

Using Ryan White Funds to Support Routine HIV Testing in a Large Municipal Healthcare System

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2006 CDC Recommendations Routine Testing for HIV-1

- Routine voluntary testing for patients ages 13-64 in healthcare settings – not based on patient risk
- Opt-out testing
- No separate written consent for HIV
- Pretest counseling not required
- Repeat HIV testing left to discretion of provider, based on patient risk

Key Elements of Routine HIV Screening Programs

- Access/availability
- Consent
- Testing
- Service Linkage

About Harris County

- 3.7 million residents
- Most populous county in Texas
- Third most populous county in US
- Spanning approximately 1,700 square miles



About Houston



- Approximately 2 million residents
- Fourth most populous city in the US
- Spanning more than 600 square miles

HIV Epidemiology Snapshot

Houston/Harris County, Texas

March 2009

- 18,404 individuals known living with HIV
- Additional 3,500 – 4,500 individuals living with undiagnosed HIV
- 1 in 93 Houstonians living with HIV
- 1 in 46 African Americans living with HIV (54% of all newly reported infections)

Harris County Hospital District

- Publicly funded, urban academic hospital system in Houston, Texas
- 3 hospitals
- 13 community clinics, including Thomas Street Health Center

Harris County Hospital District

- Population served – 3.7 million
 - 18% African American
 - 33% Hispanic
 - 42% White
 - 5% Asian

HCHD Facilities

- Ben Taub General Hospital
 - Level 1 Trauma Center
 - 8,000 EC visits monthly
- LBJ General Hospital
 - Level 3 Trauma Center
 - 5,000 EC visits monthly
- Thomas Street Health Center (HIV Clinic)

HCHD HIV Services/Thomas Street

In 2009, HIV Services/Thomas Street provided care for:

- 4,784 HIV+ patients – 57% with AIDS diagnosis
- 782 new patients
- 86 pregnant women
- 50% of Harris County's uninsured HIV patients
- 25% of all HIV+ persons in Harris County

HIV Services/Thomas Street

Of those,

- 74% were below Federal Poverty Level
- 60% were African-American
- 25% were Hispanic
- 13% were White

HIV Services/Thomas Street On-site Specialty Medical Services

Specialty care provided included:

- Infectious Diseases
- Psychiatry
- OB/Gyn
- Endocrinology
- ENT

Specialty Services (continued)

- Neurology
- Oncology
- Rheumatology
- Anal dysplasia Clinic
- Hepatitis C clinic

HIV Services/Thomas Street Ancillary Services

- Pharmacy
- Medical Case Management
- Nutritionist
- Physical Therapy
- Radiology
- Substance Abuse Counseling

Ancillary Services (continued)

- Women's Health NP
- Urgent Care NP and Critical Care/Emergency Care Board Certified physician

Ryan White Funds Received by HCHD

Part A	\$6,277,213
Primary Care	
Women's Primary Care	
Medical Case Management	
Part C	\$ 819,196
Part D WICY	\$ 268,985
Part D Adolescents	\$ 150,802

Routine HIV Screening Program Elements and Funding Sources

	Part A	Part C	CDC Prev	CDC Exp Testing	Texas DSHS
Availability/ Access	X	X	X	X	
Consent			X	X	
Testing				X	X
Service Linkage	X	X	X		X

HIV Screening Funding Sources at HCHD

RW Part C 2003	Rapid, on-request testing, service linkage	Approx. \$50,000
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CDC Prevention 2007	Structural intervention to build board and management support	\$106,898
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CDC Exp. Testing 2008	Routine screening in hospital ECs	\$244,960
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DSHS 2010	Expand routine screening	\$500,000
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RW Part A	Service Linkage (Non Medical CM)	\$367,520
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HCHD's HIV Testing Program

1. Walk-up testing

- Rapid, oral tests
- Free, available on request
- Offered at 11 community health centers, Thomas Street, BTGH Emergency Center, and homeless clinics
- RW Part C funding began in 1990
- Service Linkage added in 2003 under Part C

HCHD's HIV Testing Program

2. Routine Universal Screening for HIV (RUSH)
 - Opt-out screening for ages 18-64
 - Standard blood testing performed on rapid basis
 - Began August 4, 2008 at BTGH – available 24/7
 - Began March 9, 2009 at LBJ – available 24/7
 - April 2010 – pilot project in 2 community health centers
 - Funded by City of Houston Department of Health and Human Services (CDC funds) since 2008 and Texas Department of State Health Services since early 2010

Service Linkage Worker

Flexible job description includes:

- Provide HIV testing services
- Conduct and document initial patient assessments
- Assist patients with access and adherence to care
- Assure linkage to care through referrals and follow-up
- Assist patients in navigating service delivery system
- Work with medical case managers and other clinicians to ensure care plan is implemented.

How Ryan White Part A Supports Successful Implementation



- Planning Council allocated **non-medical case management** funding to support *Service Linkage* services for newly diagnosed and out of care/lost to care cases
- Part A grantee RFP and contract requirements ensure providers are testing sites; funded providers must maintain their status as testing sites to retain funding
- Local service definition and Standards of Care for Service Linkage Workers detail how SLW must perform services to ensure effective linkage to care

How Ryan White Part A Supports Successful Implementation



- Part A contract requirements and monitoring efforts ensure funded providers identify and effectively link expected numbers of new clients to care
- Outcome measures track number of new cases referred to care, number retained in care, health status markers (CD4, VL, Stage of Illness), etc.
- EMA-wide *CPCDMS* client-level data system enables tracking from testing to linkage and retention in care, provides data to stakeholders

How Ryan White Part A Supports Successful Implementation



- EMA's Standards of Care (SOC) ensure SLW qualifications and performance expectations
- Standardized training curriculum for SLWs ensures all SLWs have basic skills necessary – 24 hours in first year
- Bi-monthly EMA-wide meetings for both SLWs and supervisors ensure coordination of efforts, identification and resolution of challenges
- Regular data driven reports to Stakeholders

RUSH Results – BTGH

August 4, 2008 – July 15, 2010



Tests performed	61,320
New positives	331
New positives prevalence rate	0.54%
Previous positives	911
Total positives	1,242
Total positives prevalence rate	1.49%
New Dx linked to care	276 (83%)

Challenges Encountered in Building a Routine HIV Screening Program

1. Coordination throughout a multidisciplinary system
2. Building and maintaining close working ties with other public health partners
3. Juggling multiple grant terms and requirements
4. Data management
5. Test result delivery

Lessons Learned

1. Recruit a multidisciplinary, senior-level steering committee
2. Take plenty of time to research and develop processes – especially concerning consents
3. Training must be continuous
4. Promote your successes

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