Updates

While waiting for people to join the call, Alex shared the news that PDPH received a competitive grant from CDC to conduct hepatitis surveillance. She noted that Philadelphia was one of seven sites and one of only two cities to receive the grant. More details will be presented at the HepCAP meeting on Wednesday, February 6th but the grant means that PDPH will be able to follow up on more hepatitis cases, develop a better understanding of who is infected, and can share information with community partners for better targeted interventions.

Clinician Education Workgroup: Summary of Proposed Projects

The last workgroup call was in June 2012! The goal for 2013 is to launch these projects! Alex reviewed the project ideas that started to be developed last year. These Clinician Education workgroup projects will 1) use local clinical expertise to build the capacity of providers to identify and manage hepatitis cases and 2) build community among local hepatitis experts.

• **Primary Care Provider Education.** Hepatitis treatment experts will volunteer their time for a HepCAP speakers bureau. Their expertise will be used to educate primary care providers about the importance of screening patients for hepatitis C and the appropriate steps to follow if one of their patients does test positive. Experts who have agreed to participate in the speaker’s bureau have committed to make one presentation a month.

• **Hepatitis Case Conference.** This will give local hepatitis specialists the opportunity to come together on a regular basis to share challenging cases, exchange ideas and build a community among Philadelphia’s hepatitis experts.

Alex proposed that both projects aim for a MAY launch for Hepatitis Awareness Month.

Primary Care Provider Education

**Developing curriculum.** Experts who have already agreed to be a part of the “Speakers Bureau” were asked to send Alex slide sets they currently use for provider education sessions. Dr. Stacey Trooskin and Alex will develop a list of objectives that all presentations should address. Existing slide sets will be reviewed and additional content will be suggested as needed. A “master deck” will also
be created for providers who may not have their own slides sets. Experts in the Speaker’s Bureau will be able to choose to use their own slides or the master deck when they are scheduled for a presentation. Reviewing slides and establishing uniform objectives will help in the development of evaluation tools to measure the impact of this project.

**Outreach.** PDPH has some resources that can be used to promote this resource: a Health Alert Network mailing list and a list that has been compiled from providers who have expressed interest in more hepatitis information through the Young Hep C surveillance project. PDPH is also working on pulling together a list of provider practices that have participated in in-services and other provider outreach by various programs under the Division of Disease Control.

Alex asked the group if anyone had other connections that could be used to extend the offer of hepatitis education. The group noted that it would depend on who we want to target. Many of the hepatitis specialists have providers they frequently receive referrals from. Each expert in the Speakers Bureau could send Alex a list of 3-5 of the major referrers to start with. Dusty noted that he has been working with Family Medicine Residents at Jefferson and Katie works with Mary Howard Clinic and Temple University students.

**Next Steps.** An evaluation tool needs to be developed. Along with developing a standard curriculum, Alex and Stacey will develop an evaluation tool to measure the impact of the project. The group agreed that it would be a good idea to meet in person at least once before the launch to review the curriculum and evaluation tool and strategize about outreach. Alex added that some sort of launch event could also be considered as a way to publicize the Speakers Bureau.

### Hepatitis Case Conferences

**Logistics.** Alex asked about some of the logistics of getting the Case Conferences started. The group agreed that the PDPH office at 500 S. Broad Street was still a good location. The group suggested that we just schedule the first case conference instead of surveying everyone we want to invite about the best time. A survey to the workgroup was suggested to make sure at least the core group of participants would be able to attend. The middle of the week and beginning or end of the day were cited as times that would be good for a meeting. Alex asked if CMEs would be a necessary incentive. People said it wouldn’t be a deal breaker but that food should definitely be offered.

**Outreach.** Alex asked Jay if there was a distribution list for Penn’s Center for Viral Hepatitis that could be used. He replied that the Grand Rounds could be a way to recruit other specialists into the speaker’s bureau and to spread the word about this project. The rest of the group agreed that they would commit to spread the word among their colleagues and networks.

**Next Steps**

- Continue to collect slide sets; develop a list of main points and objectives for education presentations.
- Survey the group to set a date/time for an in-person meeting and the first case conference

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