

Expanding Access to HIV Screening and HIV/AIDS Care at 10 Community Health Centers in Indianapolis, Indiana

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Eskenazi Health



Disclosures

Presenters have no financial interest to disclose.

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Learning Objectives

At the conclusion of this activity, the participant will be able to:

1. Describe the Eskenazi Health HIV Expansion Project from planning through implementation
2. Discuss data representing strengths, challenges, and opportunities associated with the project
3. Explain how other health systems might increase access to HIV care using similar strategies



Obtaining CME/CE Credit

If you would like to receive continuing education credit for this activity, please visit:

<http://ryanwhite.cds.pesgce.com>

HIV/AIDS in Indiana



HIV/AIDS in Indiana

As of December 31, 2015:

5,726 **Total Persons Living with HIV
(without AIDS Diagnosis)**

5,972 **Total Persons Living with AIDS**

11,698 **Total**

Source: Indiana State Department of Health. At A Glance. [http://www.in.gov/isdh/files/At_a_Glance\(8\).pdf](http://www.in.gov/isdh/files/At_a_Glance(8).pdf). Accessed 7-22-16.

New HIV/AIDS Cases

January 1-December 31, 2015

HIV at First Diagnosis = 543

- 84% (415) Male
- 16% (128) Female

- 60% (326) White
- 31% (168) Black
- 6% (35) Hispanic

AIDS at First Diagnosis = 78

- 73% (64) Male
- 27% (14) Female

- 42% (33) White
- 40% (30) Black
- 13% (10) Hispanic

Source: Indiana State Department of Health. At A Glance. [http://www.in.gov/isdh/files/At_a_Glance\(8\).pdf](http://www.in.gov/isdh/files/At_a_Glance(8).pdf). Accessed 7-22-16.

The Outbreak

Mid-December 2014 through today: 200

2013 : < 5 Cases

Access Indiana State Department of Health Southern
Indiana Outbreak updates at
<http://www.in.gov/isdh/26649.htm>

Source: Indiana State Department of Health <http://www.in.gov/isdh/26649.htm>. Accessed 7-22-16

Persons Living with HIV/AIDS in Indiana by County December 201

New HIV/AIDS Reports (Jan 1 - Dec 31, 2015)

Total Persons Living with HIV/AIDS



Source: Indiana State Department of Health <http://www.in.gov/isdh/26649.htm>. Accessed 7-22-16

Eskenazi Health



Closed Health Care Facility



Closed Health Care Facility





What is Eskenazi Health?

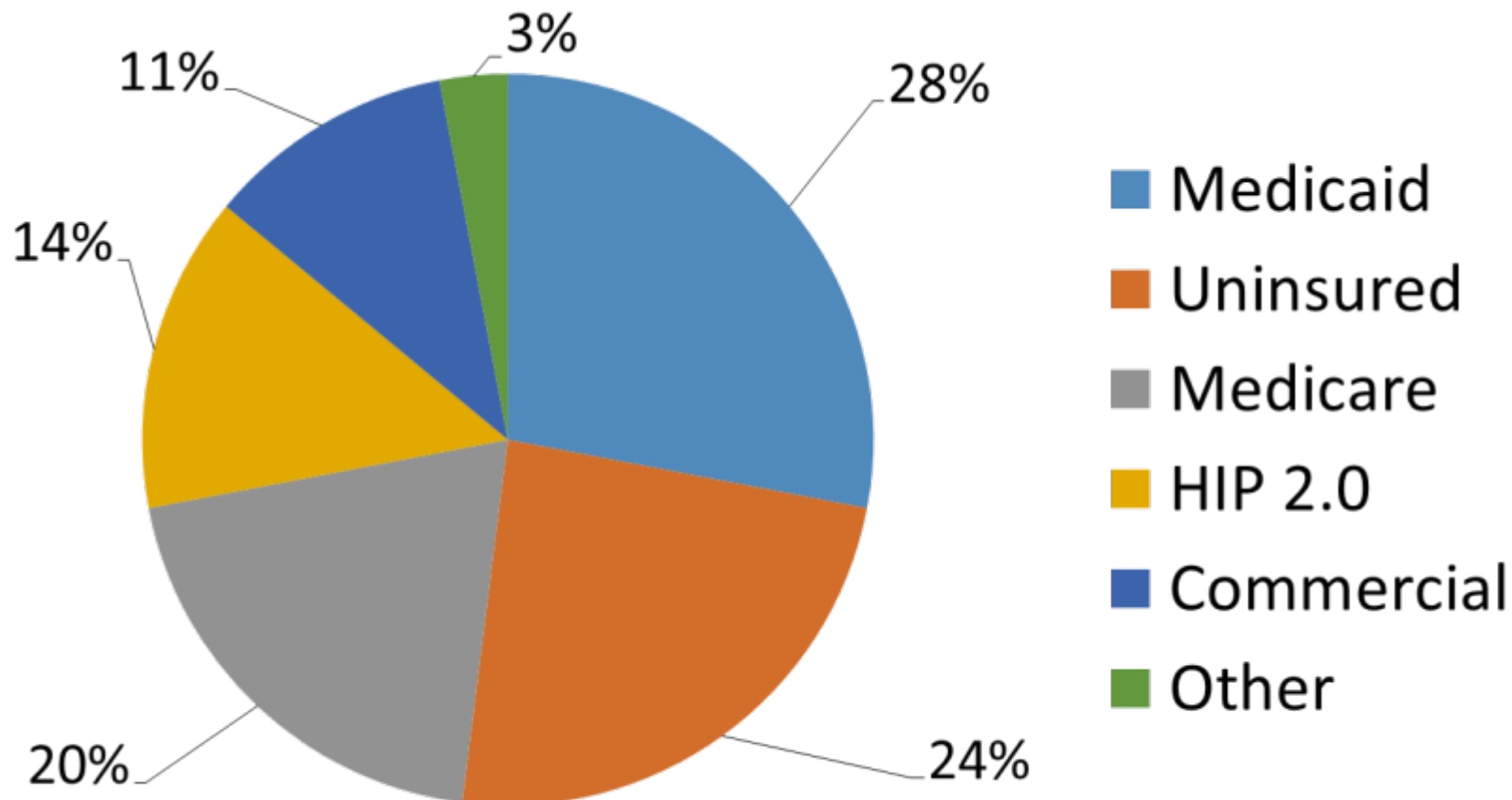
- **The Sidney & Lois Eskenazi Hospital** – A general acute care facility with 315 staffed beds and more than 200 exam rooms
- **The Richard M. Fairbanks Burn Center** – The Richard M. Fairbanks Burn Center at Eskenazi Health is one of only 64 burn centers in the United States that is verified by the American College of Surgeons and the American Burn Association
- **Midtown Community Mental Health Center** – Provides mental health and addiction service at 21 sites with nearly 400,000 outpatient visits per year



What is Eskenazi Health?

- **Eskenazi Health Center** – A Federally Qualified Health Center with operations at ten clinic sites that provides approximately one million outpatient visits per year
- **Smith Level I Shock Trauma Center at Eskenazi Health** - Provides the most extensive range and quality of trauma care to the entire state, serving as the first adult Level I trauma center in Indiana
- **Teaching** – Eskenazi Health is a primary teaching health system for the Indiana University School of Medicine (the nation's second largest medical school)

Payor Mix @ Eskenazi Health



Staff @ Eskenazi Health

Total Staff.....	4,474
Physicians on Staff.....	1,060
Active Medical Staff.....	1,019
Percent of Board-Certified Physicians.....	94.4%

Why Eskenazi?

- Eskenazi Health has served the residents of Marion County (Indianapolis) for over 157 years
- One of America's five largest safety net health systems and featuring the only public, general acute care hospital in Marion County
- Mission to serve the most vulnerable and needy populations of Marion County, Indiana

The Health Foundation of Greater Indianapolis



The Health Foundation

- Nearly 30 years of grant making to improve the health of central Indiana, especially for those who are underserved or marginalized
- Proactively seeks out programs, builds partnerships, and encourages innovative solutions to some of central Indiana's most pressing health needs through targeted grant making
- Approached Eskenazi Health about expanding HIV/AIDS care capacity in July 2015.
- Eskenazi responded to RFP in August 2015

Awarded **\$1 Million** Dollars

- Notice of grant award received in October
- Project Period: November 1, 2014 – December 31, 2015

Project Objectives:

- Implement Routine HIV Screening at six Eskenazi Health locations
- Develop a traveling HIV care team to provide HIV care at these six Eskenazi Health locations
- Begin offering PrEP

Alignment with NHAS

Reduce new HIV infections

- Increase the number of patients in the community who are aware of their HIV status

Increase access to care and improve health outcomes for people living with HIV/AIDS

- Increase the number of access points for HIV treatment and prevention (through Pre-Exposure Prophylaxis [PrEP]) in the community

Reduce HIV-related disparities and health inequities

- Reduce stigma within the community
- Increase access for all

The REAL Work Begins



Steps

- Identify Internal Resources
- Build a Leadership Team
- Build an Expansion Team
- Identify a Project Coordinator
- Gather Baseline Data
- Make Operational Decisions
- Engage Targets

Audience Participation

A. Speed Boat



B. Cruise Ship



Internal Resources

Successful HIV Testing Program in Emergency Department

- Ryan White and CDC Funding

Midwest AIDS Training + Education Center for Indiana located on campus

- HRSA Funded

Infectious Disease Clinic serving approximately 1200 patients with HIV infection

- Ryan White Part A & C Funding

Build a Leadership Team

Needed to bring together and coordinate needs of multiple service line and areas:

- Eskenazi Medical Group
- Primary Care
- Adolescent Medicine
 - Teen Care
- Infectious Disease
- MATEC
- Emergency Department
- Pharmacy
- Billing/Revenue
- Clinical Education
- Laboratory

Build an Expansion Team

Implementation of Routine HIV Screening:

HIV Training Specialist

- Developing Training Materials
- Training All Staff

HIV Clinic Testing Coordinator

- Developing Policy and Procedures for Routine HIV Screening
- Collecting, Monitoring and Analyzing Quality Data
- Assisting with Training and Implementation of Routine HIV Screening

Building an Expansion Team (2)

Traveling HIV Care Team

- Nurse Practitioner
- Clinical Pharmacist
- Masters Level Social Worker

Tasks of Team:

- Developing Innovative Model of HIV Service Delivery
- Creating a list of all Eskenazi Health patients with an HIV diagnosis who had been out of care for more than one year
- Contacting patients on this “out-of-care” list to re-engage in HIV care
- Providing HIV Care in collaboration with Primary Care
- Providing Pre-Exposure Prophylaxis (PrEP) in collaboration with Primary Care
- Assisting with Training and Implementation of Routine HIV Screening

Points of Innovation

- Team travels between off-campus locations
- High level of coordination and communication with primary care
- Immediate linkage to care
 - Masters Level Social Worker delivers confirmatory test results at Primary Care site
 - Conducts intake and facilitates baseline labs on same day as diagnosis

Gathering Baselines

- How much HIV testing was already happening at Eskenazi Health Center locations?
 - OBGYN – Pregnant women
 - Family Planning – At least annually, sometimes more
 - Primary Care – Rare
- How many HIV patients are being followed at the Eskenazi Health Center locations?
 - Are these patients seeking HIV care at Eskenazi Health IDC?
- Best clinic to start project?
 - Which clinic would likely embrace the project?

Operational Decisions

- Establish a Standing Order for Routine HIV Screening?
 - Who would be the physician of record?
- What type of HIV screening did we want to use?
 - OraSure? Allere? INSTI? Lab based?
 - Negotiated a \$3.50 per test discount
- Who would be offering HIV screening at the Eskenazi Health Center locations?
 - Physicians? Nurses? Medical Assistants?

Operational Decisions (2)

- Who would deliver reactive results?
 - Physicians
 - Nurses
 - Medical Assistants
- How would confirmatory testing work?
 - Primary Care
 - Expansion Team

Billing

- Billed for Routine HIV Screening from the start!
 - Key to long-term sustainability
- Z11.59 Encounter for screening for other viral diseases
- Z20.828 Contact with and (suspected) exposure to other viral communicable diseases
- Z72.89 Other problems related to lifestyle
- Created code HEXPO to track billing and reimbursement
 - If not covered by insurance: billed to grant – patient not billed
 - If covered: Revenue collected for grant

Engaging Targets

- December meeting with staff from the six Targeted Health Centers
 - This is where six turned into 10 due to miscommunication
- Three workgroups were established:
 - Testing/Training
 - Model of Care
 - Sustainability/Evaluation

Who's on first?????

Despite good intentions:

- No clear direction after this December meeting
- Workgroups stalled
- Delays in hiring
- Needed someone to coordinate the project

5% Effort – Becomes 25% Effort, but a Full-Time Job

Routine HIV Screening



Steps

- Train Nurses and MA's
- Offer Informational Session for Clinical Providers – Physicians, Physician Assistants and Nurse Practitioners
- Send Newsletters and Targeted E-mails
- Identify a Champion at each Clinic
- Schedule a week-long Go-Live

Training

All nurses and medical assistants trained on:

- HIV 101
- Indiana's HIV Epidemiology
- CDC Testing Recommendations
- Indiana Code for HIV Testing
- HIV Screening using OraQuick Advance
 - Offering
 - Conducting
 - Interpreting
 - Delivering Non-Reactive and Invalid
 - Recording Results

Informational Session for Clinical Providers

Communicated:

- Scope of Project
- Delivering Reactive Screening Results
- Ordering Confirmatory Testing
- Scheduling Delivery of Confirmatory Results
- Linkage to HIV Care

Communications

Newsletter

- Monthly – really quarterly

E-mail to Residents:

- Residents not allowed to participate in “training”
- Communicated project through Residency Program heads

Face-to-Face

- Travel Team

Go-Live

- Week-long
- Immediately following training
- Project staff on-site
 - Observations
 - Questions
 - Trained Champion to conduct Quality Controls
 - Identified space for performing tests, logs, and storage
 - Relationship Building

Screened Through June To-Date

SITE	PATIENTS SCREENED FOR HIV INFECTION																
	03/15	04/15	05/15	06/15	07/15	08/15	09/15	10/15	11/15	12/15	01/16	02/16	03/16	4/16	5/16	6/16	Site Total
Pecar	224	210	120	151	158	148	92	42	108	153	68	74	114	90	83	134	1969
Cottage Corner		83	209	132	141	111	105	130	56	56	58	60	35	30	64	53	1323
Grassy Creek		220	174	116	95	76	65	94	78	4	4	76	66	39	16	49	1284
North Arlington				71	219	237	98	167	113	73	30	44	56	52	42	67	1269
OCC					102	139	119	37	30	101	72	80	118	67	107	75	1047
Blackburn								112	109	51	41	47	57	37	66	17	537
WCOE								14	47	53	23	4	13	60	51	69	334
Westside									17	315	174	184	201	157	147	130	1325
Forest Manor										203	187	153	211	185	147	114	1200
W. 38th													398	376	342	310	1426
NTP																30	30
TOTALS	224	513	503	470	715	711	479	596	558	1079	699	722	1269	1093	1065	1048	11744

~37,800

Model of Care



Steps

- Hire Clinical Staff
- Develop System of Community-Based HIV Care
- Identify and Re-Engage Out-of-Care
- Link New Patients Identified by Routine Screening Project within Days
- Offer PrEP

Clinical Staff

Nurse Practitioner

- Trained in Women's Health
- Experienced in offering routine HIV screening
- No HIV care experience, but very motivated to learn

Clinical Pharmacist

- Residency in HIV Pharmacotherapy
- Experienced in providing HIV/AIDS care
- Willing to mentor team

Social Worker

- Masters Prepared
- No HIV experience
- Patient centered and motivated to do the best job possible

Identify & Re-Engage

Building a Patient Base from HIV Screening takes Time

- Began looking at all HIV infected patients accessing primary care at the Community Health Centers
- Asked Infectious Disease Clinic to provide a list of patients who had not been seen in at least a year
- Communicated this effort to other providers in Indianapolis

Referral Form

- Soft launch to a few key referral sources
 - ED
 - STD Clinic
 - Damien Center
- Limited roll-out due to questions about project sustainability

Eskenazi Health Infectious Disease Referral
 Fax Completed Form to 317-880-0323 (Secure Fax Line)
 Have Questions? Call Jason Richmond at 317-880-3502 or Sandy Jones at 317-880-3508
 Para español llame al 317-880-3512 outside Yucamán

Referral Agency: _____

Agency Contact Person: _____

Reason for Referral: Preliminary Positive (Bell Flower & ED Only) HIV Pre-Exposure Prophylaxis (PrEP) Other: _____

Patient Name: _____ Phone Number: _____

Social Security Number: _____ HIV care (New Diagnosis) HIV care (Returning to care)

Address: _____ Date of Birth: _____

Sex: Male Female Intersex MTF Female FTM Male Phone Number: (____) _____

If Female - is patient pregnant? if yes, please provide due date: _____

Primary Language Spoken by Patient: _____

Alternate Contact: _____ Does patient require an interpreter? Yes No

Alternate Phone Number: (____) _____ Relationship to Patient: _____

Current Health Insurance: _____ Is it OK to leave a message with Alternate Contact? Yes No

Is the patient currently enrolled in Ryan White or Medical Services at the: Marion County Public Health Department Indiana State Department of Health

Does the patient need medication refills prior to appointment? Yes* No

If yes - how many days of meds does patient currently have? _____ if zero - how many days has patient been out? _____

*Please note that all prescription refills are at the discretion of our clinical staff

PLEASE COMPLETE SECTION ONLY IF REFERRING FOR HIV CARE

Is patient currently receiving HIV Care coordination? Yes No Unknown

Current CD4 Count: _____/Unknown Current Viral Load: _____

At which Eskenazi Health location would the patient prefer to be seen? (please see reverse side for locations)

Eskenazi Health Outpatient Care Center EHC Blackburn* EHC Cottage Corner*

EHC Forest Manor* EHC Grassy Creek* EHC Pecar*

EHC North Arlington* EHC Pecar* EHC Westside*

EH W. 38th Street* Step-Up, Inc.*

*These sites are only staffed to provide HIV care and HIV PrEP - if referring for any other problem (e.g. Fevers/TB/Osteomyelitis) patient **MUST** be scheduled at the Eskenazi Health Outpatient Care Center location.

Anything else you would like us to know: _____

Our goal is to respond to all referrals within 48 business hours. Thank you for choosing Eskenazi Health.

Model of Care

Plan A:

Have joint Primary Care and HIV Care patient visit
(same day/same place)

Challenges:

Model of Care

Plan B:

Schedule one clinic session at each Community Health Center each week

Optimal – one morning session, one afternoon session on different days on an ABAB pattern

Challenges:

Model of Care

Plan C:

Look at current patient load. Schedule at least one clinic session per month at each Community Health Center, understanding that some would need more.

Challenges:

New Patients

Social Worker from Traveling Team delivered confirmatory test results and conducted intake on the same day.

Intake:

- Education
- Complete psychosocial assessment
- Apply for Ryan White programs
- Facilitated labs ordered by Nurse Practitioner

Team followed patient from this point forward.

Appointment within days of lab results being available.

About Patients

The Traveling HIV Care Team began following HIV infected patients in March of 2015.

- As of today, they are following **76** HIV-infected patients at ten different locations.
- The team has received **37** referrals for PrEP services, and **8** high-risk negative patients have started PrEP.

Patient Level Data [through 4-30-1-6]

Patient-Specific Parameter	Result
Time between intake to 1 st medical appointment (median, [IQR])	13 days (7,21)
Initial CD4 at Referral (median, [IQR])	440 cells/mm ³ (197.75,679.75)
Current CD4 at most recent visit (median, [IQR])	471 cells/mm ³ (272,680)
Initial Viral Load at Referral (median, [IQR])	20,000 copies/mL (430,81000)
Current Viral Load at most recent visit (median, [IQR])	<20 copies/mL (<20,35)
Patients referred to the Ryan White Foundation (%)	55 (91.7%)

Additional Data

Over the first 16 months,

- Number of appointments: 179
- Care Coordination visits (medical case management and non-medical case management): 371
- Pharmacist medical case management/adherence encounters: 92
- First medical appointment adherence rate: 87%

Successes

Routine HIV Screening

- Trained **219** nurses and medical assistants to offer, conduct and interpret routine HIV screening
- Implemented routine HIV screening at **10** Eskenazi Health locations
- Implemented routine HIV screening at **2** Midtown addiction treatment centers
- Screened **11,743** Eskenazi Health patients for HIV infection
- Identified **15** new cases of HIV infection – a positivity rate of **0.13%**

Expanded Access to HIV Care

- Began offering expert HIV at **10** Eskenazi Health locations which has exponentially increased access and decreased wait times
- Began offering PrEP to high-risk negatives at **10** Eskenazi Health locations
- Developed a new Eskenazi Health Infectious Diseases Referral Form that provides newly referred patients the option of being seen at one of **10** Eskenazi Health locations
- Identified **432** patients with HIV infection who have received care at Eskenazi Health in the past, but are since out-of-care
- Re-engaged **19** patients into HIV care through outreach efforts

Sustainability



Cost of Program

Continued Routine Screening

- Clinics will purchase testing supplies
- Patients will be charged

Program Staff ~ \$418,385.40

- Combined Training/Testing Coordinator
- Nurse Practitioner
- Pharmacist
- HIV Care Coordinator

Funding Sources

- Ryan White Part A and Part C Funding: ~\$423,658
- CDC Expanded HIV Testing Initiative: \$90,000
- Indiana State Department of Health: \$50,000
- Third party reimbursement for HIV Care: ~\$181,829
- Revenue from Routine HIV Screening: ~\$36,561

Funding Sources

- Reimbursement for HIV medications at Eskenazi Health pharmacies: ~\$98,057
- Reimbursement for anti-HCV medications at Eskenazi Health pharmacies: ~\$65,540
- Cost avoidance through providing treatment for HIV to prevent further infections ~\$16,534

The annual combined revenue generation and cost savings associated with these activities is estimated at **~\$957,178.52**. The estimated return on investment for Eskenazi Health could be up to **~\$583,793.12**

Lessons Learned



Provider Buy-in is Key

Eskenazi Health Centers have moved to Team Based Care.
The clinician is clearly the leader of the Team.

If Clinician makes HIV screening a priority:
Team makes it a priority.

Reverse is also true.

Positive Reinforcement

- Staff NEED to hear that they are doing a good job and helping people!
- Recognition in the Project Newsletter
- Consider offering token incentives for staff:
 - A Pen
 - Lotion
 - Lanyard

Competition is Good

Project staff created competitions between sites to increase screening.

Health Center who screens the highest percentage of eligible patients get a prize.

Winning Health Center received:

- Pizza Party
- Donut Party

E-mail

- Nurses and Medical Assistants rarely check e-mail because they are rarely sitting at a desk
- Must use multiple methods to communicate important information:
 - Face to Face
 - Presentation at Monthly Staff Meetings

You Need Time

- Develop the RFP
 - A more realistic timeline
 - An organizational structure
 - A budget that includes mileage for “traveling”
- Identify Key People at the Health Centers
 - Establish relationships
 - Create buy-in and ownership

Time (2)

Engage Partners

- Internal
 - Laboratory
 - Public Relations/Communications
- External
 - AIDS Service Organizations
 - HIV Care Coordinators

Discussion

