I. HEP B BASICS

HEP B BASICS: WHAT IS HEPATITIS B?

1. ASSESS NEED

Sample question: “What would you like to know about Hep B?”

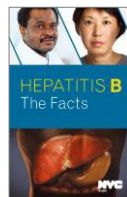
2. TELL PATIENTS

1. Hepatitis B (Hep B) is caused by a **virus** that infects the liver.
 - Hepatitis means inflammation of the liver.
 - Your liver keeps you healthy in many ways. It removes toxins from your blood and transforms nutrients from food into energy
 - There are different causes of hepatitis. Hepatitis can be caused by excessive alcohol use, fatty liver, and viruses such as hepatitis A, B or C.
2. Hep B virus is transmitted (passed from one person to another) through **infected blood and sexual fluids, or from mother to child during birth.**
3. Hep B can lead to **serious** health problems, including liver damage, liver failure, cancer and death.
4. Many people with Hep B do **not** have symptoms and do not know they are infected.
 - Symptoms of Hep B can take up to 30 years to develop.
 - When symptoms do appear, they are often a sign of advanced liver disease.
5. Hep B can be **treated**.
 - Hep B cannot be cured, but treatment can slow or stop the virus from damaging the liver.

3. REVIEW INFO

Sample questions:

- “When do Hep B symptoms usually show?”
- “How would you explain Hep B to a friend or family member?”



For More Info

Review “Hepatitis B: The Facts” and “Hepatitis B: Get Tested.” video at <http://hepfree.nyc/free-hep-b-c-educational-resources/#video>

HEP B BASICS: HOW DO I KNOW IF I HAVE HEP B?

1. ASSESS NEED

Sample question: “Have you had symptoms of liver damage?”

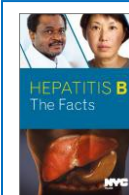
2. TELL PATIENTS

1. **Symptoms and signs of Hep B can include:** fever, fatigue, loss of appetite, nausea and vomiting, abdominal pain, dark urine, grey-colored stools, joint pain, jaundice.
2. **Most of these symptoms are due to liver inflammation or damage.**
3. **Chronic Hep B can damage the liver.**
 - It can cause inflammation of the liver, which can lead to scarring of the liver tissue, moderate liver damage (fibrosis) and **severe liver damage (cirrhosis)**.
 - People with Hep B are at higher risk for liver failure, liver cancer, and even death than the general population.
 - Liver damage often happens over 20 to 30 years.
4. **The Hep B surface antigen (HBsAg) test confirms that you have Hep B.**
5. **A medical evaluation will tell you if you have liver damage. You will go through some of these tests:**
 - **ALT test:** Blood test that looks for liver damage.
 - The **Hep B DNA test** shows how much Hep B virus is in your blood.
 - **Fibrosis tests (e.g. FibroSure):** Blood tests that look for fibrosis and cirrhosis.
 - **Liver ultrasound/Fibroscan:** Non-invasive imaging tests that provide a picture of the shape, size and/or stiffness of the liver.
6. **You should be screened for liver cancer every six months.**
 - Liver cancer screening usually includes blood tests and ultrasound.

3. REVIEW INFO

Sample questions:

- “Do you have any symptoms of Hep B that concern you?”
- “Have you had evaluation to check if you have liver damage?”
- “Have you ever had a test to check for liver cancer?”



For More Info

Review pages 1-3 of
“Hepatitis B: The Facts”

HEP B BASICS: HOW IS HEP B TREATED?

1. ASSESS NEED

Sample questions:

- “Have you ever been treated for Hep B before?”
- “What have you heard about Hep B treatment?”

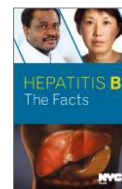
2. TELL PATIENTS

1. **Ask your doctor if you need treatment for Hep B.**
 - Right now, there is no cure for chronic Hep B.
 - Hep B antiviral treatment can slow or stop the virus from damaging the liver.
2. **Get treated for Hep B to:**
 - Suppress viral load
 - Slow down, stop or reverse liver damage
 - Keep you from getting sicker
 - Keep you from needing a liver transplant
 - Keep you from developing cirrhosis or liver cancer
3. **Talk to your doctor about concerns you may have taking Hep B medication if you are pregnant or breastfeeding.**
 - Do not stop taking medications on your own.
 - Tell your doctor if you are planning to become pregnant.

3. DISCUSS

Sample

- “Would you like to get treated for Hep B?”
- “Why or why not?”
- “If you are on treatment, do you have any concerns?”



For More Info

Review pages 4-5 of
“Hepatitis B: The Facts”

HEP B BASICS: HOW DO I PROTECT MY CHILDREN FROM HEP B?

1. ASSESS NEED

Sample question: “Do you have children or do you plan to have children?”
If the patient replies “no,” you can skip this section.

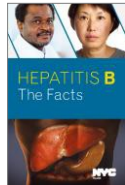
2. TELL PATIENTS

1. Babies and children can get Hep B by coming into contact with the blood of their mother and close contacts.
2. If you are pregnant and have Hep B, tell the doctor and staff at the delivery room.
 - To prevent transmission of Hep B, your newborn must receive **one shot of Hep B vaccine** and **one shot of Hep B immune globulin** immediately after birth, and usually no later than 12 hours after delivery.
 - The baby will need two more doses of the vaccine to be fully protected from infection.
 - After receiving all three doses of the vaccine, children should be tested for Hep B starting at 9 months and up to 18 months to ensure immunity.
3. Children can get Hep B if exposed to infected blood.
 - All children should receive the standard Hep B vaccine series to prevent Hep B.
 - If your child was born in another country, ensure they are tested for Hep B and then vaccinated, if needed.

3. REVIEW INFO

Sample question:

- “What can you do to protect your children from Hep B?”



HEPATITIS B
The Facts

For More Info

Review pages 6-7 of
“Hepatitis B: The
Facts”

HEP B BASICS: TELLING OTHERS YOU HAVE HEP B

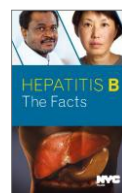
1. ASSESS NEED

Sample questions:

- “Do you know how you got Hep B?”
- “Have you told anyone that you have Hep B?”

2. TELL PATIENTS

1. The Hep B virus is transmitted (passed along) from one person to another through **infected blood, semen and vaginal fluids**:
 - During **birth** (an infected mother can transmit Hep B to her newborn).
 - By having **unprotected sex** (without a condom) with an infected person.
 - By **sharing personal care items** that may have touched your blood (such as toothbrushes, razors).
 - By **sharing needles or injection equipment** (for blood transfusions, non-sterile injections, insulin, drug use, steroids, tattooing or acupuncture).
2. You can pass along Hep B to others close to you, so you should tell them to get tested and vaccinate if needed.
 - It’s important to tell sex partners, people in your household, drug-sharing partners and all of your doctors.
3. Sharing that you have Hep B can provide you with emotional support.
 - Many people with Hep B feel alone and without support.
 - Telling others you trust about your diagnosis can help you get the support you need.
4. You **cannot** spread Hep B through:
 - Sneezing or coughing, kissing or hugging, shaking hands or talking
 - Sharing eating utensils or drinking glasses, food or drinking water
 - Breastfeeding, unless there is blood present
5. It is illegal to be excluded from work, school, play or childcare if you have Hep B.



For More Info

Review page 8-9 of
“Hepatitis B: The
Facts”

3. DISCUSS

Sample questions:

- “Do you feel comfortable telling others that you have Hep B?”
- “Who do you think should be tested and vaccinated for Hep B among your close contacts?”

Record plans for notifying contacts on the *Care Plan*.

II. GETTING READY FOR HEP B CARE

GETTING READY FOR HEP B CARE: IMPROVING MENTAL WELLNESS

1. TELL PATIENTS

1. Living with Hep B can be stressful. It is common to experience:
 - Extreme fatigue
 - Sleep problems
 - Aches and pains
 - Stomach problems
 - Fears related to health
 - Social isolation
 - Depression
 - Anxiety
2. Any of the above issues can affect your mental health, which includes:
 - Thoughts, feelings, emotions, and energy

2. ASSESS NEED AND DISCUSS

Sample questions:

- “Have you ever been diagnosed with a mental health issue?”
- “Are you taking any psychiatric medications?”
- “Do you currently see a therapist or counselor?”
- “Do you have any mental health concerns you would like help with?”

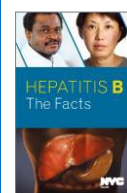
3. MAKE A PLAN

If the patient expresses concerns, but is not receiving services, say:

It may be helpful to **speak with a professional** if you notice that mental health issues are getting in the way of your day-to-day activities or goals.

- This includes working, eating, sleeping, or relationships.

Record referrals on the *Care Plan*.

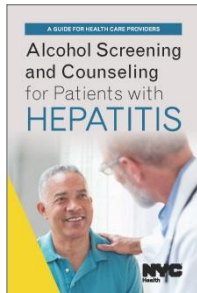


For More Info

Review page 5 of
“Hepatitis B: The
Facts”

GETTING READY FOR HEP B CARE: DOES DRINKING ALCOHOL DAMAGE THE LIVER?

1. ASSESS NEED



Alcohol Screening

At initial and annual visits, screen all patients with hepatitis for alcohol use with the Alcohol Use Disorders Identification Test - Consumption (AUDIT-C).

1) How often do you have a drink containing alcohol?

Frequency	Score
Never	0
Monthly or less	1
2 or 3 times a week	2
4 or more times a week	3

2) How many standard drinks containing alcohol do you have on a typical day when you drink?

Frequency	Score
Never	0
1 or 2	1
3 or 4	2
5 or 6	3
7 or 8	4
9 or 10	5
11 or 12	6
13 or 14	7
15 or more	8

3) How often do you have six or more drinks on one occasion?

Frequency	Score
Never	0
Monthly or less	1
2 or 3 times a week	2
4 or more times a week	3

After completing the screening, add the scores for questions 1 through 3.

Score Range	Next Steps
0-2	Provide alcohol counseling messages.
3-4	Provide alcohol counseling messages. Consider a brief alcohol counseling intervention.
5-6	Consider alcohol counseling messages. Consider a brief alcohol counseling intervention.
7-8	Consider alcohol counseling messages. Consider a brief alcohol counseling intervention.
9-12	Consider alcohol counseling messages. Consider a brief alcohol counseling intervention.
13-15	Consider alcohol counseling messages. Consider a brief alcohol counseling intervention.
16-19	Consider alcohol counseling messages. Consider a brief alcohol counseling intervention.
20-24	Consider alcohol counseling messages. Consider a brief alcohol counseling intervention.
25-30	Consider alcohol counseling messages. Consider a brief alcohol counseling intervention.

Use the “*Alcohol Screening and Counseling for Hepatitis Patients*” guide to assess current alcohol use and identify need for alcohol counseling. This guide includes the:

1. Alcohol Use Disorders Identification Test (AUDIT)
2. Substance Abuse Brief Intervention and Referral for Treatment (SBIRT)

2. TELL PATIENTS

1. Alcohol is **very hard** on the liver.
 - Alcohol can damage or kill liver cells.
 - Alcohol greatly increases risk for developing cirrhosis and liver cancer if you have Hep B.
2. If you have Hep B it is safest **not to drink any alcohol**.
 - This includes beer, wine, whiskey, and all other liquors.
3. If you cannot stop drinking completely, **cutting down can help**.
 - The less you drink the better.

3. MAKE A PLAN

Alcohol Counseling

- 1) Review screening results.
 - a) “You answered some questions about alcohol use. Can we discuss the results?”
- 2) Explain the patient’s reasons for drinking and any barriers to reduction.
 - a) “Help me understand, through your eyes, the joys and costs of drinking alcohol.”
- 3) Ask for permission to provide counseling messages.
 - a) “Thank you for what you have told me. I want to share with you some information that may help you decide if you want to keep drinking or if you want to stop drinking completely. Reducing the amount of alcohol you drink can help protect your liver.”
- 4) Determine the patient’s current stage of change.
 - a) “On a scale of 1 to 10, with 1 being not ready at all and 10 being completely ready, how ready are you to change your alcohol use?”
 - b) “You chose _____. That’s great. That means you are _____ ready to make a change.”
 - c) “Why did you choose that number?”
 - d) “If you were ready to reduce alcohol use, maybe your concerns about life or your health and others’ your willingness to help when you or others are ready.”

Help the patient develop an action plan.

- a) “What are steps that will work for you to reduce your alcohol use?”
- b) “What support do you have to help you make the change?”
- c) “There are great ideas! Let’s write down your action plan.”

Provide resources.

- a) “I have resources that people sometimes find helpful. Would you like to hear about them?”
- b) Visit www.alcohol.org to find tips about cutting down to drink with patients.
- c) Review some of the tips for cutting down listed in their Alcohol and Hepatitis patient guide.
- d) Refer patients to the NYC Liver Health app.

Call 800 LifeNet to order free patient guides, which help your patients make a plan to reduce drinking.

CREATE AN ACTION PLAN

What?
Example: I will stop drinking or limit myself to one drink a month.

How?
Example: I will drink seltzer water instead of beer at social events.

When?
Example: I will start the next time I am out with my friends.

For help or treatment options, talk to your doctor or visit 800LifeNet.org.

For patients that drink, provide alcohol counseling as indicated in “*Alcohol Screening and Counseling for Hepatitis Patients*” and develop an action plan for cutting down on alcohol.

AUDIT

PATIENT: Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential, so please be honest.

For each question in the chart below, place an X in one box that best describes your answer.

NOTE: In the U.S., a single drink serving contains about 14 grams of ethanol or “pure” alcohol. Although the drinks below are different sizes, each one contains the same amount of pure alcohol and counts as a single drink:



Questions	0	1	2	3	4	
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2 to 4 times a month	2 to 3 times a week	4 or more times a week	
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more	
3. How often do you have 5 or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year	
					Total	

Note: This questionnaire (the AUDIT) is reprinted with permission from the World Health Organization. To reflect drink serving sizes in the United States (14g of pure alcohol), the number of drinks in question 3 was changed from 6 to 5. A free AUDIT manual with guidelines for use in primary care settings is available online at www.who.org.

GETTING READY FOR HEP B CARE: REDUCING THE HARM OF DRUG USE

1. ASSESS NEED

Use the **Drug Abuse Screening Test (DAST)** to assess current drug use and identify the patient's need for harm reduction services or substance abuse treatment. Ask specifically about injection drug use when using the DAST.

2. TELL PATIENTS

1. **Sharing drug use equipment** is one way that Hep B is passed from one person to another.
 - All equipment used for injecting drugs can pass along Hep B. This includes: needles, syringes, razors, cutters, ties, cookers, cups, rinse water, spoons, cotton, and filters.
 - Pipes, straws, rolled money or other snorting equipment can also pass along Hep B.
2. Each drug has different health risks. Some drugs are very hard on the liver.

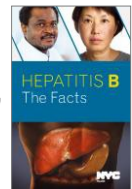
3. DISCUSS & MAKE A PLAN

1. Use page 8 (“Guide for Improving Readiness to Change”) to guide a conversation that can help motivate patients to reduce or stop drug use.
2. Record goals and action items on the *Care Plan*.

For More Info

Review:

- “Hepatitis B: The Facts” booklet (p9)
- “Take Care, Take Charge: Safety Tips for People Who Use or Inject Drugs” booklet



Drug Abuse Screening Test, DAST-10

Tailored for viral hepatitis patients

Patient Name: _____ Date: _____

Tell patient: "The following questions concern information about your possible involvement with drugs not including alcoholic beverages during the past 12 months. The various classes of drugs may include cannabis (marijuana, hashish), solvents (e.g., paint thinner), tranquilizers (e.g., Valium), barbiturates, cocaine, stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.g., heroin). Remember that the questions do not include alcoholic beverages. Please answer every question. If you have difficulty with a statement, then choose the response that is mostly right."

Screening Questions

In the past 12 months...	Yes	No
1. Have you used drugs other than those required for medical reasons?	1	0
2. Do you use more than one drug at a time?	1	0
3. Are you unable to stop using drugs when you want to?	1	0
4. Have you ever had blackouts or flashbacks as a result of drug use?	1	0
5. Do you ever feel bad or guilty about your drug use?	1	0
6. Does your spouse (or parents) ever complain about your involvement with drugs?	1	0
7. Have you neglected your family because of your use of drugs?	1	0
8. Have you engaged in illegal activities in order to obtain drugs?	1	0
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	1	0
10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?	1	0
Calculate total score		

Viral Hepatitis-Related Screening Questions

11. What drug(s) did you use?
12. How often did you use the drug(s)?
13. Are any drug(s) you used injectable?

Interpretation of Score

Score	Degree of Problems Related to Drug Abuse	Suggested Action
0	No problems reported	None at this time
1-2	Low level	Monitor, re-assess at a later date
3-5	Moderate level	Further investigation
6-8	Substantial level	Intensive assessment
9-10	Severe level	Intensive assessment

Adapted from Drug Abuse Screening Test (DAST-10). (©1982 by the Addiction Research Foundation.)

GETTING READY FOR HEP B CARE: PROTECT YOUR LIVER

1. ASSESS NEED

Sample question: “How do you keep your liver healthy?”

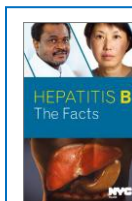
2. TELL PATIENTS

1. **Tell *all* of your doctors that you have Hep B.**
 - Your doctors can help you avoid medications that may harm your liver.
2. **Ask your doctor before taking over-the-counter medications, natural or herbal medicines, vitamins, or supplements.**
 - Some over-the-counter medications such as acetaminophen (Tylenol), vitamins, supplements (such as iron), herbs, or “natural” drugs can be dangerous to your liver.
 - No “natural medication” is known to work for treating Hep B.
3. **Eat a healthy diet, exercise, and maintain a healthy body weight.**
 - Being overweight and/or eating an unhealthy diet can lead to fat build up in the liver (“fatty liver”) and can cause liver damage.
 - Exercise at least two to three times a week for 30 minutes each time.
 - Avoid sugary food and drinks. Eat more fruits, vegetables, and high-fiber foods.
4. **Smoking tobacco can damage the liver.**
5. **Other health conditions can worsen liver damage.**
 - These conditions include HIV, Hep C, diabetes, obesity, and metabolic syndrome.
 - Some conditions, like heart disease, can make Hep B treatment more difficult.
 - It’s important to manage these conditions to improve overall health and reduce stress to the liver.

3. MAKE A PLAN

Sample question: “Which of the tips above would help you keep your liver healthy?”

Complete the “Health Goals” section of the *Care Plan*.



For More Info

Review page 5 of
“Hepatitis B: The
Facts”

GETTING READY FOR HEP B CARE: GETTING SUPPORT

1. TELL PATIENTS

Sample opening statement: “Health insurance, financial issues, housing, legal issues, and relationships with family and friends can all affect your health.”

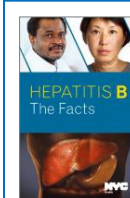
2. ASSESS NEED & DISCUSS

1. **Health insurance** can help cover your Hep B care and treatment.
 - Some people without insurance may get free medications through patient assistance programs.
 - Ask patients, “Do you have health insurance?”
2. If you are having trouble **making ends meet**, it can be difficult to focus on your health.
 - “What is your monthly income?”
3. **Not having a stable place** to live is stressful and can make it hard to keep taking your meds or take care of your health.
 - “In the last year, where have you lived?”
 - “Where are you living now? How long will you live there?”
4. Dealing with **legal issues** can be stressful and can take a lot of time.
 - “Do you have any legal issues now?”
5. **Feeling alone** can make it hard to deal with your health.
 - “Do you have family or friends you can talk to about your health?”

3. MAKE A PLAN

Provide a list of suggested referrals to review with patient. Ask if he or she accepts the referrals:

- If yes, document on *Care Plan* and review with patient.
- If no, ask patient if you can discuss again in the future.



For More Info

Review page 11 of
“Hepatitis B: The Facts”

III. GETTING READY FOR TREATMENT

GETTING READY FOR TREATMENT: ARE YOU READY TO START TREATMENT?

1. ASSESS NEED

If possible, this discussion should take place with the patient's doctor present.

Sample question: "You are recommended to start treatment. On a scale of 1 to 10, how ready are you to start?"

2. TELL PATIENT

1. There is no cure for Hep B, but antiviral treatment can slow or stop the virus from damaging the liver.
2. If you are prescribed Hep B treatment, take your meds at the same time **every single day**.
 - You must do this for the treatment to work. If you miss doses, resistance to the medication can develop.
 - Planning ahead helps prepare for unexpected situations and ensure that you take your meds each day.
3. If you have side effects, **call your doctor** or navigator right away.
 - Don't stop taking your medications without talking to your doctor first.

3. DISCUSS & MAKE A PLAN

Review and complete *Treatment Planning Form* with patient. Make sure that patients understand their prescribed regimen and plan strategies for preventing missed doses.

4. REVIEW INFO

1. Ask patient to describe their treatment regimen in full.
2. Ask patient, on a scale of 1-10, how confident he or she is to take all medications as prescribed for the duration of treatment.

Treatment Planning Form

MY DOCTOR'S APPOINTMENTS

Complete this table with your doctor.

Visit	Date	Hep B Viral Load* (IU/mL)	ALT** (U/L)	Notes (e.g. other liver health indicators like HBeAg)
1				
2				
3				
4				
5				

*The **Hep B viral load** is the amount of Hep B virus in your blood.

The **ALT test measures the amount of stress in your liver.

Date	Ultrasound

MY NOTES

Write down the list of medications you are taking, any side effects you have, questions for your doctor, or other notes about your treatment.



Treatment Planning Form

Living with Hep B is not easy. But medical care can help you stay healthy. Follow these steps:

1. **Know your care team and how to contact them.**
2. **If you are prescribed medications, take your medications the right way.**
3. **Go to all doctor's appointments.**

MY CARE TEAM

DOCTOR

Name: _____

Phone: _____

NAVIGATOR

Name: _____

Phone: _____

PHARMACIST

Name: _____

Phone: _____

ULTRASOUND RADIOLOGIST

Name: _____

Phone: _____

Treatment Planning Form

MY HEP B MEDS

Complete this table with your doctor.

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

TAKING MEDS DOs AND DON'Ts

DOs

- Do **take your meds every day**. Try these tips to remember:
 - Set a clock or phone alarm
 - Use a pill box
 - Use a calendar
 - Ask a friend to remind you
 - Take your meds at the same time as another daily activity (e.g. brushing teeth, lunch/dinner)
 - Use the same pharmacy to keep track of prescriptions
- Do **talk to your doctor** about:
 - Any **side effects**
 - Every medication** you take (prescription or OTC meds, vitamins, herbal supplements)
 - Pregnancy

DON'Ts

- Don't miss a dose.** Ask your doctor what to do if you miss a dose.
- Don't stop taking your meds** without talking to your doctor, even if you have side effects.
- Don't start a new medication** without talking to your doctor.
- If you get pregnant** while on medication, tell your doctor right away.

MY STRATEGIES FOR TAKING MEDS

Complete this table with your navigator before starting treatment.

Common reasons for missing dose	Strategy to avoid missing dose
Forgetting	
Being away from home	
Being busy	
Change in daily routine	
Falling asleep	
Being high or drunk	
Feeling ill or sick	
Side effects	
Feeling depressed	
Getting refills on time	

IV. STAYING HEALTHY WITH HEP B

STAYING HEALTHY WITH HEP B

1. ASSESS NEED

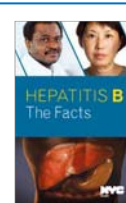
Sample question: “What will you do to manage your Hep B and stay healthy?”

2. TELL PATIENTS

1. To stay healthy with Hep B, **avoid alcohol**.
2. **Ask your doctor** before taking over-the-counter medications, natural or herbal medicines, vitamins, or supplements.
3. **Keep seeing your doctor** to keep track of your health and look out for changes in your liver.
4. Remember, adults with Hep B should be **screened for liver cancer every six months**.
5. If you are prescribed Hep B treatment:
 - Take your medication as your doctor orders.
 - If you miss doses, the medications won't work (because the virus can become resistant to the medication).
 - Don't stop taking your medications without talking to your doctor first.

3. MAKE A PLAN

1. Review the medical follow up visit plan recommended by the
2. Review the “Getting Ready for Hep B Care: Protect Your Liver” section on page 21.



For More Info

Review pages 4-5 of “Hepatitis B: The Facts”

4. REVIEW INFO

Sample question: “What will you do to stay healthy?”

HOW DO I PROTECT OTHERS FROM HEP B?

1. ASSESS NEED

Sample question: “What do you do or can you do to protect others from Hep B?”

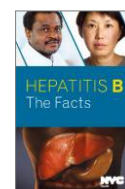
2. TELL PATIENTS

Protect others from Hep B by:

1. **Using condoms** during sex until your partner is immune.
2. **If you use drugs, only use new or sterile equipment.**
This includes needles, syringes, cotton, cups, ties, razors, cutters, rinse water, cookers, straws or pipes.
3. **Make sure new or sterile needles** are always used for tattooing, **acupuncture or injection** (for example, insulin, steroid, etc.)
4. **Encourage people close to you to get tested and vaccinated.**
This includes people you live with, sex partners and people who you have shared drugs or needles with.
5. **Do not share personal care items** that may have touched your blood.
This includes toothbrushes, razors, needles, nail files/clippers/scissors or washcloths.
6. **Cover cuts and open sores** with bandages.
 - Make sure others do not touch your blood.
 - Wash hands well after touching your blood or body fluids.
7. **Clean up blood spills.**
Use with a bleach solution (one part bleach and nine parts water).
8. **Do not donate blood, organs, tissue or sperm.**
9. **If someone you know is exposed to Hep B, call a doctor right away.**
Ask for **Hep B immune globulin**, which must be taken within 7 days after exposure.

3. MAKE A PLAN

Sample question: “What can you do to prevent passing Hep B along to others?”



For More Info

Review page 9 of
“Hepatitis B: The
Facts”

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