

David Powell Health Center July 2013





CommUnityCare

- CommUnityCare is funded by Federal and State grants, Central Health (the local Healthcare District), Medicare, Medicaid etc
- CommUnityCare serves over 74,000 patients in Travis County plus the additional counties served by DPC
- It has 22 clinics including 4 dental sites and 2 sites providing walk-in appointments with extended hours open 365 days a year

CommUnityCare

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- DPC has taken the lead role in implementing Opt Out HIV testing for all CommUnityCare.
- We started a pilot program in the North Region in 2010
- In 2011 we received grant funding from DSHS to fully implement the program
- In 2012 we tested 17,500 patients including 5,000 OB
- We identified 11 cases of HIV in 2012

CommUnityCare DPC OVERVIEW

- The David Powell Clinic (DPC) was founded in 1990
- David Powell was a Social Worker working for the Health Department and it was his vision to provide HIV health evaluations to persons recently diagnosed as HIV positive and to organize an information and referral system to link targeted individuals to service providers. David developed a consortium grant proposal with the Health Department and several community ASOs.
- David Powell died of an AIDS related illness in 1989

CommunityCare Services Available At DPC

- DPC Currently serves over 2000 patients
- DPC provides HIV care for 10 counties in Central Texas:
 - 5 counties through the Austin TGA
 - 10 counties through the Austin HSDA
- David Powell CHC Services include:
 - Medical:
 - 8 Doctors
 - 1 Nurse Practitioner
 - Nursing
 - Patient Assistance Program
 - Referral Coordinator

- Mental Health
 - Psychiatry
 - BHC
- On-site Pharmacy
- Laboratory
- Social Services
- Nutrition

communitycare Referral Services

CommUnityCare:

- Cardiology
- Endocrinology
- Gastroenterology
- Dermatology
- Mammography
- Radiology
- OB Ultrasound
- Dental

Local Providers:

Dental
 Ano-Rectal
 Pain Management
 Vision

Local Specialty Clinics

- Cardiology
- Endocrinology
- Gastroenterology
- Dermatology
- Surgery
- Neurology
- Neurosurgery
- Orthopedics
- ENT

****CommUnityCare** Pediatrics and Adolescents

- Pediatric HIV/AIDS patients are treated at Dell Specially For Children (Pediatric Infectious Disease Group)
- Following an outbreak of HIV and AIDS cases in the local school district DPC worked with Austin/Travis County HHSD on linkage to care for under 18 behaviorally infected patients
- DPC is currently working with Dell Specially For Children on a transition plan for adolescent HIV/AIDS patients who are aging out of the pediatric environment

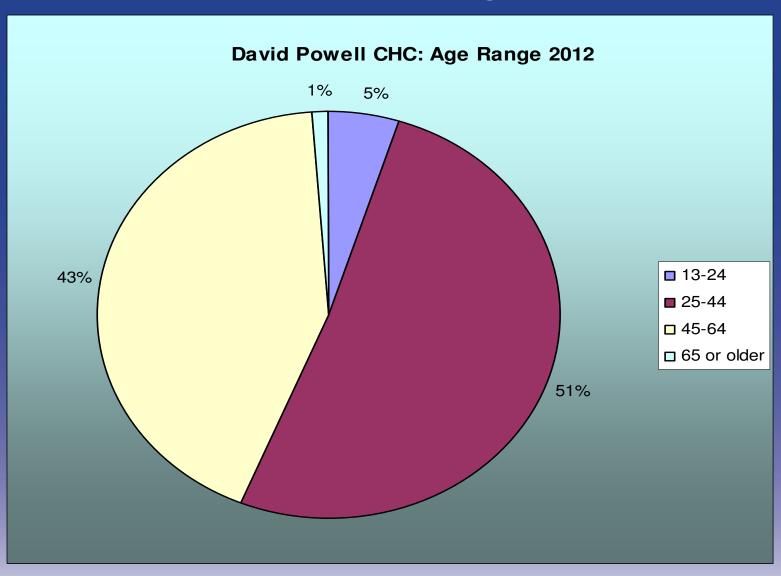


Linkage To Care

- DPC works collaboratively with local ASOs to facilitate linkage to care
 - All local ASOs worked together to develop consistent intake forms
 - DPC provided training to local ASO Case
 Managers on "DPC 101" to ensure that the Case
 Managers would be able to reinforce their patients' understanding of the Healthcare environment
 - This included training 4 local ASOs to complete DPC Intake paperwork
- DPC recently added funding for transportation due to the barriers that had been created by recent changes in transportation

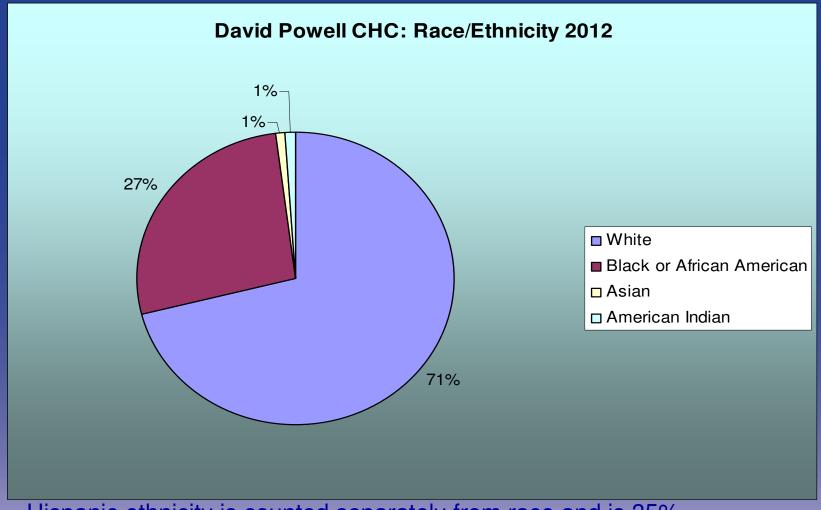


Patient Age





Patient Race/Ethnicity



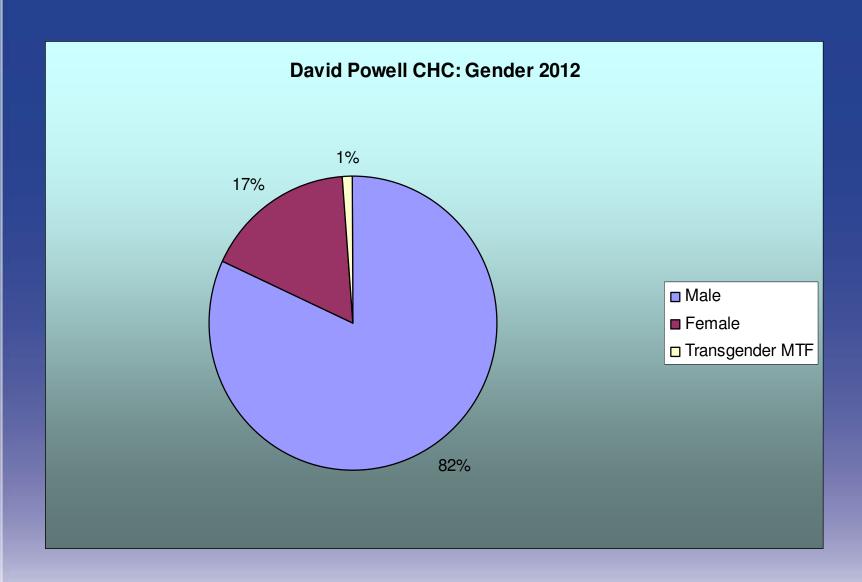
Hispanic ethnicity is counted separately from race and is 35%

- 12% monolingual Spanish

We have patients from Europe, Africa, Asia and North/Central/South America

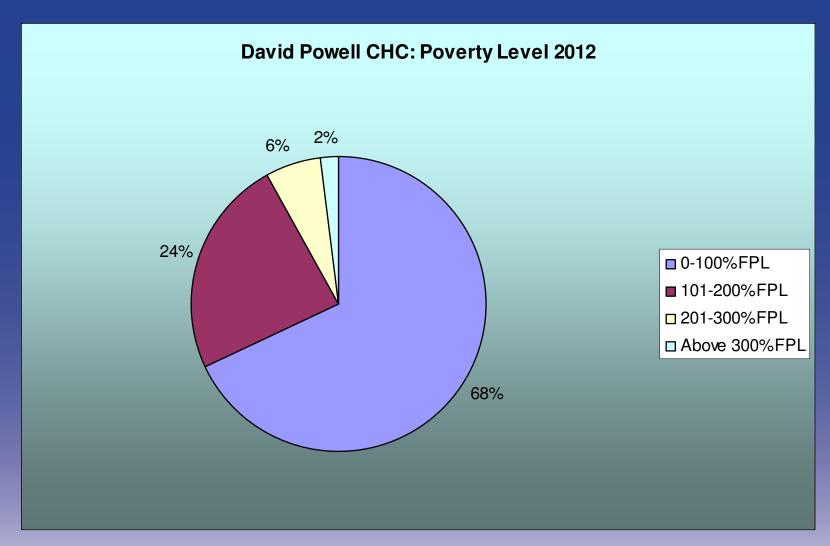


Patient Gender



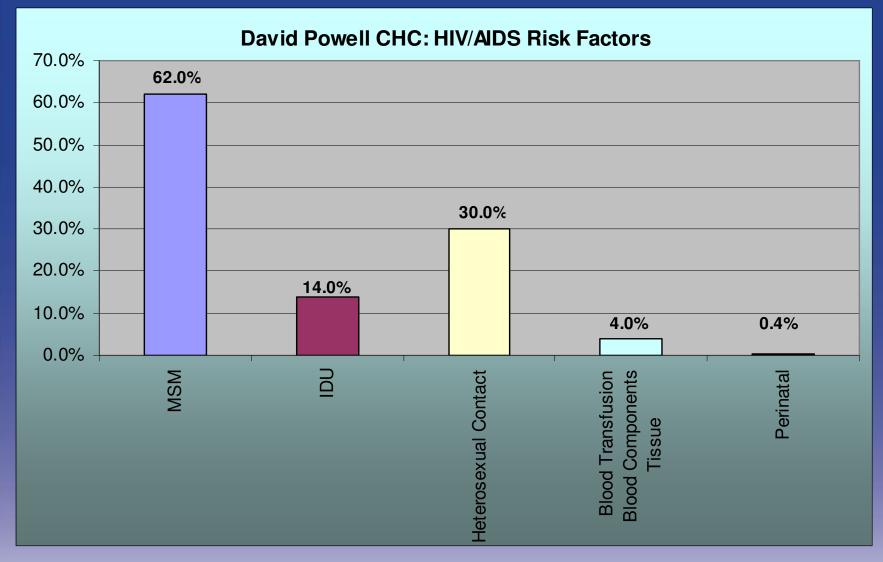


Poverty Level





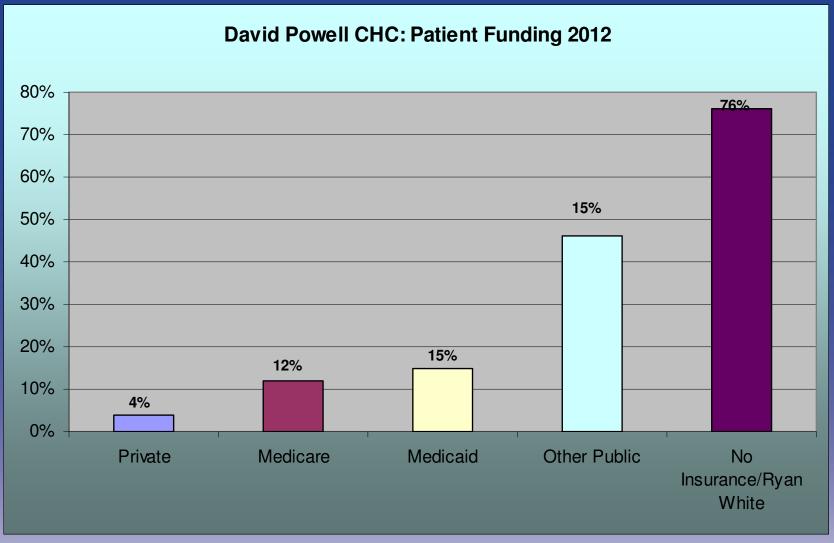
Risk Factors



Patients may have multiple risk factors, so sum of percents may exceed 100%



CommUnityCare Patient Payor Source



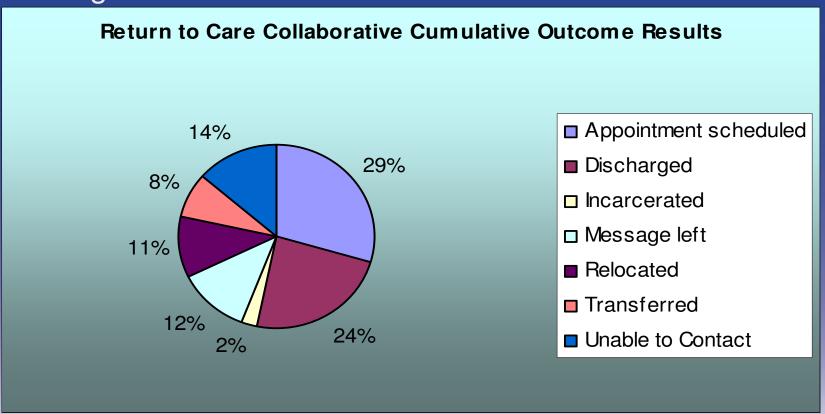
Patients may have multiple payers, so sum of percents may exceed 100%

****CommUnityCare** Return To Care Collaborative

- In 2009 DPC initiated a Return to Care Collaborative with local ASOs and the Administrative Agent.
- ASOs meet bi-monthly to review patients who have not been seen for a medical visit in the last 6 months:
 - To maintain confidentiality, only patients with a "share" status in ARIES are shared with the agency who has primary contact with the patient.
 - DPC follows up with all patients who do not have a "share" status or are not known to receive outside services

CommunityCare Return To Care Collaborative

- In 2012, after a break due to staff turnover, the RTC Collaborative resumed meeting
- To date 482 patients were identified as being "At Risk" of being lost to care



CommUnityCare What Else.....

- CommUnityCare and Central Health are participating in the 1115 Waiver program
- DPC Staff are staying abreast of developments in the Affordable Care Act to best serve our patients in the coming years
- CommUnityCare is already Joint Commission accredited and is working towards PCMH Recognition
- DPC already has contracts with several commercial insurance companies and is in the credentialing process with several other companies



OAMC

- In 2012 DPC Ryan White A funding supported:
 - Medical Appointments:
 - 1,187 Unduplicated patients
 - 2,700 visits
 - **\$837,000**
 - Labs:
 - CD-4 T-Cell Count
 - 1,194 Unduplicated patients
 - 2,106 Lab Tests
 - **\$51,268.86**
 - HIV Viral Load
 - 1210 Unduplicated patients
 - 2246 Lab Tests
 - **\$175,188**
 - DPC changed Lab vendors last year to be able to integrate labs with our EHR and to take advantage of some beneficial pricing



Pharmacy Assistance

- In 2012 DPC Ryan White A funding supported:
 - APA (Local)
 - 1,146 Unduplicated patients
 - 8,853 prescriptions
 - **\$150,498.37**
 - Bulk Consumption
 - 113 Unduplicated patients
 - 246 prescriptions
 - **\$55,901.72**
 - Bulk Medications are purchased to bridge medications to eligible patients while awaiting ADAP approval (recently incarcerated or relocated), patients in the pre-existing phase on insurance etc



Mental Health Services

- In 2012 DPC Ryan White A funding supported:
 - Mental Health Services Individual Counseling
 - 138 Unduplicated patients
 - 473 units of service
 - **\$22,907.39**
 - Mental Health Services Psychiatric
 - 106 Unduplicated patients
 - 299 units of service
 - **\$59,202**
 - Being able to provide in-house psychiatric services has been invaluable for our patients.
 - Having a Psychiatrist has occasionally has been life saving in emergency situations when we were able to bring a patient directly from their medical appointment to meet with a psychiatrist to assess, treat and/or refer.
 - We have also been able to have warm hand-offs from the psychiatrist to in-house staff when she has identified medical, nursing, social or nutritional needs.