

Billing and Reimbursement as a Model for Sustainable Emergency Department HIV Screening?

**A Report from the 2012 National Emergency
Department HIV Testing Consortium Meeting**

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HIV SCREENING IN EMERGENCY DEPARTMENTS/CONTEXT

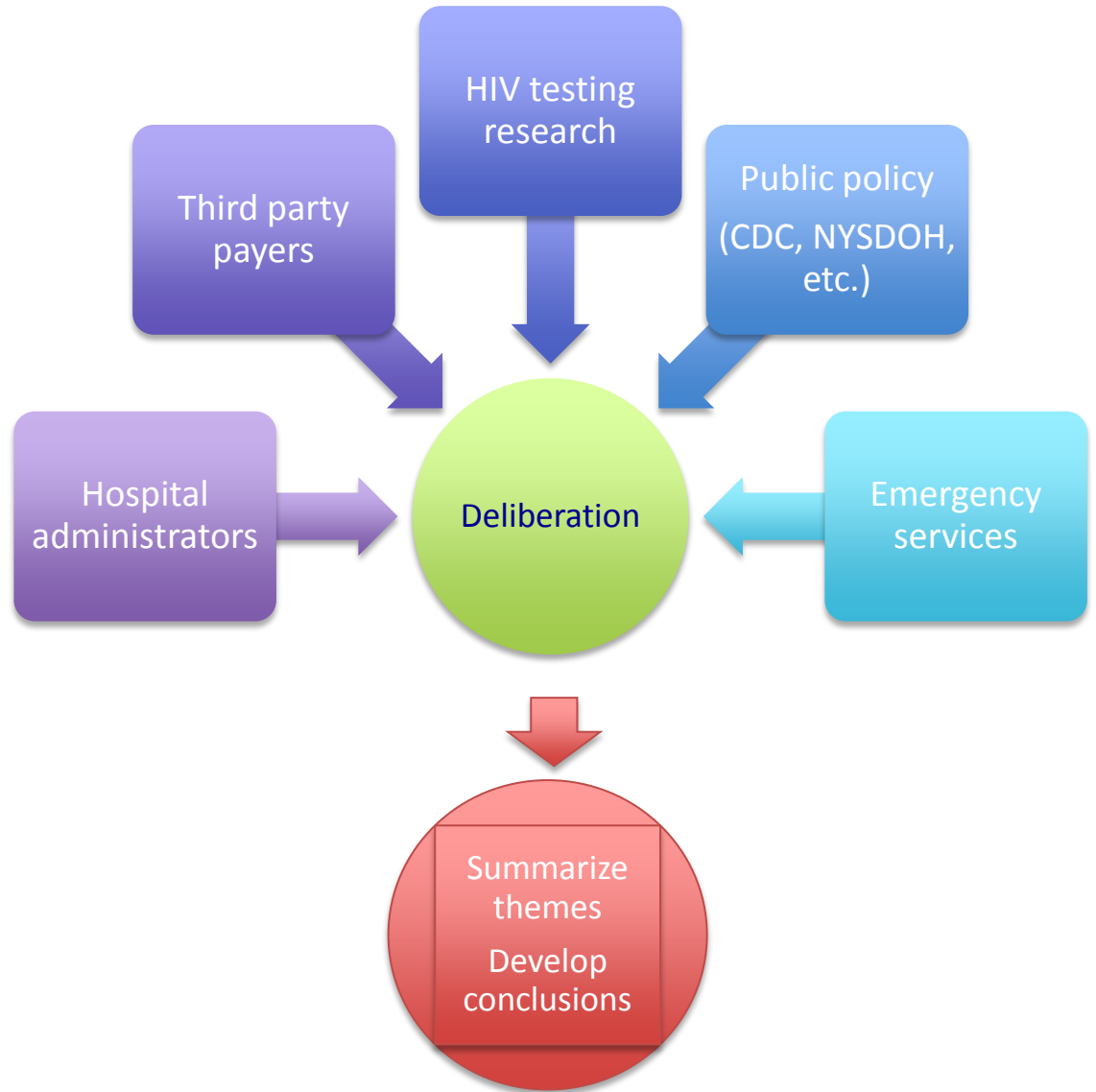
Ethical, Financial, and Legal Considerations to Implementing Emergency Department HIV Screening: A Report From the 2007 Conference of the National Emergency Department HIV Testing Consortium

Conclusions

- Finance and reimburse of ED HIV testing was at least one part of the puzzle.
- Some believed sustaining widespread testing could only be achieved through appropriate finance and reimbursement.
- “If ERs were reimbursed, chairmen would be talking to their faculty about why they had only done 1,000 last month instead of several thousand HIV tests”

2012 National ED HIV Testing Consortium Roundtable Conference

Finance and
reimbursement as
means to sustain ED
HIV testing



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)	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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
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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Discover and disseminate cost-benefit models from the perspective of hospital and provider that consider not only revenue but cost-savings