2014 TEXAS SUSTAINABILITY AND CAPACITY BUILDING HIV, STD, VIRAL HEPATITIS AND TB PROVIDER SURVEY

June 2014

Full Sample Survey Results

This report describes survey results collected between January and March 2014 by the University of Texas at Austin Health Promotion Team.

The University of Texas at Austin Health Promotion Team

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FULL SAMPLE SURVEY RESULTS

Table of Contents

BACKGROUND

In January 2014, The University of Texas at Austin Health Promotion Team (UT) and the Texas Department of State Health Services HIV/STD program (DSHS) launched an online survey of Texas HIV, STD, Viral Hepatitis, and TB providers. The results provide a benchmark of where provider organizations are in addressing the changing health care funding landscape. Many HIV, STD, TB and Viral Hepatitis programs rely on consistent federal and state grant funding to support prevention and treatment services for thousands of Texans. While this funding strategy has been adequate in the past, continued reliance on these funds as the primary financing for programs and services is becoming increasingly problematic. Grant funding has remained relatively level for most programs and that impedes the ability of these programs to increase service capacities to meet the needs of an expanding client population. These funds also rely on continued federal and state appropriations that may be reduced based on political and economic climates. Finally, the Patient Protection and Affordable Care Act (PPACA) has expanded the number of possible reimbursement individuals with health and may reduce the availability of federal or state grant programs over time.

With the passing of the PPACA in 2010, the health care environment continues to shift and new models of serving clients will continue to emerge. The 2014 survey provides information to help determine current organizational practices that may affect Texas HIV, STD, TB and viral hepatitis providers long-term sustainability in the shifting health care environment and to inform possible pathways that may be available to position providers for the future.

WHO PARTICIPATED?

The survey was sent to 122 organizations during the first quarter of 2014. Sixty-seven survey responses were recorded (66 completed surveys, 1 partial). The response rate was approximately 55%. The majority of respondents represented local health departments and HIV community-based organizations, as shown in Table1.

Table 1. Respondents by organization type (N=67).

Organization Type	Response	%
Local Health Department Clinic or Authority	30	45%
Community-Based Organization (i.e., AIDS Service Organization or HIV prevention contractor)	22	33%
Community Health Center (including Federally Qualified Health Centers)	5	7%
Hospital-Based Specialty Clinic	3	4%
Family Planning Organization	4	6%
DSHS Health Service Region	2	3%
Other:	1	1%
Total	67	100%

WHAT DID WE ASK?

The online survey included 12 questions to learn about:

- Current organizational practices (e.g., services offered, billing practices, client insurance coverage, electronic health record use)
- Organizational capacity for adapting to health care reform
- Changes organizations have made related to services or funding since January 2013
- Expectations of how health care reform will affect their organization and what needs to happen to ensure uninterrupted services if grant funding is reduced
- Technical assistance needs

WHAT DID WE LEARN ABOUT CURRENT PRACTICES?

Third-party Billing

- More than half of respondents (n=39, 60%) reported that their organization bills third-party payers for at least one service.
    - 11 organizations do not currently bill, but plan to implement a billing system in the next 12 months.
    - 9 organizations have no plans to bill.
    - 2 respondents did not know whether or not their organization bills.

Electronic Medical Records[1]

- 29 out of 66 respondents (44%) reported that their organization uses electronic medical records (EMRs).

- 19 (29%) have plans to implement EMRs in the next 12 months.

> We are seeking grant funding to implement an EHR.

> We are currently collaborating on the development of an EHR.

- 18 (27%) have no plans to implement EMRs in the next 12 months.

> The larger organization does [have EMR] but we just use the testing and intervention databases provided by DSHS.

> However we are looking to collaborate with our FQHC.

Collection of client income and insurance coverage

Two-thirds of responding organizations collect information about client income and insurance coverage.

Client income information

43 out of 66 organizations (65%) collect income information from clients. Some organizations reporting that they do not collect income information from clients explained that the collection of income information varies across different programs within the organization:

> Not all STD,HIV and TB patients are screened for eligibility, only those who also have Primary Care services.

> Information collected is general and not consistent since it has not been a requirement.

> Not on all programs, just programs that require financial screening for eligibility purposes.

> Yes for Dental, Family Planning, Primary Health Care. Not at this time for tuberculosis patients.

[1] The terms Electronic Medical Records (EMR) and Electronic Health Records (EHR) are used interchangeably in this report.

Insurance coverage

Respondents were asked whether or not they collect information from clients about health insurance coverage.

- 41 out of 66 (62%) organizations collect information about client health insurance coverage.

> Our forms ask, but…not all of the staff (in fact, very, very few) are obtaining it. Not asking? Don't want to know for fear it will affect services? Patient not telling staff? I ask during my clinician time with the patient and very often discover that they indeed do have insurance. [Insurance] hereby allows a direct referral or order when needed versus going through hoops to get something done.

Respondents were also asked to estimate the percentage of their clients they think are eligible for the health insurance marketplace and the percentage of their clients who had enrolled in insurance through the marketplace.

- 28 respondents estimated the percentage of clients who are eligible for the marketplace. The estimates ranged from 0% up to 80-100%.
- 17 respondents estimated the percentage of clients who had enrolled for the marketplace. The estimates ranged from 0% to 90%.

Billing for Specific Services

- Organizations reported that they offer a variety of clinical services for individuals with HIV, STDs, Viral Hepatitis, or TB. Table 2 presents the number of organizations that offered each service and, among those who offer a service, the number who bill for that service.

Table 2. Clinical services offered and billed (N=66).

Service	Offers Service (n)	Bills for Service* (n)
Testing for HIV, STDs, TB or hepatitis	61	18
TB screening	44	16
Laboratory test processing	42	19
Provision of medications	42	12
Medical examination	39	23
STD clinical treatment	39	18
Vaccinations and immunizations	18	19
TB clinical treatment	31	12
Patient navigation	25	3
Family planning services	24	14
Radiology services	20	9
HIV medical treatment	19	10
Mental health services	15	6
Medical nutrition therapy	15	2
Outpatient substance abuse treatment	11	4
Viral hepatitis clinical treatment	9	5
Vision care	6	3
Home health care	5	2
Residential substance abuse treatment	5	1
Hospice care	4	2
Other	7	3

* Number is a subset of those who offer the service (previous column).

WHAT DID WE LEARN ABOUT CURRENT ORGANIZATIONAL CAPACITY?

Current organizational capacity

Organizations indicated whether they agreed or disagreed with statements about their organizations' current capacity for adapting to the emerging healthcare landscape. Table 3 summarizes their responses. The majority of organizations reported that their staff are familiar with public assistance programs, that they are accepting new clients and can see existing clients in a timely manner. Areas for organizational growth include understanding how ACA will affect undocumented clients, capacity for helping clients enroll in the marketplace, and linking new clients to care within five days. Increasing staff understanding of the health insurance marketplace and developing strategies for talking to clients about ACA are also potential areas for growth within these organizations.

Table 3. Reported organizational capacity for adapting to changes in the health care environment (N=67).

Statement	Strongly Agree or Agree (n)	Strongly Disagree or Disagree (n)
Most staff members are familiar with public assistance programs and the application process (examples: Medicaid, Medicare)	52	11
Our providers are accepting new clients	45	7
Existing clients that we serve can get medical appointments with providers within 10 business days	41	12
Most staff members at my organization understand how the health insurance exchanges/marketplaces operate in Texas	37	26
We have a good strategy in place for how to communicate to our clients how the ACA will affect them	37	25
New clients can get appointments with providers within 5 business days	34	20
We have staff that can help our clients enroll in the insurance marketplace	22	36
We are concerned about how the implementation of the ACA will affect our undocumented clients	43	18

Changes Since January 2013

Respondents were asked what changes in services and/or funding sources their organization has made since January 2013. Respondents reported a variety of organizational changes in that time. Several included more than one change. In the analysis, each idea was treated as a separate comment. Thus, the numbers reported below add up to more than 67.

The most frequently cited change **was expanded services or reach of services** within the previous year (17).

- *"Since January 2013 {our organization} has expanded its services to provide comprehensive medical care to PLWHA five days a week. Comprehensive medical care is being provided by a Family Nurse Practitioner. In the past we only provided comprehensive medical care twice a week by a physician." – HIV CBO*
- *"[Our organization] focused more on MSM, have done more INSTIU tests and much less PBC, started a linkage to care program using ARTAS, expanded Healthy Relationships to the jail." –HIV CBO*
- *"[Our organization] expanded our current outreach, HIV testing, case management services, by collaboration with local partners." –HIV CBO*
- *"We received additional money to provided assistance around homelessness prevention. A program was started for elderly LGBT for free lunches and social activities 2 days a week. We have expanded free whole health activities such as yoga, a walking group, meditation." –HIV CBO*
- *"Expanded services: Since then, our program has done a trial of hepatitis C rapid testing among men who have sex with men (MSM) and are currently offering transgender participants with hep C rapid screenings. MSM who access the HIV prevention testing program can now opt to receive free rectal and pharyngeal chlamydia and gonorrhea screenings." –HIV CBO*

An additional 15 organizations reported that their organization had experienced **"no change"** since 2013.

Other respondents reported taking steps to **expand their third-party billing practices,** either by enhancing an existing system or taking steps towards beginning to bill third parties (12).

- *'[We are] working on expanding immunization billing to private billing but haven't completed the process. Expect it to take several months." – Local Health Department*
- *[We] made recommendations to our finance department to start billing Medicaid for clinical and directly observed therapy. This entails modifying our medical record system for automated billing both in the clinic and field services." – Local Health Department*

Organizations also reported becoming a **Medicaid provider** (6) or engaging with the health **insurance** marketplace (3) in the previous year.

Additional changes reported include:

- Diversified funding (2);
- Seeing more insured clients (2);

- Beginning a 340B program (2);
- Decreased staff (2);
- Contracting with private insurance (2);
- Decreasing services (1);
- Ending a private insurance contract (1); and
- Adding vaccine services (1).

Anticipated Impacts of ACA

Respondents had varying opinions about how they expected ACA implementation to affect their organization. Several included more that one expected impact. In the analysis, each idea was treated as a separate comment. Thus, the numbers reported below add up to more than 67. Almost half of the comments (40/85) were neutral, with 18 respondent reporting that they did not expect any changes. Others were not sure what to expect (8). Other comments tended to pertain to potential negative impacts of PPACA on their organization (28) rather than positive ones (16). Most of the comments reflected expected impacts on **services and reach** (17), **funding** (17), and **clients** (14) as described below.

Impacts on Services and Reach (17)

Twelve organizations reported that they expect ACA to present an **opportunity to expand** their reach or services.

- *"We expect the ACA changes will allow more individuals access to our HIV services. Accessibility may include testing, and linkage to medical care, medication, and support services such as substance abuse treatment." – HIV CBO*
- *"We anticipate an increased demand as we obtain private insurance contracts."—Community Health Center*
- *"I expect to expand services to additional populations other than those with HIV and other STD's." – HIV CBO*
- *"Expect more people will come for testing." – Family Planning Organization*

On the other hand, three organizations foresaw the **need to cut services** in the wake of ACA.

- *"We just stopped delivering HIV treatment services in our community because of grant changes. This program was no longer a viable option for our facility." - Local Health Department*
- *"If free HIV testing is eliminated we will stop testing services." – HIV CBO*

Other organizations expressed concern about **loss of client base** as patients may need to go to their medical provider for services (4).

Impacts on Funding (17)

Respondents wrote that they expected **changes in grant funding** and the way they use current grant monies (9).

- *"HIV clients will be able to use insurance to cover ambulatory care, therefore freeing up funds for those clients that are not eligible to receive ACA to access better care." HIV CBO*
- *"With the implementation of ACA our agency anticipates funding for Prevention Services and Ryan White Care funding being cut or going away." – HIV CBO*
- *The majority of the services we provide to our patients are based on federal and state grants that are provided to us. If ACA implementation affects these grants that we currently receive, then our patients would be affected directly as we would not have the financial means to do so without the grants." –Local Health Department*
- *"We only provide HIV care services. Our only concern is the amount of funds that we will have to redirect into paying for or assisting our clients with insurance premiums, co-pays etc." – DSHS Health Service Region*

Four respondents wrote about **billing opportunities** presented by the ACA and 4 others were concerned about their organizations' current **lack of capacity to bill** third party payers.

- *"I expect that we will bill third party payers for insured clients for a greater number of services." – HIV CBO*
- *"The current inability to bill private insurance plans and the total lack of private providers taking new patients in our area are pressing issues in our discussions with our Board about seeking private insurance capability." – Local Health Department*
- *"The majority of our patients are non-citizens. For those who qualify for ACA, we will provide care and hopefully bill for such services. However our agency does not have a true stand-alone billing department at this time." Local Health Department*

Impacts on Clients (14)

Most comments in this area addressed the potential impact on **clients who may not be able to qualify** for or afford plans (8). One person wrote that they hope ACA will **expand access** for clients.

- *"Our patients that are forced to sign up for the ACA because they do not qualify for community resources due to income cut offs will not be able to afford co-pays for visits, co-pays for medications or deductibles leading to decreased compliance with medical care and medications." – Hospital-based specialty clinic*
- *"Very few existing patients will be eligible for federal Marketplace subsidies." – Community Health Center*
- *"For many it will provide a venue for preventive, timely and early care. Some, especially on the Texas/Mexico border migration and poverty (38% uninsured) will fall through as their children are on Medicaid or Chip but they make too much to qualify for subsidies and will not purchase a premium or will not qualify….Therefore our population will continue to access preventive care only when they have to, consequently overburdening the health care system and the ER care." – Local Health Department*

- *"We are hopeful that this will expand access to health care services so that all HIV infected will stay in care." – HIV CBO*

Several respondents (5) were concerned about the data collection required by insurance and the potential impact on **privacy of clients,** particularly in many testing settings.

- *"Moving to insurance data collection will be challenging, particularly for our outreach services. Barriers will result with having to engage in conversations about health insurance plans in non-traditional environments such as the street, public sex environments, bath houses, shooting galleries, etc." – HIV CBO*
- *"Providing access to HIV/STD testing services to MSM, for example, under the current public health paradigm allows organizations like ours to reach and establish a rapport with the population and establish trust. I believe an assumption is made that access to HIV/STD services is connected to affordability. However, introducing enhanced data-gathering mechanisms required by the ACA through electronic health records, insurance verification and third-party billing processing just to get an HIV or STD test will set a very high bar that stigmatized populations may forgo reaching because of the possible implications of their names and testing data being entered and tracked over time." – HIV CBO*
- *"It may also create roadblocks in providing selected services like anonymous testing for HIV and STIs." – Local Health Department*

Other comments addressed:

- the potential impact on the spread of diseases if providers who are not familiar with prevention and care don't follow up with partners or misdiagnose infections (2);
- the need to license staff within the organization (2); and
- the impacts of ACA will depend on client enrollment in insurance (2).

Organizational Needs for Maintaining Services

Respondents were asked what would need to happen within their organization in order to ensure an uninterrupted flow of services to their clients if grant or governmental funding were reduced. The most prevalent response was that the organization would need to rely on **third-party billing** (18).

- *"We would have to begin with discussions of how to have the few clients we see with insurance have that insurance billed for testing services. This will be quite complicated since we are part of a huge bureaucracy as far as billing goes." –HIV CBO*
- *"We need to shift our business office infrastructure and capabilities to seek authorization, document billable services and pursue payment from managed care entities." –HIV CBO*
- *"We need to ensure that we are billing insurance companies, getting reimbursements, and following up when claims are denied" –HIV CBO*
- *"[We would need the] ability to bill customers with external support, i.e. DSHS support (staff, financial, process, etc.)" –Local Health Department*
- *"We MUST have Board and community acceptance of a LHD billing a private insurance company for services. The perception of competing with the medical community must be changed." –Local Health Department*

Many respondents reported that they would need to **reduce or eliminate services** if grant or governmental funding were reduced (14).

- *"We would probably reduce services, as Ryan White Part B funded, we are not eligible to bill insurance for case management services and services providers bill directly. Since Texas did not expand Medicaid many of our clients do not meet the financial requirement to qualify for ACA, as income is 100% below poverty level. It would be a disaster!" –HIV CBO*
- *"If grant or government funding were reduced, we would have to scale back our programs to serve the highest risk persons, laying off staff." –HIV CBO*
- *"All of our case management services are Ryan White funded. Without RW funding, we would have to stop those services. It would have major impact on our agency and our clients" –HIV CBO*
- *"Not all services currently offered by grants are billable through third party payers. So, we would expect reduction in staff and fewer linkage-to-care services offered. This would decrease adherence, increase no-show rates, and thus increase the community's viral load. We would see more patients, but have fewer who are virologically suppressed." –Community Health Center*
- *"We have already reduced our cost structure as much as we can, so we could not afford to continue providing services to the HIV/AIDS population if funding were reduced. Thus, we wouldn't accept these clients." –Community Health Center*

Other comments included **diversifying funding**/finding new funding sources (6) and seeking additional **governmental funding** (4). Some respondents thought that they would need to **charge client fees** in this situation (4).

Some respondents were either **not sure** what their organization would do (6) or thought that **no changes** would be necessary (3).

Additional comments included:

- Closing (1);
- Merging (1);
- Referring clients out (1);
- Relying on their ACO status (1);
- Relying on their 340B program (1); and
- Adopting an EMR system (1).

Plans for Action

Respondents were asked to indicate whether they were considering, pursuing, or had pursued various actions to prepare for ACA implementation. Table 4 summarizes responses.

- The majority of respondents (53 out of 66) currently have no plans to merge with another provider.
- Approximately half of respondents (34 out of 66) reported that they are a Medicaid provider.
- Approximately half of respondents (36 out of 66) reported that they are currently developing a strategic plan.

Table 4. Actions organizations might take to prepare for ACA implementation (N=66).

Action	Complete (n)	Currently pursuing (n)	Considering (n)	No plans (n)	Not sure (n)
Become a Medicaid provider	34	7	5	16	4
Collaborate with other service providers	25	28	6	4	3
Implement an electronic health records system	22	21	4	17	2
Analyze our budget to better understand our costs	21	26	11	5	3
Make a strong "business case" to obtain grant funding	16	28	10	6	6
Develop a strategic plan	14	36	11	2	3
Develop a computerized third party billing system	13	14	14	16	9
Become part of an insurance company's provider network	11	16	11	24	4
Contract for billing services	9	7	13	29	8
Refine services or staffing to make our services billable under insurance plans	9	20	13	20	4
Expand our mission	8	22	12	21	3
Expand our target population	7	23	18	15	3
Merge with another service provider	1	2	9	53	1
Other	1	1	1	34	29

Technical Assistance Interests

Respondents indentified technical assistance interests from a list provided. The top three topical interests were the health insurance marketplace, cost analysis, and strategic planning as presented in Table 5.

Table 5. Reported technical assistance interests (N=66).

Topic	Response (n)	% of Total Respondents
Health Insurance Marketplace	38	58%
Cost analysis	33	50%
Strategic planning	30	45%
Funding options for non-medical services	28	42%
Medical billing	27	41%
Contracting with private insurance companies	24	36%
Billing software recommendations	24	36%
Working with Medicaid managed care organizations	23	35%
Expanding the services you offer	22	33%
Payer of last resort responsibilities	21	32%
Electronic health records	21	32%
Becoming a patient centered medical home	20	30%
Partnering with an FQHCs or Look Alike clinic	15	23%
Becoming an FQHC or Look Alike clinic	13	20%
Billing for behavioral health issues	12	18%
Not interested	8	12%
Other	5	8%