NYC Sexual Health Clinics: ETE programs
People at risk of HIV exposure taking daily PrEP and people with HIV with sustained viral load suppression do not acquire or transmit HIV.
ETE programs

1. JumpstART—immediate antiretroviral therapy for newly diagnosed or treatment naïve patients; after receiving 30 days of meds, active referral to community provider

2. PEP—Entire 28-day course of PEP is provided and first dose is taken in exam room

3. PrEP Navigation—navigation and referral/linkage to PrEP is available to all patients

4. PrEP Initiation—one month supply of PrEP; after receiving 30 days of meds, active referral to community provider
Not Just a Plan Any More!
NYC Sexual Health Centers are HIV Hubs!!

**PrEP Navigation***
Launched 10/31/16
ALL CLINICS
Over 12,790 Encounters

**PEP 28***
Started 10/31/16
ALL CLINICS
3,167 PEP Starts
60% Black/Latino

**“JumpstART”***
Launched 11/23/16
STARTED IN ONE CLINIC
NOW IN ALL CLINICS
505 JumpstARTs
74% Black/Latino

**PrEP Initiation***
Started 12/22/16
STARTED IN ONE CLINIC
NOW IN ALL CLINICS
2,946 PrEP Starts
55% Black/Latino

* As of March 2019
DOHMH HIV Medication Spending, FY2018

- $609,454.68 was spent in Q1
- $604,719.40 was spent in Q2
- $716,975.76 was spent in Q3
- $778,273.64 was spent in Q4

HIV medication summary, FY’18

- About 60% of patients self-report no insurance
- $2,709,423.48 was spent on HIV medication
Measures taken to reduce ARV cost

1. Build collaboration with Specialty Pharmacy
   • Pharmacies send test scripts against a patient’s insurance to verify coverage and ascertain possible copays or deductibles
   • Insured/underinsured patient- Navigators and/or pharmacist applies appropriate copay cards to cover balance for (ensures that patients are not burdened with out-of-pocket costs)
   • Uninsured patient- Navigators uses appropriate pharma assistance programs via trail cards, online portals, and phone support systems
   • ARV’s are delivered to clinic within 30 minutes and provided to patient in a confidential space

2. Adjusting 340B Par Levels
   • Implementation of e-prescribing resulted in less dispensing of ARVs
   • Close monitoring of prescribing patterns led us to alter the process and adjust the quantity of ARVs ordered monthly from NYC Health + Hospitals (H+H).

3. IdWhere Pharmacy Inventory System
   • IdWhere will enhance the bureau and division’s ability to monitor real-time medication data at all eight SHCs
   • This system will allow us to closely monitor medication inventory, adjust medication par levels as needed and prevent any unnecessary orders
Adjusting 340B Par Levels

- BSTI EtE is budgeted $750k per quarter
- Division goal is to reduce $500k
- Patient volume peaks during quarter 1 and 4.
- New programs will assist with adjustment during quarter FY 19 Q4 and FY 20 Q1

DOHMH HIV Medication Spending, FY2019

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Spending</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarter 1</td>
<td>$835,846.96</td>
</tr>
<tr>
<td>Quarter 2</td>
<td>$551,402.65</td>
</tr>
<tr>
<td>Quarter 3</td>
<td>$323,219.14</td>
</tr>
</tbody>
</table>
Rollout Of PEP & PrEP E-Prescribing

- Began with Chelsea (Highest Volume)
- PEP only at Central Harlem (Rollout Phase)
- Rollout completed at all eight clinics by Jan 31, 2019 for both PEP & PrEP
• **COST**: Total dollar value of medication dispensed at e-prescribing Sexual Health Clinics using in-house 340B medications
• **SAVINGS**: Total dollar amount saved from e-prescription of medications dispensed at participating Sexual Health Clinics
• **Cost and Savings were calculated based on current 340B pricing**
• *(Total number of pills dispensed) x (340B cost per pill)*
• ^*(340B cost of dispensing all PrEP events) - (Total cost of PrEP dispensing events)*

PEP Total 340B Cost & E-Prescribe Savings, FY19 Q2-Q3

<table>
<thead>
<tr>
<th>Q2</th>
<th>Q3</th>
<th>Q2</th>
<th>Q3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COST</strong></td>
<td><strong>SAVINGS</strong></td>
<td><strong>COST</strong></td>
<td><strong>SAVINGS</strong></td>
</tr>
<tr>
<td>$90,914.36</td>
<td>$175,943.82</td>
<td>$115,511.93</td>
<td>$193,805.56</td>
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</tbody>
</table>

$$-50,000$$  $$100,000$$  $$150,000$$  $$200,000$$  $$250,000$$
PrEP Total 340B Cost & E-Prescribe Savings, FY19 Q2-Q3

- **COST**: Total dollar value of medication dispensed at e-prescribing Sexual Health Clinics using in-house 340B medications
- **SAVINGS**: Total dollar amount saved from e-prescription of medications dispensed at participating Sexual Health Clinics

*Cost and Savings were calculated based on current 340B pricing*

- *(Total number of pills dispensed) x (340B cost per pill)*
- ^(340B cost of dispensing all PrEP events) - (Total cost of PrEP dispensing events)
# FY 2019 PEP & PrEP Savings

<table>
<thead>
<tr>
<th></th>
<th>Quarter 2</th>
<th>Quarter 3*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combined total of cost and savings for PEP/PrEP</td>
<td>$310,075.99</td>
<td>$510,611.17</td>
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<tr>
<td>Total program cost</td>
<td>$158,603.96</td>
<td>$237,910.32</td>
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<tr>
<td>Percent spending reduction through e-prescribing</td>
<td>49%</td>
<td>53%</td>
</tr>
<tr>
<td>Total program savings</td>
<td>$151,472.03</td>
<td>$272,700.85</td>
</tr>
</tbody>
</table>

| Q2-3 Program Savings           | ≈$424,172.88 |

- **COST**: Total dollar value of medication dispensed at e-prescribing Sexual Health Clinics using in-house 340B medications
- **SAVINGS**: Total dollar amount saved from e-prescription of medications dispensed at participating Sexual Health Clinics
- **Cost and Savings were calculated based on current 340B pricing**
- **"A new algorithm was developed to account for..."**
Average cost of medication dispensed for PEP and PrEP, BSTI clinics, January 2018-March 2019

Average cost per PrEP dispensing episode
Average cost per PEP episode
Billing in NYC SHCs

Integration of Billing in NYC Sexual Health Clinics

• Integration of insurance information, CPT codes and ICD coding into SHC EMR
• Creation of sliding scale fee and other patient materials
• Training of clerks and providers
• Contract in place for Revenue Cycle Management System (RCMS)
• Began claims submissions for STI/HIV services
Challenges

No internal expertise on billing within BSTI

Lack of experience with insurance collection and coding among Sexual Health Clinic staff

Limited staff in Finance to rework large number of rejections/denials of claims

Difficulties with reimbursement from MMCs and 3rd party insurance companies