



# *The Convergence of Public Health Ethics and Primary Care Routine HIV Testing in Healthcare*

**Bexar County HIV Routine Testing Summit**

Thursday, June 6, 2013

The Bright Shawl

819 Augusta Street, San Antonio Texas 78215

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# Ethics and Economics

- The World Health Organization addressed the so-called 10:90 divide, whereby less than 10% of medical research is devoted to diseases that account for more than 90% of the global burden of disease.
- Driving this agenda is a concern for the most disadvantaged populations, which are disproportionately affected by infectious diseases.



# Infectious Disease and Survival

- “...infectious disease warrants more attention from bioethicists.
- The 'Black Death' eliminated one third of the European population during the 14th Century;
- The 1989 flu killed between 20 and 100 million people; and,
- In the 20th Century smallpox killed perhaps three times more people than all the wars of that period...
- AIDS, multi-drug resistant tuberculosis, and emerging infectious diseases such as SARS) continue to have dramatic consequences. “

Bioethics. 2005 Jun;19(3):272-89. ***Ethics and infectious disease***.  
Centre for Value, Ethics & Law in Medicine, Sydney, Australia.



# Public Safety, Security and Liberty

- “A second reason why the topic of infectious disease deserves further attention is that it raises difficult ethical questions of its own.
- While infected individuals can threaten the health of other individuals and society as a whole, for example, public health care measures such as surveillance, isolation, and quarantine can require the infringement of widely accepted basic human rights and liberties.” (IBID)



# Utilitarian and Libertarian

An important and difficult ethical question asks how to strike a balance between:

1. utilitarian aim of promoting public health, on the one hand, and
2. libertarian aims of protecting privacy and freedom of movement, on the other, in contexts involving
3. diseases that are--to varying degrees—contagious, deadly, or otherwise dangerous.



# Infectious Disease and Justice

- The burden of infectious diseases is most heavily shouldered by the poor (in developing countries); therefore, infectious diseases involve issues of justice--which should be a central concern of ethics.



# Victim and Vector

- “...practice and policy must recognize that a patient with a communicable infectious disease is not only a victim of that disease, but also a potential vector - someone who may transmit an illness that will sicken or kill others.”
- “Bioethics has failed to see...that the patient is both victim and vector at one and the same time.”

*The Patient as Victim and Vector: Ethics and Infectious Disease*

Margaret P Battin, Leslie P Francis, Jay A Jacobson and Charles B



# The History

- Since the emergence of HIV in the late 1970s, a major public health focus has been the identification of individuals who are positive for HIV in order to control its spread.
- What has not been so obvious is that there is an ethical and moral imperative for the screening and diagnosis of HIV.

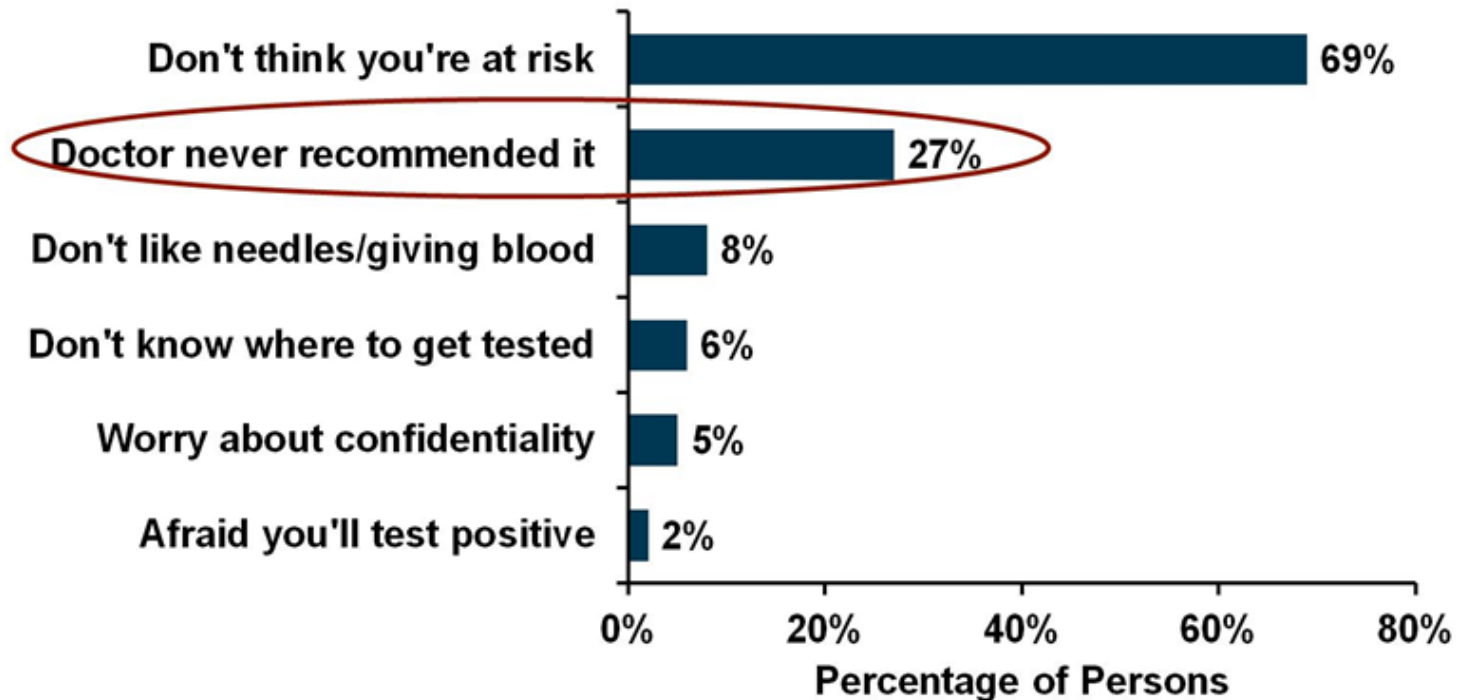


# Prevention Is Best

- As with any disease, prevention is the best strategy for the control of HIV infection; the good news is that with proper treatment HIV-positive individuals are living normal lives. In addition, the stereotype that only homosexuals and drug users can “get” HIV and that they all die quickly is not true.

# Why Do People Not Get Tested?

## Reported reasons for not being tested among those who say they have never been tested\*



\*Interviewee may choose more than 1 reason, so the total exceeds 100%.

Kaiser Family Foundation 2009 Survey of Americans on HIV/AIDS.<sup>[2]</sup>



# Ethics of HIV Screening

- Public Health initiatives will not succeed without the participation of all members of the public.
- Ethics involves making right and wrong, i.e., moral, choices.
- Particularly, in regard to HIV testing, ethics dictates that everyone should be screened.
- In regard to HIV screening, the moral behavior is to be tested.



# How do ethics and morals differ

- **Ethics** and **morals** both relate to “right” and “wrong” conduct.
- However, **ethics** refer to the series of rules provided to an individual by an external source. e.g. their profession.
- On the other hand, **morals** refer to an individual’s own principles regarding right and wrong.



# Ethics and Morals

## Ethics

The rules of conduct recognized in respect to a particular class of human actions or a particular group, culture, etc. It defines how things are according to the rules. External (social system)

## Morals

Principles or habits with respect to right or wrong conduct. It defines how things should work according to an individual's ideals and principles.  
/External Internal (individual)



# Public Health Implications

- Regardless of your age, you should be screened for HIV and after age 13 your children should be screened. This is not only important for your children's health in the off chance...they could have contracted the infection, but it is also important, because in being tested and in having your children tested, you contribute to an important public health need.



# CDC: HIV Screening Recommendations

For patients in all healthcare settings:

- HIV screening is recommended for patients in all healthcare settings after the patient is notified that testing will be performed unless the patient declines (opt-out screening).
- Persons at high risk for HIV infection should be screened for HIV at least annually.
- Separate written consent for HIV testing should not be required; general consent for medical care should be considered sufficient to encompass consent for HIV testing.
- Repeat screening of persons not likely to be at high risk for HIV should be performed on the basis of clinical judgment.

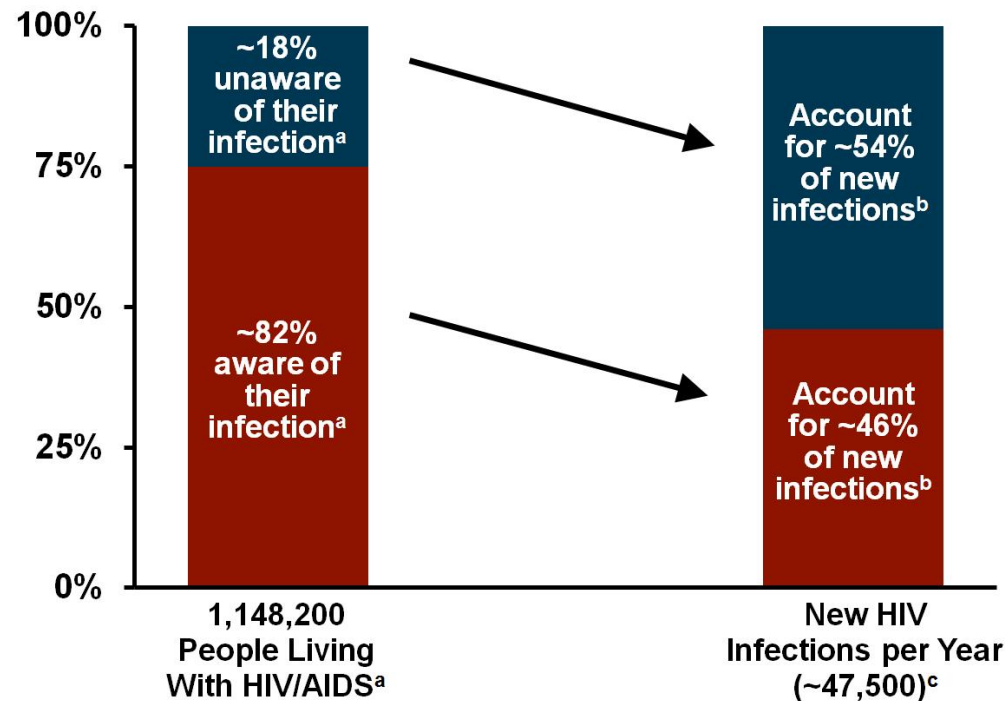


# Routine Testing Benefits Everyone

- No one has the right to act unethically and everyone is obligated to conduct their health in a way that contributes to the good of the community.
- By being tested and by allowing your children to be tested, you advance the good of all.
- Even when you are negative for HIV, your participation in screening adds to the public health.

# Majority of HIV Transmissions From People Unaware of Their HIV Status

## Majority of HIV Transmissions From People Unaware of Their HIV Status



a. CDC.<sup>[7]</sup>

b. Marks G, et al.<sup>[8]</sup>

c. CDC.<sup>[1]</sup>



# Evolving Approach to HIV Screening

Approach to HIV screening in healthcare setting has evolved over the past 5 to 7 years.

- One example: local EDs -- Mid-1990s, 50% testing under special circumstances; 3% had routine testing;
- More recent large surveys (2009-2010) -- >80% provide testing; Nearly 25% of all EDs have systematic testing

***But barriers still exist at patient, provider, and systems levels.***



# Barriers to HIV Screening: Patient Perspective

- **Most patients accept HIV screening in accordance with 2006 CDC recommendations**
  - Patient self-requested and physician recommendation highly associated with being tested

Stefan MS, et al.

- **Patients may not perceive a need for HIV testing despite engaging in high-risk behaviors**
  - Highlights need for patient education to increase awareness of HIV-related risk factors and benefits of universal screening

Pisculli ML, et al.



# Barriers to HIV Screening: Provider Perspective

Increased incorporation of HIV screening into practice in recent years, but barriers still exist:

- Concerns about lack of time to offer the test, counsel and link patient to care
- Concerns about ability to facilitate linkage to care
- Educational gaps
  - Lack of communication skills to offer the test or deliver a positive test result
  - Insufficient knowledge about the HIV prevalence in patient population



# Barriers to HIV Screening: System's Needs Barriers

- Champions to build support for routine testing at institutional level
- Provider and administrator education to understand importance and value of HIV screening
- Legal constraints -- documentation, testing regulations, laboratory process
- Fractured healthcare system impedes efficient linkage to care
- Financial constraints



# A New Task for SETMA's Providers

Texas Department of State Health Services  
HIV/ASTD Prevention and Care Branch  
In Collaboration with the  
Center for Disease Control  
Promoting Annual HIV  
Screening for ages 13-64

# HIV Screening Tool in EMR



Patient  
 Sex  Age 
 Patient's Code Status

Home Phone 
 Work Phone 
 Cell Phone

Date of Birth

**Patient has one or more alerts!**  
[Click Here to View Alerts](#)

**Pre-Visit/Preventive Screening**

[Bridges to Excellence View](#)

[Intensive Behavioral Therapy Transtheoretical Model](#)

**Preventive Care**  
[SETMA's LESS Initiative](#)   
 Last Updated   
[Preventing Diabetes](#)   
 Last Updated   
[Preventing Hypertension](#)   
[Smoking Cessation](#)   
[Care Coordination Referral](#)  
[PC-MH Coordination Review](#)  
**Needs Attention!!**  
[HEDIS](#) [NQF](#) [PQRS](#) [ACO](#)  
[Elderly Medication Summary](#)  
[STARS Program Measures](#)

**Template Suites**  
[Master GP](#)   
[Pediatrics](#)  
[Nursing Home](#)   
[Ophthalmology](#)  
[Physical Therapy](#)  
[Podiatry](#)  
[Rheumatology](#)

**Hospital Care**  
[Hospital Care Summary](#)   
[Daily Progress Note](#)  
[Admission Orders](#)

**Disease Management**  
[Diabetes](#)   
[Hypertension](#)   
[Lipids](#)   
[Acute Coronary Syn](#)   
[Angina](#)   
[Asthma](#)  
[Cardiometabolic Risk Syn](#)   
[CHF](#)   
[Diabetes Education](#)  
[Headaches](#)  
[Renal Failure](#)  
[Weight Management](#)

**Last Updated**

**Special Functions**  
[Lab Present](#)   
[Lab Future](#)   
[Lab Results](#)   
[Hydration](#)   
[Nutrition](#)   
[Guidelines](#)   
[Pain Management](#)  
[Immunizations](#)  
[Reportable Conditions](#)

**Information**  
[Charge Posting Tutorial](#)  
[Drug Interactions](#)   
[E&M Coding Recommendations](#)  
[Infusion Flowsheet](#)  
[Insulin Infusion](#)

**Exercise** [Exercise](#)   
[CHF Exercise](#)   
[Diabetic Exercise](#)

**Pending Referrals** 

| Status    | Priority | Referral            | Referring Provider |
|-----------|----------|---------------------|--------------------|
| Completed | Routine  | SETMA Ophthalmology | Non Setma          |
| Completed | Routine  | SETMA Ophthalmology | Holly              |
| Completed | Routine  | Mammogram           | Halbert            |
| Completed | Routine  | Dermatology         | Deiparine          |
| Completed | Routine  | Echocardiogram      | Deiparine          |

**Patient's Pharmacy**  
  
 Phone   
 Fax

**Chart Note**



# HIV Screening Tool in EMR

- When the button outlined in green above is deployed, it launches SETMA's Pre Visit Screening and Prevention template.
- This is where every visit at SETMA begins. The legend is:
  1. Any item in red applies to the patient and has not been done.
  2. Any item in black applies to the patient and has been done.
  3. Any item in grey does not apply to the patient.

# HIV Screening Tool in EMR

## Pre-Visit/Preventive Screening

**General Measures** (Patients >18)

Has the patient had a tetanus vaccine within the last 10 years? **Yes**  
Date of Last

Has the patient had a flu vaccine within the last year? **No**  
Date of Last

Has the patient ever had a pneumonia shot? (Age>50) **N/A**  
Date of Last

Does the patient have an elevated (>100 mg/dL) LDL? **No**  
Last

Has the patient been screened at least once for HIV? (Age 13-64) **Yes**  
Date of Last

Testing not required if patient refused, tested elsewhere or if diagnosis confirmed.  
☐ Check If Patient Refuses Testing  
☐ Check If Patient Tested Elsewhere

**Elderly Patients** (Patients >65)

Has the patient had an occult blood test within the last year? (Patients >50) **N/A**  
Date of Last

Has the patient had a fall risk assessment completed within the last year? **N/A**  
Date of Last

Has the patient had a functional assessment within the last year? **N/A**  
Date of Last

Has the patient had a pain screening within the last year? **N/A**  
Date of Last

Has the patient had a glaucoma screen (dilated exam) within the last year? **N/A**  
Date of Last

Does the patient have advanced directives on file or have they been discussed with the patient? **N/A**  
Discussed? ☐ Completed? ☐

Is the patient on one or more medications which are considered high risk in the elderly? **N/A**

## Diabetes Screening

Is Diabetes screening appropriate for this patient? **N/A**

**Pre-Diabetes Patients**

If pre-diabetic, has the patient had a HgbA1c test within the last year? **N/A**  
Date of Last

**Diabetes Patients**

Has the patient had a HgbA1c within the last year? **Yes**  
Date of Last

Has the patient had a dilated eye exam within the last year? **No**  
Date of Last

Has the patient had a 10-gram monofilament exam within the last year? **Yes**  
Date of Last

Has the patient had screening for nephropathy within the last year? **No**  
Date of Last

Has the patient had a urinalysis within the last year? **No**  
Date of Last

Has the patient ever been referred to DSME? **Yes** Has the patient been referred to DSME within the last two years? **Yes**

**Female Patients**

Has the patient had a pap smear within the last two years? (Ages 21 to 64) **N/A**  
Date of Last

Has the patient had a mammogram within the last two years? (Ages 40 to 69) **N/A**  
Date of Last

Has the patient had a bone density within the last two years? (Age >50) **N/A**  
Date of Last

**Male Patients**

Has the patient had a PSA within the last year? (Age >40) **Yes**  
Date of Last

Has the patient had a bone density within the last two years? (Age >65) **N/A**  
Date of Last

**Referrals** (Double-Click To Add/Edit)

| Referral                 | Status      | Referring |
|--------------------------|-------------|-----------|
| SETMA Diabetes Education | In Progress | Holly     |

# HIV Screening Tool in EMR

## Pre-Visit/Preventive Screening

### General Measures (Patients >18)

Has the patient had a tetanus vaccine within the last 10 years? **Yes**  
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Has the patient had an occult blood test within the last year? (Patients >50) **N/A**  
 Date of Last

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 Date of Last

Has the patient had a functional assessment within the last year? **N/A**  
 Date of Last

Has the patient had a pain screening within the last year? **N/A**  
 Date of Last

Has the patient had a glaucoma screen (dilated exam) within the last year? **N/A**  
 Date of Last  *Add Referral At Right*

Does the patient have advanced directives on file or have they been discussed with the patient? **N/A**  
 Discussed? ☐ Completed? ☐

Is the patient on one or more medications which are considered high risk in the elderly? **N/A**

OK

Cancel

### Diabetes Screening

Is Diabetes screening appropriate for this patient? **N/A**

### Pre-Diabetes Patients

If pre-diabetic, has the patient had a HgbA1c test within the last year? **N/A**  
 Date of Last

### Diabetes Patients

Has the patient had a HgbA1c within the last year? **Yes**  
 Date of Last

Has the patient had a dilated eye exam within the last year? **No**  
 Date of Last  *Add Referral Below*

Has the patient had a 10-gram monofilament exam within the last year? **Yes**  
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*Add Referrals Below*

### Female Patients

Has the patient had a pap smear within the last two years? (Ages 21 to 64) **N/A**  
 Date of Last  *Add Referral Below*

Has the patient had a mammogram within the last two years? (Ages 40 to 69) **N/A**  
 Date of Last  *Add Referral Below*

Has the patient had a bone density within the last two years? (Age >50) **N/A**  
 Date of Last  *Add Referral Below*

### Male Patients

Has the patient had a PSA within the last year? (Age >40) **Yes**  
 Date of Last

Has the patient had a bone density within the last two years? (Age >65) **N/A**  
 Date of Last  *Add Referral Below*

### Referrals (Double-Click To Add/Edit)

| Referral                 | Status      | Referring |
|--------------------------|-------------|-----------|
| SETMA Diabetes Education | In Progress | Holly     |



# HIV Screening Tool in EMR

On the template above, when the button outlined in green is clicked, the following happens:

1. The HIV test is ordered.
2. The order is sent to the chart, billing and the lab.
3. Determines whether the patient's insurance will pay for test, or if bill goes to state grant (this was prepared when it was still thought that SETMA would participate in the CDC program).
4. Release is automatically populated with patient information.
5. The consent form is printed.



# HIV Screening Tool in EMR

- Outlined in green below is a function whereby the provider can denote that the patient refuses HIV testing, or that the patient has been tested in the past.
- When the patient has previously been tested, the patient's report of the result is recorded and an effort is made to obtain the documentation of the laboratory result.

# HIV Screening Tool in EMR

## Pre-Visit/Preventive Screening

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 Date of Last

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Has the patient had a functional assessment within the last year? **N/A**  
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Has the patient had a pain screening within the last year? **N/A**  
 Date of Last

Has the patient had a glaucoma screen (dilated exam) within the last year? **N/A**  
 Date of Last

Does the patient have advanced directives on file or have they been discussed with the patient? **N/A**  
 Discussed? ☐ Completed? ☐

Is the patient on one or more medications which are considered high risk in the elderly? **N/A**

**Diabetes Screening**

Is Diabetes screening appropriate for this patient?

**Pre-Diabetes Patients**

If pre-diabetic, has the patient had a HgbA1c test within the last year? **N/A**  
 Date of Last

**Diabetes Patients**

Has the patient had a HgbA1c within the last year? **Yes**  
 Date of Last

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**Referrals (Double-Click To Add/Edit)**

| Referral                 | Status      | Referring |
|--------------------------|-------------|-----------|
| SETMA Diabetes Education | In Progress | Holly     |



# HIV Screening Tool in EMR

- SETMA uses the same EMR and database in the hospital and clinic, and one of our major hospitals participates in the screening program, therefore, we capture HIV testing done outside of SETMA.
- This eliminates redundant testing and increases provider compliance with the screening protocol.
- The following slides show the method by which hospital-HIV testing is captured so that it interacts actively with SETMA's entire data base, i.e., HIV test done at Baptist Hospital will be captured in SETMA's audit of performance.



# HIV Screening Tool in EMR

- In September, 2010, SETMA changed the name of the “discharge summary” to “Hospital Care Summary and Post Hospital Plan of Care and Treatment Plan.” In the past 3 years, SETMA has discharged over 14,000 patients from the hospital. 98.7% of the time the Summary and Plan has been received by the patient prior to leaving the hospital.
- In the template above and those to follow, we demonstrate how test results are captured in SETMA’s EMR from the hospital for continuity of care including HIV Screening.



# Texas State Reportable Conditions

- Simultaneously, with the development and deployment of the HIV Clinical Decision Support tool, SETMA developed a tool for enhancing our compliance with Texas State Reportable Conditions.
- Two of those reportable conditions are HIV and AIDS.
- This tool is the link between HIV Screening and provider responsibility to report confirmed positive outcomes to the Texas Department of State Health Services.



# Texas State Reportable Conditions

- April 30, 2011, Dr. Edward J. Sherwood, Professor of Medicine at the Texas A&M School of Medicine delivered a CME lectured entitled, “The Ethics of Infectious Disease.”\* He distributed a publication of the Texas Department of State Health Services which detailed 78 reportable conditions. The list included HIV and AIDS.
- Rather than ask providers to memorize 78 conditions, SETMA designed a Clinical Decision Support tool to do this reporting electronically.

\*This lecture was the best CME lecture I have ever heard.



# Texas State Reportable Conditions

SETMA's Information Technology department was charged with designing a functionality which would:

1. Display the reportable conditions for provider review.
2. Detail the time frame for reporting each disease.
3. Automatically, denote on the reportable conditions template the diagnosis which is identified by the provider when it is documented on the assessment template in the EMR.
4. Simultaneously, with number three, send an e-mail to SETMA's Care Coordination Department which would report the condition to the State.
5. The fact that the reporting requirement has been completed will be reported to the provider and will be stored in the EMR in a searchable fashion.

# Texas State Reportable Conditions

**PDM** **NURSE** **HISTORIES** **HEALTH** **QUIZES** **HPI** **ROS** **P.E.** **X-RAY** **ASSESS** **PLAN** **PROCS**

**Acute Assessments** [Re-Order](#)

|                           | Status | HCC Risk Cat |
|---------------------------|--------|--------------|
| Measles W/o Complications | Acute  |              |
|                           |        |              |
|                           |        |              |
|                           |        |              |
|                           |        |              |
|                           |        |              |
|                           |        |              |

[Detailed Comments](#)

Diagnosis Categories  
Dx Category Abbrevs  
Abbrevs in Descriptions

**Chief Complaints**

|  |
|--|
|  |
|  |
|  |
|  |
|  |

**Master GP**

|                |
|----------------|
| Nursing        |
| Histories      |
| Health         |
| Questionnaires |
| HPI Chief      |
| System Review  |
| Physical Exam  |
| Radiology      |
| Plan           |
| Procedures     |
| Chart Note     |

[Additional Acute Assessments](#)

**Chronic Conditions** [Re-Order](#)

|                                | Status | HCC Risk Cat      |
|--------------------------------|--------|-------------------|
| Renal Stage I Chron Disease    |        | HCC HPI - 1,2     |
| CHF Unspecified                |        | HCC               |
| Hypothyroidism Unspecified     |        | RxHCC HPI - 3,4   |
| RA, Rheumatoid Arthritis       |        | HCC               |
| Fibromyalgia Fibrositis        |        | RxHCC HPI - 5,6   |
| DM II Renal Manifestat Uncontr |        | HCC               |
| Hyperten Benign Essential      |        | RxHCC HPI - 7,8   |
| Abd Pain Rebound Tender Perium |        |                   |
| Elev Troponin Renin            |        | HPI - 9,10        |
| Abd Pelv Mass Swell Lump LUQ   |        |                   |
| HDL Deficiency Familial        |        | RxHCC HPI - 11,12 |
| Joint Calcification Hand       |        | RxHCC             |
| Lipid Hyperlipidemia NOS       |        | RxHCC HPI - 13... |
| DM Pre-Diab Or Hyperglycemia   |        |                   |
|                                |        | HPI - 15          |
|                                |        |                   |
|                                |        |                   |
|                                |        |                   |
|                                |        |                   |
|                                |        |                   |
|                                |        |                   |

**Assessments into Problem List**

**General Comments**

**Chronic Condition Comments**



# Texas State Reportable Conditions

- As seen above, outlined in green, the provider completes the assessment of the patient.
- When that assessment documents a reportable condition, including HIV or AIDS, the provider's responsibility for complying with Texas Reportable Conditions is done.
- The following template shows the diagnoses of "measles" documented on SETMA's electronic version of the Texas State Department of Health Services Reporting Guidelines.

# Texas State Reportable Conditions

## Texas Department of State Health Services Reporting Guidelines

The following conditions must be report to the Texas Department of State Health Services within the timeframe specified. Reports should be made by fax to 512-458-7616. [Click here to download the form.](#)

ANY outbreak, exotic disease or unusual group expression of disease that may be of public health concern should be reported by the most expeditious means possible.

### The following must be reported IMMEDIATELY.

- |                                                          |                                                                    |
|----------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Anthrax                         | <input type="checkbox"/> Polio                                     |
| <input type="checkbox"/> Botulism, Foodborne             | <input type="checkbox"/> Rabies                                    |
| <input type="checkbox"/> Controlled Substance Overdose   | <input type="checkbox"/> SARS                                      |
| <input type="checkbox"/> Diphtheria                      | <input type="checkbox"/> Smallpox                                  |
| <input type="checkbox"/> Influenza, Type B               | <input type="checkbox"/> VISA and VRSA                             |
| <input type="checkbox"/> Lead, Any Level, Child or Adult | <input type="checkbox"/> Tularemia                                 |
| <input checked="" type="checkbox"/> Measles (Rubeola)    | <input type="checkbox"/> Viral Hemorrhagic Fever (Including Ebola) |
| <input type="checkbox"/> Meningococcal Invasive          | <input type="checkbox"/> Yellow Fever                              |
| <input type="checkbox"/> Plague                          |                                                                    |

These items should be reported immediately by phone to 1-800-252-8239!

### The following must be reporting within ONE WORKING DAY.

- ☐ Brucellosis
- ☐ Hepatitis A, Acute
- ☐ Hepatitis B, Perinatal
- ☐ Influenza-Associated Pediatric Mortality
- ☐ Pertussis
- ☐ Q Fever
- ☐ Rubella, Including Congenital
- ☐ Syphilis, Primary and Secondary
- ☐ Tuberculosis
- ☐ Vibrio Infection, Including Cholera

### The following must be reported within ONE WEEK.

- |                                                          |                                                                  |                                                                                 |
|----------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> AIDS                            | <input type="checkbox"/> Escherichia Coli                        | <input type="checkbox"/> Pesticide Poisoning                                    |
| <input type="checkbox"/> Amebiasis                       | <input type="checkbox"/> Gonorrhea                               | <input type="checkbox"/> Relapsing Fever                                        |
| <input type="checkbox"/> Arbovirus                       | <input type="checkbox"/> Hansen's Disease (Leprosy)              | <input type="checkbox"/> Salmonellosis, Including Typhoid Fever                 |
| <input type="checkbox"/> Asbestosis                      | <input type="checkbox"/> Hantavirus                              | <input type="checkbox"/> Shigellosis                                            |
| <input type="checkbox"/> Botulism - Infant, Wound, Other | <input type="checkbox"/> Hemolytic Uremic Syndrome (HUS)         | <input type="checkbox"/> Silicosis                                              |
| <input type="checkbox"/> Campylobacteriosis              | <input type="checkbox"/> Hepatitis B, C, D, E and unspecified    | <input type="checkbox"/> Spotted Fever Group Rickettsioses                      |
| <input type="checkbox"/> Chancroid                       | <input type="checkbox"/> Hepatitis B (Prenatally or at delivery) | <input type="checkbox"/> Streptococcal Disease, Invasive (Group A, B, S Pneumo) |
| <input type="checkbox"/> Chickenpox                      | <input type="checkbox"/> HIV                                     | <input type="checkbox"/> Syphilis                                               |
| <input type="checkbox"/> Chlamydia                       | <input type="checkbox"/> Legionellosis                           | <input type="checkbox"/> Taenia Solium                                          |
| <input type="checkbox"/> Creutzfeldt-Jacob Disease       | <input type="checkbox"/> Leishmaniasis                           | <input type="checkbox"/> Tetanus                                                |
| <input type="checkbox"/> Cryptosporidiosis               | <input type="checkbox"/> Listeriosis                             | <input type="checkbox"/> Trichinosis                                            |
| <input type="checkbox"/> Cyclosporiasis                  | <input type="checkbox"/> Lyme Disease                            | <input type="checkbox"/> Typhus                                                 |
| <input type="checkbox"/> Cystercercosis                  | <input type="checkbox"/> Malaria                                 | <input type="checkbox"/> West Nile Fever                                        |
| <input type="checkbox"/> Dengue                          | <input type="checkbox"/> Meningitis                              | <input type="checkbox"/> Yersiniosis                                            |
| <input type="checkbox"/> Ehrlichiosis                    | <input type="checkbox"/> Mumps                                   |                                                                                 |
| <input type="checkbox"/> Encephalitis                    |                                                                  |                                                                                 |

### The following must be reported within TEN WORKING DAYS.

- ☐ Drowning, Near Drowning
- ☐ Spinal Cord Injury
- ☐ Traumatic Brain Injury

### The following must be reported within ONE MONTH.

- ☐ Contaminated Sharps Injury

OK

Cancel

[Click Here To Document Reporting Details](#)



# Texas State Reportable Conditions

- The checking of “measles” was done automatically when the ICD-9 code (soon to be ICD-10) was selected in the assessment of the patient.
- SETMA’s electronic version of the Texas State Department of Health Services Reporting Guidelines is also an excellent educational tool as the provider can review the reportable-conditions template without a diagnosis.
- **Principle:** What a healthcare provider must remember, i.e., 78 reportable conditions, can often be forgotten; however, when the provider does not have to remember those conditions, they often don’t forget them.



# Texas State Reportable Conditions

- When the button on SETMA's AAA Home template, outlined in green below, is deployed, the Texas State Department of Health Services Reporting Guidelines template appears.
- The template can be used as a review for providers or nurses of what needs to be reported and/or to note that the diagnosed infectious condition, in this case "measles," has been automatically checked as a result of the provider having selected this diagnoses on the assessment template.

# Texas State Reportable Conditions



Patient    
 Home Phone   
 Work Phone   
 Cell Phone

Sex  Age   
 Date of Birth

Patient's Code Status

[Pre-Vist/Preventive Screening](#)

[Bridges to Excellence View](#)

[Intensive Behavioral Therapy Transtheoretical Model](#)

**Preventive Care**  
[SETMA's LESS Initiative](#)   
 Last Updated   
[Preventing Diabetes](#)   
 Last Updated   
[Preventing Hypertension](#)   
[Smoking Cessation](#)   
[Care Coordination Referral](#)  
[PC-MH Coordination Review](#)  
**Needs Attention!!**  
[HEDIS](#) [NQF](#) [PQRS](#) [ACO](#)  
[Elderly Medication Summary](#)  
[STARS Program Measures](#)

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**Hospital Care**  
[Hospital Care Summary](#)   
[Daily Progress Note](#)  
[Admission Orders](#)

**Pending Referrals** 

| Status    | Priority  | Referral           | Referring Provider |
|-----------|-----------|--------------------|--------------------|
| Completed | Immediate | Mammogram          | Anwar              |
| Completed | Routine   |                    | Abbas              |
| Completed | Stat      | Arterial Blood Gas | Holly              |
| Completed | Routine   | Abdullah, Nabeel   | Holly              |
| Completed | Routine   | Abdullah, Nabeel   | Holly              |
| Completed | Routine   | Sleep Studies      | Abbas              |

**Disease Management**  
[Diabetes](#)   
[Hypertension](#)   
[Lipids](#)   
[Acute Coronary Syn](#)   
[Angina](#)   
[Asthma](#)  
[Cardiometabolic Risk Syn](#)   
[CHF](#)   
[Diabetes Education](#)  
[Headaches](#)  
[Renal Failure](#)  
[Weight Management](#)

**Last Updated**

**Special Functions**  
[Lab Present](#)   
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[Lab Results](#)   
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[Reportable Conditions](#)

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[Drug Interactions](#)   
[E&M Coding Recommendations](#)  
[Infusion Flowsheet](#)  
[Insulin Infusion](#)

**Exercise** [Exercise](#)   
[CHF Exercise](#)   
[Diabetic Exercise](#)

**Patient's Pharmacy**  
  
 Phone   
 Fax

**Chart Note**

# Texas State Reportable Conditions

## Texas Department of State Health Services Reporting Guidelines

The following conditions must be report to the Texas Department of State Health Services within the time frame specified. Reports should be made by fax to 512-458-7616. [Click here to download the form.](#)

ANY outbreak, exotic disease or unusual group expression of disease that may be of public health concern should be reported by the most expeditious means possible.

### The following must be reported IMMEDIATELY.

- |                                                          |                                                                    |
|----------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Anthrax                         | <input type="checkbox"/> Polio                                     |
| <input type="checkbox"/> Botulism, Foodborne             | <input type="checkbox"/> Rabies                                    |
| <input type="checkbox"/> Controlled Substance Overdose   | <input type="checkbox"/> SARS                                      |
| <input type="checkbox"/> Diphtheria                      | <input type="checkbox"/> Smallpox                                  |
| <input type="checkbox"/> Influenza, Type B               | <input type="checkbox"/> VISA and VRSA                             |
| <input type="checkbox"/> Lead, Any Level, Child or Adult | <input type="checkbox"/> Tularemia                                 |
| <input checked="" type="checkbox"/> Measles (Rubeola)    | <input type="checkbox"/> Viral Hemorrhagic Fever (Including Ebola) |
| <input type="checkbox"/> Meningococcal, Invasive         | <input type="checkbox"/> Yellow Fever                              |
| <input type="checkbox"/> Plague                          |                                                                    |

These items should be reported immediately by phone to 1-800-252-8239!

### The following must be reporting within ONE WORKING DAY.

- ☐ Brucellosis
- ☐ Hepatitis A, Acute
- ☐ Hepatitis B, Perinatal
- ☐ Influenza-Associated Pediatric Mortality
- ☐ Pertussis
- ☐ Q Fever
- ☐ Rubella, Including Congenital
- ☐ Syphilis, Primary and Secondary
- ☐ Tuberculosis
- ☐ Vibrio Infection, Including Cholera

### The following must be reported within ONE WEEK.

- |                                                          |                                                                  |                                                                                 |
|----------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> AIDS                            | <input type="checkbox"/> Escherichia Coli                        | <input type="checkbox"/> Pesticide Poisoning                                    |
| <input type="checkbox"/> Amebiasis                       | <input type="checkbox"/> Gonorrhea                               | <input type="checkbox"/> Relapsing Fever                                        |
| <input type="checkbox"/> Arbovirus                       | <input type="checkbox"/> Hansen's Disease (Leprosy)              | <input type="checkbox"/> Salmonellosis, Including Typhoid Fever                 |
| <input type="checkbox"/> Asbestosis                      | <input type="checkbox"/> Hantavirus                              | <input type="checkbox"/> Shigellosis                                            |
| <input type="checkbox"/> Botulism - Infant, Wound, Other | <input type="checkbox"/> Hemolytic Uremic Syndrome (HUS)         | <input type="checkbox"/> Silicosis                                              |
| <input type="checkbox"/> Campylobacteriosis              | <input type="checkbox"/> Hepatitis B, C, D, E and unspecified    | <input type="checkbox"/> Spotted Fever Group Rickettsioses                      |
| <input type="checkbox"/> Chancroid                       | <input type="checkbox"/> Hepatitis B (Prenatally or at delivery) | <input type="checkbox"/> Streptococcal Disease, Invasive (Group A, B, S Pneumo) |
| <input type="checkbox"/> Chickenpox                      | <input type="checkbox"/> HIV                                     | <input type="checkbox"/> Syphilis                                               |
| <input type="checkbox"/> Chlamydia                       | <input type="checkbox"/> Legionellosis                           | <input type="checkbox"/> Taenia Solium                                          |
| <input type="checkbox"/> Creutzfeldt-Jacob Disease       | <input type="checkbox"/> Leishmaniasis                           | <input type="checkbox"/> Tetanus                                                |
| <input type="checkbox"/> Cryptosporidiosis               | <input type="checkbox"/> Listeriosis                             | <input type="checkbox"/> Trichinosis                                            |
| <input type="checkbox"/> Cyclosporiasis                  | <input type="checkbox"/> Lyme Disease                            | <input type="checkbox"/> Typhus                                                 |
| <input type="checkbox"/> Cystercercosis                  | <input type="checkbox"/> Malaria                                 | <input type="checkbox"/> West Nile Fever                                        |
| <input type="checkbox"/> Dengue                          | <input type="checkbox"/> Meningitis                              | <input type="checkbox"/> Yersiniosis                                            |
| <input type="checkbox"/> Ehrlichiosis                    | <input type="checkbox"/> Mumps                                   |                                                                                 |
| <input type="checkbox"/> Encephalitis                    |                                                                  |                                                                                 |

### The following must be reported within TEN WORKING DAYS.

- ☐ Drowning, Near Drowning
- ☐ Spinal Cord Injury
- ☐ Traumatic Brain Injury

### The following must be reported within ONE MONTH.

- ☐ Contaminated Sharps Injury

OK

Cancel

[Click Here To Document Reporting Details](#)



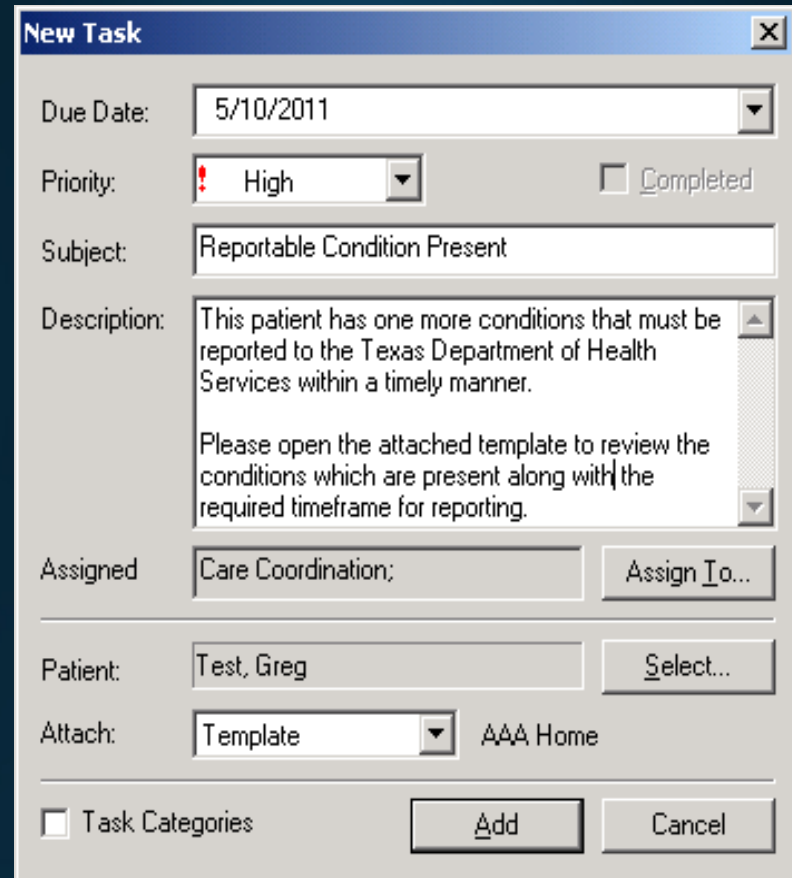
# Texas State Reportable Conditions

To review, when the reportable diagnosis is selected:

- The system automatically checks the diagnosed disease on the Texas Department of State Health Services Reporting Guidelines template where the list of 78 reportable conditions are displayed.
- A message is sent to the Care Coordination Department.
- The message appears in the workflow of the Care Coordination team.
- Once the report to the state is made, a note is added to the patient's chart noting that Health Department notification has been done and the provider is notified of that fact.
- The beauty of this solution is that the provider simply diagnoses a suspected reportable condition and the process is completed without further action by the provider.

# Texas State Reportable Conditions

- This is the Care Coordination telephone alert which is automatically sent to SETMA's Care Coordination Department when the reportable diagnosis is made.



**New Task**

Due Date: 5/10/2011

Priority: High ☐ Completed

Subject: Reportable Condition Present

Description: This patient has one more conditions that must be reported to the Texas Department of Health Services within a timely manner.  
Please open the attached template to review the conditions which are present along with the required timeframe for reporting.

Assigned: Care Coordination;

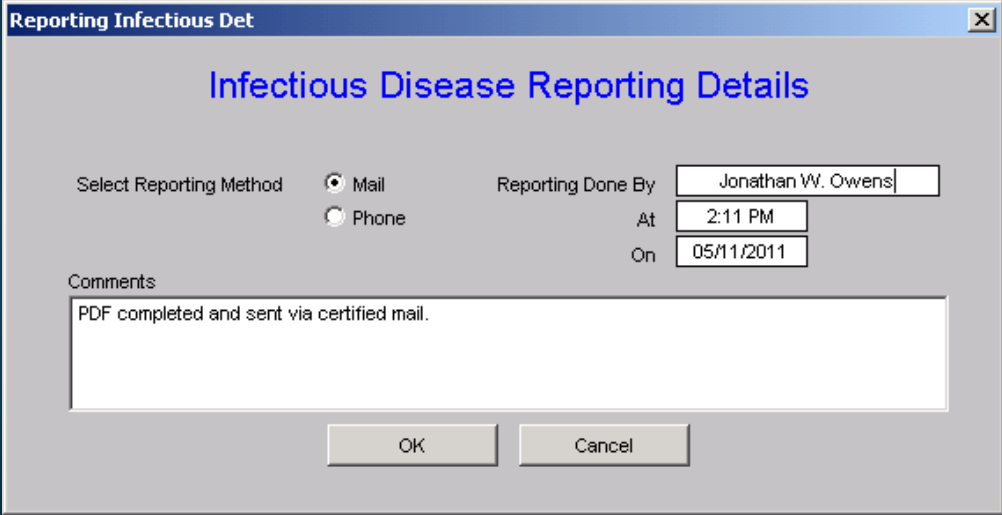
Patient: Test, Greg

Attach: Template AAA Home

☐ Task Categories

# Texas State Reportable Conditions

- When the Care Coordination department reports the infection, this template allows for the documentation of that report and for sending notice of the report to the treating provider.



The screenshot shows a software window titled "Reporting Infectious Det" with a close button (X) in the top right corner. The window contains the following fields and controls:

- Select Reporting Method:** Two radio buttons are present. The "Mail" button is selected, and the "Phone" button is unselected.
- Reporting Done By:** A text box containing the name "Jonathan W. Owens".
- At:** A time selection box showing "2:11 PM".
- On:** A date selection box showing "05/11/2011".
- Comments:** A large text area containing the text "PDF completed and sent via certified mail."
- Buttons:** "OK" and "Cancel" buttons are located at the bottom of the window.



# Texas State Reportable Conditions

- To print the Department of Health reporting form, SETMA's Care Coordination Department goes to SETMA's electronic version of the Texas Department of State Health Services Reporting Guidelines template and clicks on the link which is outlined in green.
- This deploys a printable version of the Initial Provider Disease Reporting form.

# Texas State Reportable Conditions

## Texas Department of State Health Services Reporting Guidelines

The following conditions must be report to the Texas Department of State Health Services within the time frame specified. Reports should be made by fax to 512-458-7616.

[Click here to download the form.](#)

ANY outbreak, exotic disease or unusual group expression of disease that may be of public health concern should be reported by the most expeditious means possible.

### The following must be reported IMMEDIATELY.

- |                                                          |                                                                       |
|----------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Anthrax                         | <input type="checkbox"/> Polio                                        |
| <input type="checkbox"/> Botulism, Foodborne             | <input type="checkbox"/> Rabies                                       |
| <input type="checkbox"/> Controlled Substance Overdose   | <input type="checkbox"/> SARS                                         |
| <input type="checkbox"/> Diphtheria                      | <input type="checkbox"/> Smallpox                                     |
| <input type="checkbox"/> Influenza, Type B               | <input type="checkbox"/> VISA and VRSA                                |
| <input type="checkbox"/> Lead, Any Level, Child or Adult | <input type="checkbox"/> Tularemia                                    |
| <input checked="" type="checkbox"/> Measles (Rubeola)    | <input type="checkbox"/> Viral Hemorrhagic Fever<br>(Including Ebola) |
| <input type="checkbox"/> Meningococcal, Invasive         | <input type="checkbox"/> Yellow Fever                                 |
| <input type="checkbox"/> Plague                          |                                                                       |

These items should be reported immediately by phone to 1-800-252-8239!

### The following must be reporting within ONE WORKING DAY.

- ☐ Brucellosis
- ☐ Hepatitis A, Acute
- ☐ Hepatitis B, Perinatal
- ☐ Influenza-Associated Pediatric Mortality
- ☐ Pertussis
- ☐ Q Fever
- ☐ Rubella, Including Congenital
- ☐ Syphilis, Primary and Secondary
- ☐ Tuberculosis
- ☐ Vibrio Infection, Including Cholera

### The following must be reported within ONE WEEK.

- |                                                          |                                                                     |
|----------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> AIDS                            | <input type="checkbox"/> Escherichia Coli                           |
| <input type="checkbox"/> Amebiasis                       | <input type="checkbox"/> Gonorrhea                                  |
| <input type="checkbox"/> Arbovirus                       | <input type="checkbox"/> Hansen's Disease (Leprosy)                 |
| <input type="checkbox"/> Asbestosis                      | <input type="checkbox"/> Hantavirus                                 |
| <input type="checkbox"/> Botulism - Infant, Wound, Other | <input type="checkbox"/> Hemolytic Uremic Syndrome (HUS)            |
| <input type="checkbox"/> Campylobacteriosis              | <input type="checkbox"/> Hepatitis B, C, D, E and unspecified       |
| <input type="checkbox"/> Chancroid                       | <input type="checkbox"/> Hepatitis B<br>(Prenatally or at delivery) |
| <input type="checkbox"/> Chickenpox                      | <input type="checkbox"/> HIV                                        |
| <input type="checkbox"/> Chlamydia                       | <input type="checkbox"/> Legionellosis                              |
| <input type="checkbox"/> Creutzfeldt-Jacob Disease       | <input type="checkbox"/> Leishmaniasis                              |
| <input type="checkbox"/> Cryptosporidiosis               | <input type="checkbox"/> Listeriosis                                |
| <input type="checkbox"/> Cyclosporiasis                  | <input type="checkbox"/> Lyme Disease                               |
| <input type="checkbox"/> Cystercercosis                  | <input type="checkbox"/> Malaria                                    |
| <input type="checkbox"/> Dengue                          | <input type="checkbox"/> Meningitis                                 |
| <input type="checkbox"/> Ehrlichiosis                    | <input type="checkbox"/> Mumps                                      |
| <input type="checkbox"/> Encephalitis                    |                                                                     |

- ☐ Pesticide Poisoning
- ☐ Relapsing Fever
- ☐ Salmonellosis, Including Typhoid Fever
- ☐ Shigellosis
- ☐ Silicosis
- ☐ Spotted Fever Group Rickettsioses
- ☐ Streptococcal Disease, Invasive  
(Group A, B, S Pneumo)
- ☐ Syphilis
- ☐ Taenia Solium
- ☐ Tetanus
- ☐ Trichinosis
- ☐ Typhus
- ☐ West Nile Fever
- ☐ Yersiniosis

### The following must be reported within TEN WORKING DAYS.

- ☐ Drowning, Near Drowning
- ☐ Spinal Cord Injury
- ☐ Traumatic Brain Injury

### The following must be reported within ONE MONTH.

- ☐ Contaminated Sharps Injury

OK

Cancel

[Click Here To Document Reporting Details](#)

# Texas State Reportable Conditions



## Initial Provider Infectious Disease Report

Form is published at  
<http://www.dshs.state.tx.us/idcu/investigation/conditions/>

### General Instructions

This form may be used to **report suspected cases and cases of notifiable conditions** in Texas, listed with their reporting timeframes on the current *Texas Notifiable Conditions List* available at <http://www.dshs.state.tx.us/idcu/investigation/conditions/>. In addition to specified reportable conditions, **any outbreak, exotic disease, or unusual group expression of disease that may be of public health concern should be reported by the most expeditious means available**. A health department epidemiologist may contact you to further investigate this Infectious Disease Report.



*Suspected cases and cases should be reported to your local or regional health department.*

*Contact information for your local or regional health department can be found at:*

<http://www.dshs.state.tx.us/idcu/investigation/conditions/contacts/>

*As needed, cases may be reported to the Department of State Health Services by calling 1-800-252-8239.*

|                                                                                                                                                                    |     |                                                                          |                                                                                      |                                                                                                                                                                      |                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Disease or Condition                                                                                                                                               |     | Date: _____ (Check type)<br>(Please fill in onset or closest known date) |                                                                                      | <input type="checkbox"/> Onset                                                                                                                                       | <input type="checkbox"/> Specimen collection |
|                                                                                                                                                                    |     |                                                                          |                                                                                      | <input type="checkbox"/> Absence                                                                                                                                     | <input type="checkbox"/> Office visit        |
| Physician Name                                                                                                                                                     |     | Physician Address <input type="checkbox"/> See Facility address below    |                                                                                      | Physician Phone <input type="checkbox"/> See Facility phone below<br>(____) _____ - _____                                                                            |                                              |
| Diagnostic Criteria (Diagnostic Lab Result and Specimen Source or Clinical Indicators)                                                                             |     |                                                                          |                                                                                      |                                                                                                                                                                      |                                              |
| Patient Name (Last)                                                                                                                                                |     | (First)                                                                  | (MI)                                                                                 | Telephone (____) _____ - _____                                                                                                                                       |                                              |
| Address (Street)                                                                                                                                                   |     | City                                                                     | State                                                                                | Zip Code                                                                                                                                                             | County                                       |
| Date of Birth (mm/dd/yyyy)                                                                                                                                         | Age | Sex <input type="checkbox"/> Male<br><input type="checkbox"/> Female     | Ethnicity <input type="checkbox"/> Hispanic<br><input type="checkbox"/> Not Hispanic | Race <input type="checkbox"/> White <input type="checkbox"/> Black<br><input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Unknown |                                              |
| Notes, comments, or additional information such as other lab results/clinical info, pregnancy status, occupation (food handler), school name/grade, travel history |     |                                                                          |                                                                                      |                                                                                                                                                                      |                                              |



# SETMA's Public Health Journey

For May 26<sup>th</sup> and June 2, 2011, my weekly newspaper columns were about SETMA's HIV Screening project. They can be read at:

- <http://www.jameshollymd.com/your-life-your-health/hiv-why-should-i-be-tested>
- <http://www.jameshollymd.com/your-life-your-health/texas-state-reportable-infectious-disease>



# SETMA's Public Health Journey

- In close collaboration with the Texas Department of State Health Services, but without a contractual relationship, SETMA set a start date of July 1, 2011, for the routine screening of HIV.
- Our progress was slower than expected but has gained momentum, so that it is now a sustainable part of our work flow, our quality improvement and our auditing and reporting activities.
- As we approach the second anniversary of our launch date, we look forward to meeting our expectation of exceeding an 80% compliance with the standards of our program by the end of our third year in July, 2014.



# Deployment Events: Provider Response

- “I have found every patient in the age groups amenable to the testing – no resistance at all.” June 30, 2011 (While the official program began July 1, 2011, some providers started addressing this with patients before that date.)
- July, 2011 – first month of reporting -- 2,600 eligible patients only 152 were tested but one unknown HIV patient was found. (August 10, 2011)
- E-mail sent to all providers, “May I appeal to you to initiate the HIV testing on all patients 13-64. (August 10, 2011)



# Deployment Events: Provider Response

- “One of the questions the patients are asking is who is paying for the testing. We are getting a lot of refusals if the patient has to pay for the test.” (August 11, 2011)
- “They don’t; if insurance doesn’t pay, SETMA will write off the cost.” (SETMA’s CEO, August 11, 2011)
- On public television in October, 2011, and in a personal letter to all patients who refused the testing, SETMA’s commitment to screening for HIV without a personal cost to patients was repeated.



# August 23, 2011 – Who's Paying?

SETMA's Central Billing Office reported that we are receiving reimbursement from the majority of the larger commercial insurances.

- Aetna
- BCBS
- Humana
- Humana Military
- Health Select
- Medicare if we have a payable diagnosis
- Medicaid



# The Results

- In our first month, while the overall result was not wonderful, we did discover one previously unknown positive result. We were all pleased to be able to intervene successfully in that patient's life for it is a fact that as in all areas of life, so in having HIV and not knowing it:

**THE ONLY THING WHICH CAN HURT YOU IS  
WHAT YOU DON'T KNOW!**



# The Results

## HIV Testing Compliance (%)

| Provider     | 2011        | 2012        | 2013 (Jan-Apr) |
|--------------|-------------|-------------|----------------|
| Anthony      | 71.7        | 82.2        | 89.1           |
| Anwar        | 74.6        | 58.5        | 59.0           |
| Aziz         | 65.7        | 71.0        | 75.1           |
| Castro       | --          | 28.6        | 31.3           |
| Darden       | --          | 55.6        | 69.1           |
| Deiparine    | 52.5        | 69.2        | 74.3           |
| Duncan       | 78.5        | 84.9        | 89.5           |
| Halbert      | 37.5        | 42.3        | 75.2           |
| Henderson    | 81.1        | 75.5        | 88.9           |
| Holly        | 74.7        | 82.8        | 87.5           |
| Horn         | 69.2        | 78.3        | 93.4           |
| Le           | --          | --          | 56.4           |
| Leifeste     | 63.2        | 56.2        | 52.9           |
| Murphy       | 29.7        | 35.3        | 45.9           |
| Palang       | 30.2        | 54.8        | 67.9           |
| Qureshi      | 78.5        | 77.1        | 85.2           |
| Read         | --          | 51.7        | 63.0           |
| Shepherd     | --          | 62.0        | 69.4           |
| Thomas       | 38.3        | 44.1        | 39.9           |
| Vardiman     | 78.6        | 46.8        | 57.1           |
| Wheeler      | 44.6        | 48.0        | 57.1           |
| <b>TOTAL</b> | <b>58.4</b> | <b>62.4</b> | <b>66.2</b>    |



# Following-Up On Those Who Refuse Testing

- In October, 2011, SETMA sent a letter to all patients who had declined HIV testing. It stated:

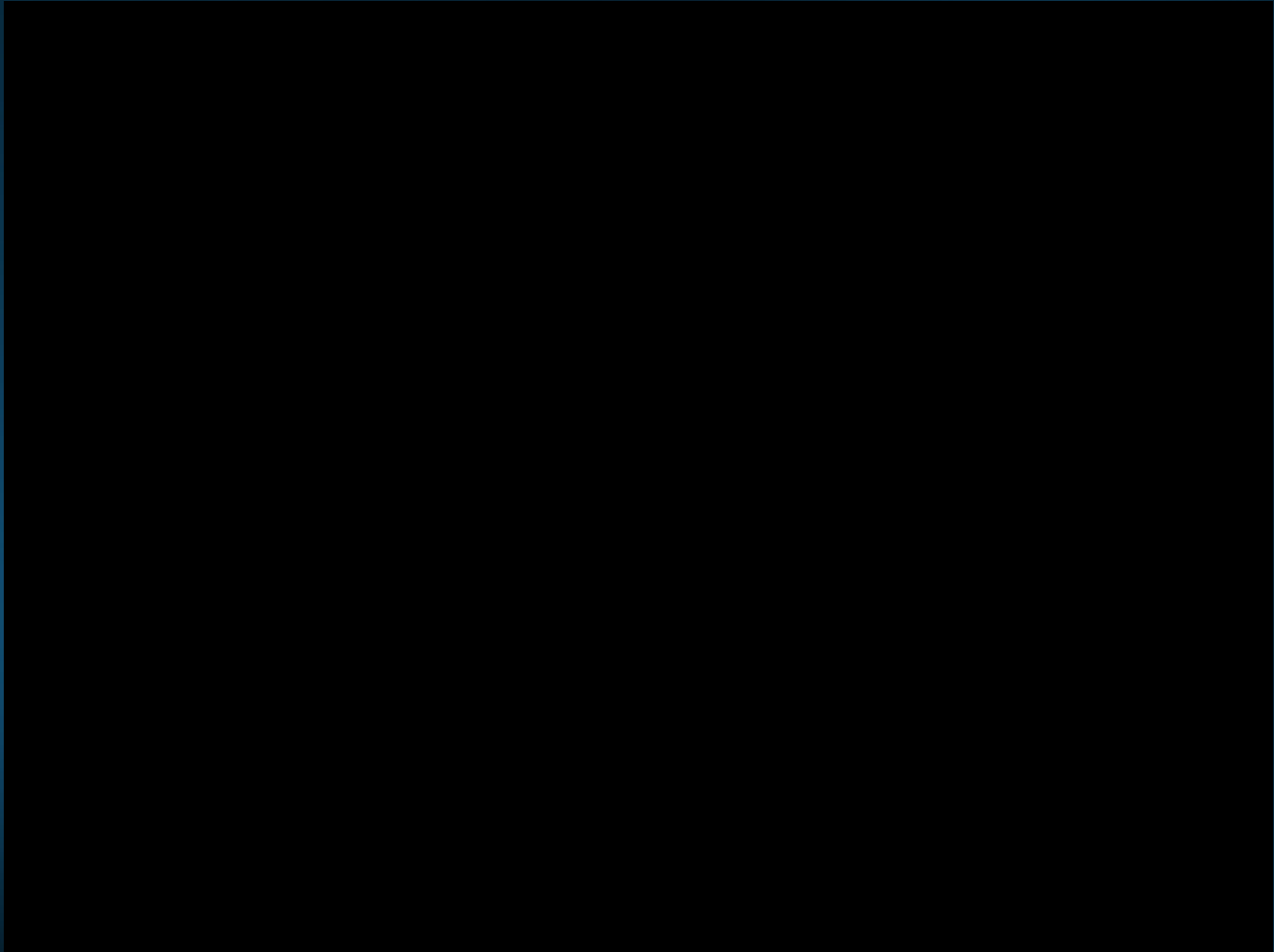
“I grew up hearing an adage which stated, ‘What you don’t know can’t hurt you.’...In healthcare what you don’t know can kill you...The good news is that with the right medical management HIV can be treated and a person who is HIV positive can live a normal life...If your insurance company does not pay for the HIV Screening...SETMA will pay for your testing. That’s how much we care for you. If there is a co-pay for the testing we will pay the fee. You will pay nothing for being screened for HIV.”



# Public Appeal

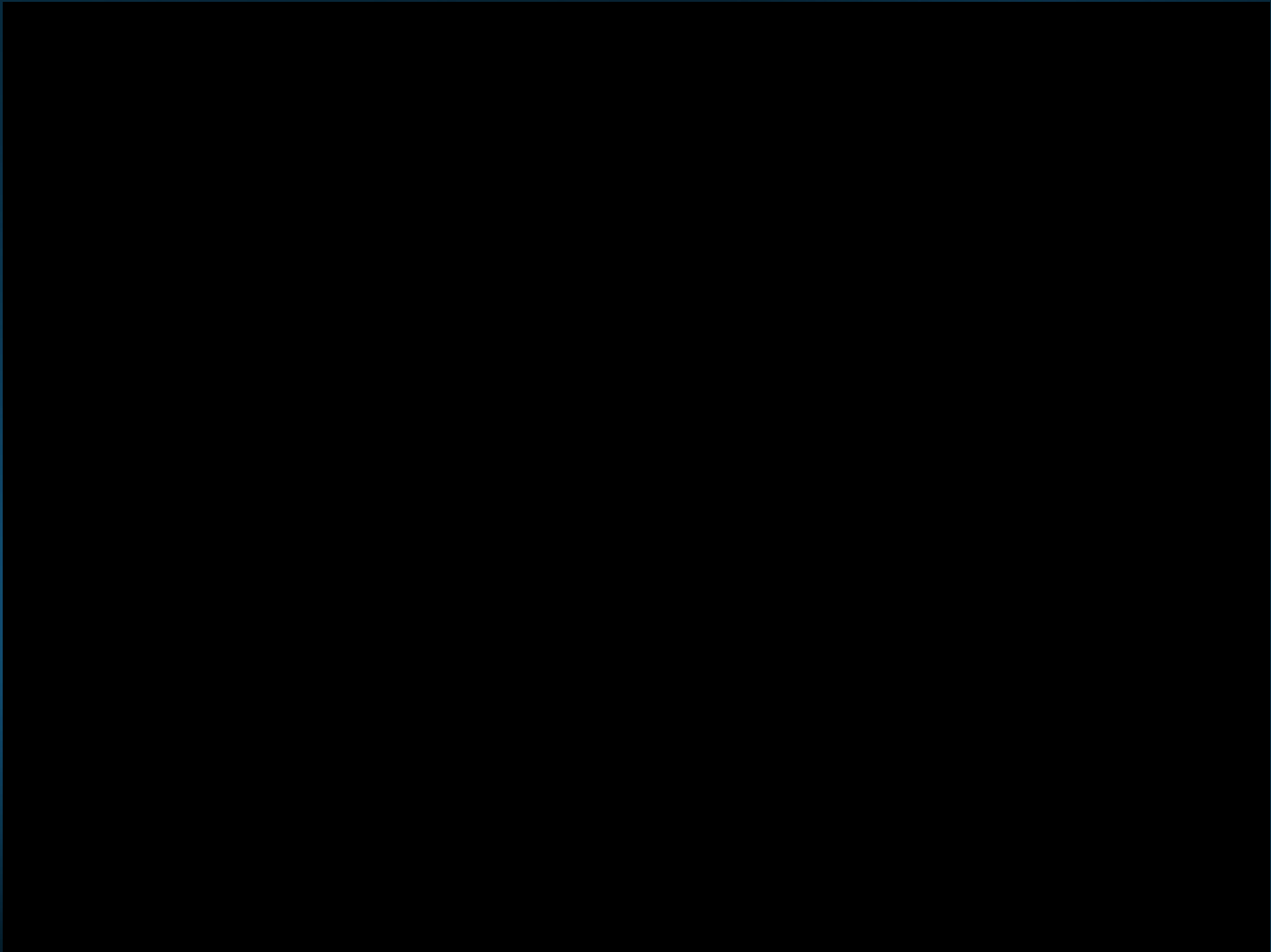
- SETMA sponsored three television segments on HIV Screening.
- In October, SETMA's CEO had his blood drawn for HIV screening on live television. He announced that the following week, he would disclose his result.
- The following week, a SETMA partner announced that Dr. Holly was not going to reveal his results. The reasons are explained in a video which is to follow.

# Dr. Holly's HIV Test Drawn On Live TV





# Dr. Holly's HIV Results On Live TV





# Barriers To Patient Participation

I have been somewhat surprised at how difficult it has been to get general acceptance of the screening, although it is improving. The following are the barriers, we have experienced:

1. Patients do not want to pay anything for the test so if there is any doubt, they will decline testing. We have remedied this by our willingness to pay for the cost if their insurance does not.



# Barriers To Patient Participation

2. We have had some examples of a provider who thought it was easier to simply say the patient refused than it was to get their permission. We have remedied this by sending a letter every three months to the patients who declined and making sure they knew they did not have to pay for the test and inviting them to come in at no charge to have the HIV screening test.



# Barriers To Patient Participation

3. Because there have only been two positives, some providers harbor an unspoken prejudice that the value of the screening is less than other matters which vie for their attention.
4. We are remedying this by reinforcing that there is good scientific evidence supporting the value of HIV screening.
5. Each month, SETMA closes its office for a half day for practice-wide conferences where we review quality performance, healthcare transformation and the use of clinical decision support. Our HIV Screening is a part of those sessions.



# The Cost

- SETMA started reporting patient HIV results done in SETMA's in-house lab on July 1, 2011. To date, we have completed 4549 HIV tests in house. Cost to perform each test is \$12.88 cost per reportable.
- Between July, 2011 and March, 2013, the HIV Screening project has cost SETMA \$58,591.
- In that time, SETMA has been reimbursed for 1534 tests for a total reimbursement of \$54,102.68. This shows a monthly direct cost to SETMA of \$224.41.
- In that SETMA originally allocated \$60,000 of revenue to this project when we determined not to work with the CDC, this is an outstanding return.



# The Future

- HIV Screening is now a part of SETMA's healthcare DNA. We will continue this program until we can report that 100% of those who look to SETMA for healthcare have been screened. By our own example – my grandchildren were tested when they visited SETMA – and by evidenced-based medicine, we will continue this program.
- Nothing speaks more to our commitment than the statement, “Even if you don't want to pay or can't, we want you to be tested such that SETMA will pay the cost.” We continue that commitment.