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

Malinda Boehler, MSW, LCSW
Thomas Kleyn, PharmD, BCPS, AAHIVP
Nancy Olmstead, MSW, LSW

Eskenazi Health
Disclosures

Presenters have no financial interest to disclose.

This continuing education activity is managed and accredited by Professional Education Services Group in cooperation with HSRA and LRG. PESG, HSRA, LRG and all accrediting organization do not support or endorse any product or service mentioned in this activity.

PESG, HRSA, and LRG staff has no financial interest to disclose.
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

## New HIV/AIDS Cases

### January 1-December 31, 2015

<table>
<thead>
<tr>
<th>HIV at First Diagnosis</th>
<th>AIDS at First Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HIV at First Diagnosis = 543</strong></td>
<td><strong>AIDS at First Diagnosis = 78</strong></td>
</tr>
<tr>
<td>• 84% (415) Male</td>
<td>• 73% (64) Male</td>
</tr>
<tr>
<td>• 16% (128) Female</td>
<td>• 27% (14) Female</td>
</tr>
<tr>
<td></td>
<td>• 42% (33) White</td>
</tr>
<tr>
<td>• 60% (326) White</td>
<td>• 40% (30) Black</td>
</tr>
<tr>
<td>• 31% (168) Black</td>
<td>• 13% (10) Hispanic</td>
</tr>
<tr>
<td>• 6% (35) Hispanic</td>
<td></td>
</tr>
</tbody>
</table>

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

Persons Living with HIV/AIDS in Indiana by County December 2015

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

Total Persons Living with HIV/AIDS

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

- Medicaid: 28%
- Uninsured: 24%
- Medicare: 20%
- HIP 2.0: 14%
- Commercial: 11%
- Other: 3%
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
- 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

<table>
<thead>
<tr>
<th>SITE</th>
<th>PATIENTS SCREENED FOR HIV INFECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>03/15</td>
</tr>
<tr>
<td>Pecar</td>
<td>224</td>
</tr>
<tr>
<td>Cottage Corner</td>
<td>83</td>
</tr>
<tr>
<td>Grassy Creek</td>
<td>220</td>
</tr>
<tr>
<td>North Arlington</td>
<td>71</td>
</tr>
<tr>
<td>OCC</td>
<td>102</td>
</tr>
<tr>
<td>Blackburn</td>
<td>112</td>
</tr>
<tr>
<td>WCOE</td>
<td>14</td>
</tr>
<tr>
<td>Westside</td>
<td>17</td>
</tr>
<tr>
<td>Forest Manor</td>
<td>203</td>
</tr>
<tr>
<td>W. 38th</td>
<td></td>
</tr>
<tr>
<td>NTP</td>
<td></td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td>224</td>
</tr>
</tbody>
</table>

\[\textcolor{red}{\sim37,800}\]
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
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]

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