



Creating, Sustaining, and Expanding a Comprehensive HIV Program in an Emergency Department and Community Health Center Setting.

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Objective

To describe the performance characteristics and process to CREATE, SUSTAIN, AND EXPAND a HIV screening and outreach program from the Emergency Department (ED) into community health centers (CHCs).

Institutional statistics

Wishard Health Services	
Location	Indianapolis, IN
Facilities	Census 2012
- Emergency Department	105,120
- Community Health Centers (10 sites)	240,735
Payer mix	
- Uninsured	45.2%
- Medicaid	25.6%
- Medicare	18.1%
- Commercial	8.3%
- Other	3.7%

Table 1 - Institutional statistics for Wishard Health Services Emergency Department and Community Health Centers.

Program CREATION

- Program piloted in Emergency Department in 2008.
 - Ryan White seed grant: \$24,000
 - External personnel model tested and adopted.
- Services currently include:
 - Non-targeted HIV screening
 - Targeted HIV testing per physician discretion
 - Direct linkage to care with ID clinic
 - Consultation Service
 - Horizon House clinic serving homeless population
 - Wishard's Womens' Visit Center
 - Wishard's Labor and Delivery Center
 - Community outreach
- 12 hour Emergency Department coverage 7 days a week
 - 10AM-10PM: Peak Hours
- Funding-Primary
 - Ryan White Part A, Marion County Public Health Department
 - Health Resources and Services Administration (HRSA)
 - Indiana State Department of Health
 - Marion County Health Department
- Staffing
 - 8 Part-time certified testing/counseling staff
 - 1 AmeriCorps Member
 - 2 interns
 - 1 Program Manager
 - 1 Medical Director
- Outreach
 - Linking known HIV positive patients into care

Program SUSTAINABILITY

Year	Annual extramural funding totals	Contribution by institution*
2008	\$230,073	?
2009	\$157,725	?
2010	\$274,182	\$53,000
2011	\$270,500	\$53,000
2012	\$225,425	\$53,000
Total	\$1,157,905	

Table 2 - Annual aggregate extramural funding. * Program Manager's salary not covered by grant(s). (Specific awards available per request).

2012 Expense summary	Amount
Personnel	\$130,175
Materials	\$21,527
Total	\$151,702

Table 3 - Total expenses for HIV program 2012

Program Results

Year	Total tested	Positive	Positivity Rate	Linked-to-Care	Consent Rate
2008	1,052	1	N/A	1	N/A
2009	2,229	5	N/A	2	N/A
2010	4,591	17	N/A	10	N/A
2011	4,080	20 ¹	.49%	19	87%
2012	3,464	14 ²	.40% (.55%)	11 ³ (14)	86%
Total	15,416	57	.45% (2011-2012)	43	87%

Table 4 - Summary for ED based HIV testing services only
1- Reactive patient refused Western Blot
2- Seven with new HIV status; 3-AIDS dx; 4-Unknown (2012)
3- Three patients passed away before linked-to-care, one additional patient referred to care

Program EXPANSION

- 2012 - 2013: Planned expansion into Blackburn Health Clinic (1 of 10 Wishard CHC's)
- Funded through \$90,000 annual grant (5-year renewable) from Indiana State Department of Health.
- Dedicated tester to be provided to clinic 3 days a week.

Testing location	Projected annual testing census by payer mix (patients)	Reimbursement expected	Projected net revenue (Gross minus \$11.50/ test)
Wishard Emergency Dept. • 8000 tests/ yr	Medicaid: 25.6% (2048)	(\$18.96/ test)	\$15,278.08
	Medicare: 18.1% (1448)	(\$24.29/ test)	\$18,519.92
	Commercial: 8.3% (664)	(Medicare \$24.29/ test)	\$8,492.56
	Uninsured: 45.2% (3600)	Unknown	Unknown
Blackburn Clinic • 1200 tested/ yr	Medicaid: 25.6% (307)	(\$18.96/ test)	\$3,530.50
	Medicare: 18.1% (217)	(\$24.29/ test)	\$2,775.43
	Commercial: 8.3% (99)	(Medicare \$24.29/ test)	\$1,266.21
	Uninsured: 45.2% (540)	Unknown	Unknown
Total projected reimbursement			\$49,862.70

Limitations

- Payer mix and reimbursement information provided by our institution and may not accurately represent the actual program's population.
- Nearly half of patients are uninsured; thereby limiting reimbursement and increasing costs.
- Reimbursement calculations only account for testing costs and do not account for staff costs.

Conclusion

Our data support that ED-based HIV testing programs can expand to community health centers and reimbursement mechanisms can off-set the total operational costs.

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