Billing and Reimbursement as a Model for Sustainable Emergency Department HIV Screening?: Report from the 2012 National Emergency Department HIV Testing Consortium Meeting

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Objectives

Many believe that emergency department (ED) HIV screening will become sustainable only when EDs successfully bill for screening. Yet, there remains little understanding of how EDs will implement sustainable reimburse practices for HIV screening in actual clinical practice. The National Emergency Department HIV Testing Consortium convened a multidisciplinary, roundtable discussion to address these issues.

Methods

The semi-structured roundtable discussion included representatives spanning multiple disciplines relevant to public health, public policy, health care financing, HIV screening, and emergency services. The authors summarized themes by reviewing the participant-driven notes and the audiotape of the discussion. The authors deliberated and came to a consensus on the major themes and conclusions.

Challenges, Consequences, and Potential Financing Strategies for ED HIV Screening Sustainability

Challenge	Consequence	Potential Financing Strategy
Billing and Reimbursement		
No direct incentive to providers to test	Providers less likely to screen (particularly if they do not endorse prevention as part of the EM mission)	• Develop reimbursement strategies that directly incentivize emergency providers to initiate HIV screening
Transition from fee-for-service to alternative financing models*	With bundled payment, there is no added payment for added services.	• Ensure that ED HIV screening is incorporated into the negotiated ED bundled payments • Retain a fee-for-service structure for health promotion services
Even with ACA/USPSTF[&], payers may not cover HIV screening in EDs	ED HIV screening still may not be universally reimbursed	• Create a public health fund to reimburse hospitals for ED HIV screening when insurance does not • Create regional multidisciplinary working groups to agree on reimbursement screening strategies
Excessive complexity, variability, and change in reimbursement prohibits understanding and planning	Demonstration models of sustainable ED HIV screening are needed but difficult to accomplish, disseminate, and replicate	• Create regional multidisciplinary working groups with leaders from each sphere of health care – clinicians, hospital finance administrators, third party payers, and public health officials • Develop infrastructure for sharing experience
Even with ACA[&], a portion of the population will remain uninsured	The population most in need of ED HIV screening may not be reimbursed	• Create a public health fund to reimburse hospitals for ED HIV screening when insurance does not Cost-shifting from patients with insurance to those who do not
Reduce Costs of HIV Testing		
Detailed cost estimates for ED HIV screening difficult to determine and variable by region/hospital	Developing a business plan (especially one that is replicable) is difficult	• Understand costs of different screening approaches • Discover and disseminate relative tradeoffs between the costs and benefits of different approaches to screening
EDs may choose higher cost testing strategies because it is more convenient for their ED operations	Threshold to sustain ED HIV screening activities is higher	• Understand costs of different screening approaches • Discover and disseminate relative tradeoffs between the costs and benefits of different approaches to screening
Increase the Perceived Value of ED HIV Testing Relative to Costs		
Perceived costs may outweigh the perceived benefits for hospital decision makers	Hospital decision makers may not support ED HIV screening	• Emphasize savings to hospital/provider apart from any revenue/reimbursement considerations • Create patient and/or provider demand for ED HIV screening • Point out the ways in which costs of ED HIV screening are small relative to many other hospital financing considerations
Costs are framed from the perspective of the hospital/provider but benefits are framed as societal	Hospital decision makers may not support ED HIV screening	• Discover and disseminate cost-benefit models from the perspective of hospital and provider that consider not only revenue but cost-savings

* For example: bundled payments, capitation, accountable care organizations
& Affordable Care Act; United States Preventative Services Task Force
# For example, acceptability to patients or providers, better technology, reduced operational impact

Results

Discussion revealed that while ED HIV screening was conceptually 'covered' by third party payers, those on the front lines struggle to integrate HIV screening and billing into practice. Challenges included: 1) lack of direct monetary incentive for providers who are responsible for initiating screening; 2) each third-party payer may have different contractual arrangements with each hospital, making it difficult to disentangle the complicated web of reimbursement strategies; 3) many at-risk patients remain uninsured; and, 4) while direct fee-for-service reimbursement of HIV screening was postulated as a way of incentivizing more testing, movements away from fee-for-service payments – such as capitated payments – may actually reduce these potential monetary reimbursements.

Conclusions

Roundtable participants coalesced around three key action items: 1) concisely define the most efficient and least costly approaches for ED HIV screening from the hospital perspective; 2) develop tools for estimating downstream cost-savings from the hospital perspective, and 3) disseminate methods to effectively communicate that information to key stakeholders.

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